



MARSHALL UNIVERSITY
College of Health Professions
School Of Physical Therapy
Clinical Education Handbook



Faculty

Ashley N Mason PT, DPT, ATC, PCS

Co-Director of Clinical Education

Arnott2@marshall.edu

304-696-5605

Gretchen R Prather PT, DPT, EdD NCS

Co-Director of Clinical Education

Gretchen.prather@marshall.edu

304-696-5608

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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 790, PT 791, PT 792, PT 793, and PT 794. 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 Profile including 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 Profile, they should contact the Co-Directors 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.

MARSHALL UNIVERSITY MISSION STATEMENT

Marshall University is a public, comprehensive university with a rich history as one of the oldest institutions of higher learning in West Virginia. Founded in 1837 and named after Chief Justice John Marshall, definer of the Constitution, Marshall University advances the public good through innovative, accredited educational programs. Marshall University's mission, inspired by our Vision and Creed, includes a commitment to:

- Offer a wide range of high quality, affordable, and accessible undergraduate, graduate, and professional education that prepares students to think, learn, work, and live in an evolving global society.
- Create opportunities and experiences to foster understanding and appreciation of the rich diversity of thought and culture.
- Maintain a dynamic intellectual, artistic, and cultural life by promoting and supporting research and creative activities by undergraduates, graduates, and faculty.
- Contribute to the quality of life of the community, region, and beyond through applied research, economic development, health care, and cultural enrichment.
- Cultivate the development of an inclusive, just, and equitable community.

COLLEGE OF HEALTH PROFESSIONS (COHP) MISSION STATEMENT

MISSION STATEMENT

Consistent with mission of Marshall University, the College of Health Professions (COHP) is dedicated to the integrity of programs through maintenance of rigorous professional education standards and through the high expectation of student learning and performance. To accomplish our mission, the COHP:

- encourages faculty involvement in service to society and the profession;
- supports the engagement of faculty in research and scholarly activities;
- provides an environment that is sensitive to a culturally, racially and ethnically diverse student body, faculty and staff;
- and maintains an environment that provides for academic freedom and shared governance.

WE ARE...MARSHALL COHP! <http://www.marshall.edu/cohp>

GRADUATE COLLEGE MISSION STATEMENT

The graduate mission 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. Throughout the state Marshall University offers master's degrees, post-master's programs, doctoral degrees, and professional development options according to needs and with a minimum of duplication.

In support of its graduate mission, Marshall University values

- excellence in teaching and advising;
- support services for students;
- the expansion of knowledge through research and inquiry;
- an 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.

To fulfill its graduate mission, Marshall University supports the commitment of institutional resources to ensure

- quality in existing graduate programs;
- adequate library resources for meeting accreditation requirements, electronic library needs and program initiatives;
- access to graduate programs within the state, region and nation;
- promotion of technological delivery of courses and programs;
- development of new graduate programs at the master's, post-master's, and doctoral levels according to need;
- recruitment and retention of a strong and diverse graduate faculty;
- recruitment and retention of a strong and diverse graduate student population; and
- development of student life initiatives appropriate for graduate students.

SCHOOL OF PHYSICAL THERAPY MISSION AND VISION

Mission

To provide contemporary physical therapy education; to empower graduates and educators to exemplify excellence in clinical practice, scholarship, mentorship, leadership, and professionalism; and to engage all stakeholders in employing evidence-informed physical therapy that reflects and expands best practice.

Vision

To embody and exemplify each of the attributes we seek to instill in our students and to graduate Doctors of Physical Therapy who will serve diverse populations as autonomous primary care practitioners, leaders in the profession, and facilitators of learning through preservation, discovery, synthesis, and dissemination of knowledge.

DPT PROGRAM VALUES:

Integrity – Our actions show that we understand honesty is the foundation of trust. We build unity among each other and our external partners by being living examples of our values in action. The measure of our value is in our personal and professional integrity.

Duty – We understand and are committed, both personally and professionally, to upholding the highest ethical standards. We choose to respond knowing we have an obligation to ourselves, each other, our patients, and partners to consistently act with honesty and respect. We accept that we are accountable for our choices.

Synergy – We behave in ways that inspire trust in each other and our partners. We work together as a cohesive team. We support each other to find and practice efficient and effective ways to work together.

Connectivity – We recognize that we are strongest when we are linked with others. We encourage and include students, faculty, family, patients, and our broader community in our work. We treat all people with respect. We seek to deepen our understanding by exploring diverse perspectives. We share what we are learning with others.

Please visit: <https://www.marshall.edu/physical-therapy/files/MU-SOPT-Strategic-Plan-Outline-FINAL-FACULTY-APPROVED.pdf> for a list of all current DPT Program goals.

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 education experiences 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 expose the student to a variety of practice settings. It is through the integrated and full-time clinical education experiences that the student achieves curricular goals which lead to entry-level competence.

The student participates in clinical experiences based on the didactic information presented in the classroom. In some courses including Pediatrics & Geriatrics in PT and Prosthetics & Orthotics, 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 and/or clinical faculty.

After successfully completing all prerequisite coursework, and upon unanimous vote of approval for clinical readiness from the full faculty, students are cleared to participate in full time clinical education experiences (PT 791, PT 792, PT 793) of approximately 32 weeks. Students also participate in integrated clinical experiences (PT 790 and 794) throughout the curriculum. The clinical education experiences provide the student with opportunities to learn the foundation of patient care, to develop skills in patient/staff education, health promotion/prevention, and administration.

PT 790 Integrated Clinical Experiences in PT I

This part-time clinical education experience occurs during the spring in the third semester of the program after successful completion of all required academic coursework and practical examinations. The educational experience is five weeks in duration and consists of at least 4 hours per week. The students are placed in an outpatient facility. The students are supervised by a licensed physical therapist and will have the opportunity to

apply the knowledge learned during the prior two semesters of the program. Emphasis is placed on supervised clinical experiences and seminar sessions designed to provide exposure to the clinical practice of physical therapy, focused on psychomotor and affective behaviors, while applying previously acquired didactic information.

PT 791- Clinical Internship I

The first full-time clinical education experience occurs during the fall in the fifth semester of the program after successful completion of all required academic coursework and practical examinations, including a rotational testing point. The educational experience is eight weeks in duration and is scheduled from early August to late September. The students are placed in an acute care hospital, sub-acute setting, 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

PT 792- Clinical Internship II

The second full-time clinical education experience occurs during the fall in the eighth semester of the program after successful completion of all didactic curriculum and practical examinations. The educational experience is twelve weeks in duration and is scheduled from late September to mid-December. A student may choose from a variety of clinical settings such as acute care, outpatient, orthopedics, geriatrics, neurology, pediatrics, or rehabilitation. During this education experience, the emphasis is on the student mastery of patient examination/evaluation, re-evaluation, patient management skills, and interventions.

PT 793- Clinical Internship III

The third full-time clinical education experience occurs during the spring in the final semester of the program after successful completion of all didactic curriculum and practical examinations. The educational experience is twelve weeks in duration and is scheduled from early January to early April. Students may choose a specialty area of interest or improve their skills while participating in a clinical setting in which they have already experienced. The emphasis for the students is clinical competence and entry-level performance in all areas of patient care.

PT 794- Integrated Clinical Experiences in PT II

Faculty supervised clinical experiences in a student-directed pro bono physical therapy clinic with complementary activities related to clinical practice, serving the community, and strengthening clinical partnerships.

See Appendix A for Course Syllabi

PRINCIPALS IN THE CLINICAL EDUCATION EXPERIENCE

Director of Clinical Education (DCE)

Academic faculty member who is responsible for planning, directing and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.

Site Coordinator of Clinical Education (SCCE)

A professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of persons to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.

Clinical Instructor (CI)

The physical therapist responsible for the physical therapist student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full time (or equivalent) post-licensure clinical experience.

Physical Therapist Student

Student enrolled in a CAPTE-accredited or approved developing physical therapist professional education program. Students should not be referred to as a physical therapy student.

GUIDELINES FOR STUDENT SELECTION OF CLINICAL EDUCATION EXPERIENCES

I. Choosing a Clinical Education experience

1. The DCE will assign students for the first clinical education experience (PT 791) to an acute care hospital, sub- acute setting, or outpatient clinic within a 3 hour driving radius of Huntington (exceptions may be made if reasonable distance for an exceptional clinical site.)

2. Students choose clinical education experiences for PT 791, PT 792, and PT 793, in conjunction with the DCE, from a list of available clinical sites for each individual clinical education experience. The DCE 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.

3. Clinical education experiences comprise all 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 required to complete an acute care, arehabilitation, and an outpatient clinical education experience.

4. Students are encouraged to review the electronic files on Exxat when considering a choice. When developing their list of choices, students 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 assignment of clinical education experience

1. Students are required to meet one-on-one with DCE prior to being assigned a clinical site for a clinical education experience. Students should be prepared to ask and answer pertinent questions about the potential clinical education experience facilities/clinics.

III. Expenses

1. Students should consider all expenses related to the clinical education experience when developing a list of choices. Students are responsible for all expenses related to the clinical education experience, including, but not limited to travel, room and board, and onboarding requirements such as additional vaccinations, background checks, etc... 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 education experience, including clinical education experiences that are cancelled prior to the start of the clinical education experience.

IV. Cancellations of Clinical Education experiences

1. Clinical education experiences may be cancelled at any time, either due to student issues or changes in the clinical site. It is crucial to note that no selection/assignment is definite until the start day of the clinical education experience. Clinical sites may cancel a clinical education experience 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 a clinical education experience, the DCE will arrange a new clinical education experience. Students may be required to travel or incur additional expenses when a clinical education experience is cancelled.

V. Other

1. The DCE may also consider the student's academic performance, inter-personal skills, personal hardships, and geographic location when determining a clinical education experience.
2. In order to maximize the depth and breadth of student clinical education experiences, students may not choose clinical education experiences with those facilities/clinics where they have volunteered or worked in excess of 30 hours, pre-existing formal arrangements (i.e. scholarship/contract, or job commitment after graduation) or other such situations which may cause a conflict of interest.

Student Responsibilities Prior to Each Clinical Education Experience

1. Students are required to update all health records, including PPD. A physical, criminal background check/clearance, child abuse check, or elder abuse check 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 CPR certification. This requirement must not expire while the student is participating in the clinical education experience.
4. Students are required to have successfully completed modules on 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 education experiences. Following completion of the modules students must successfully pass a post-test.
5. Email a completed and updated student profile to the CI and/or SCCE of the assigned clinical site.
6. Locate housing for the assigned clinical education experience. Students should refer to the information on Exxat, list provided by facility/clinic, or recommendations from SCCE or prior students.
7. Prepare for each clinical education experience by reviewing course syllabi and notes taken during each course preparatory session. Contact Clinical Instructor or Site Coordinator of Clinical Education (SCCE) on what text and/or coursework to review prior to each clinical education experience.
8. 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.
9. **At no time are students permitted to independently solicit clinical placements. This is the responsibility of the DCE. Students who contact clinical sites independent of the DCE will forfeit their opportunity to learn at that site.**

CLINICAL EDUCATION EXPERIENCE FORMS

Clinical Education Experience Affiliation Agreement

An affiliation agreement is a required document to indicate the clinical education experience agreement between Marshall University College of Health Professions School of Physical Therapy and the clinical education experience 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 a clinical education experience. (Appendix F)

Student Profile

The Student Profile is provided to the SCCE and CI electronically via the Exxat platform. This profile assists the SCCE and CI in developing a plan for the clinical education experience. The Student Profile includes: student's information, emergency contact information, type and level of clinical experiences, clinical interests and previous experiences, outside interests, and student's learning styles and preferences.

Clinical Performance Instrument 3.0- – 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 3.0(CPI), will occur at the midterm and final period of the clinical education experience. 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 and the CI. www.cpi.apta.org

Physical Therapist Student Evaluation (PTSE): 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 education experience, the student will complete an electronic evaluation of the CI. At the completion of the clinical education experience, the student will complete an electronic evaluation of the clinical site. The evaluations should be reviewed and signed by the CI and student.

Outstanding Clinical Educator Nomination

At the conclusion of each full time clinical, students will be sent an optional form to nominate their CI for the Outstanding Clinical Educator award. This award is given annually in May.

ATTENDANCE POLICY FOR CLINICAL EDUCATIONAL EXPERIENCES

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 (i.e. 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 SCCE/CI and DCE prior to the absence may result in failure of the course.

1. Time missed for illness or emergency is to be made-up at the discretion of the DCE and CI. 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 clinical education experience 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 site. The student must never put himself/herself in peril while traveling to the clinical site. Time missed is to be made-up at the discretion of the DCE and CI. 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 clinical education experience 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 education experience.

DAILY SCHEDULE DURING CLINICAL EDUCATION EXPERIENCE

Students are expected to adhere to the scheduled hours of the clinical education experience.

1. Students are expected to be present at the clinical education experience 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 clinical education experience.**
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 clinical education experience.
 - b. Students may be 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 DCE and/or CI.

DRESS CODE

1. Students are required to wear attire which conforms to the image of a professional physical therapist. 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, 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 the clinic might have (e.g., lab coats, 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.
2. Marshall University identification should be worn or carried at all times. If a facility requires the students to wear an I.D. from their facility, the student may cease wearing the Marshall University identification badge.
3. 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.

SCHOOL OF PHYSICAL THERAPY POLICIES

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).

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 as per HIPAA.

4. Smoking and use of any form of tobacco is not permitted in Marshall University buildings and facilities/clinics.

5. Please refer to Campus Self-defense Act (W. Va. Code § 18B-4-5b) for policies regarding firearms on MU Campus. Any policy published by the clinical education site regarding firearms or other weapons supersede the Marshall University SOPT policy while at that facility.

6. Due to the disruptive nature of mobile devices, all phones must be turned off or kept in the silent mode and stowed away 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.

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 the use of social networks and all other electronic media:

- o Students must recognize they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- o Students are strictly forbidden from transmitting any patient-related image via electronic media.
- o 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.
- o 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.
- o It is not acceptable to post any information about a patient even if their name is not identified.
- o Students should never refer to a patient in a derogatory or disparaging manner, even if the patient is not identified.
- o No photos or videos of patients may be taken on a personal device, including cell phones.
- o Students must always maintain appropriate professional boundaries with School of Physical Therapy 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.
- o 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.

o Students should bring content that could harm a patient's privacy, rights, or welfare to the attention of the faculty. 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 universal precautions and blood borne pathogens.

Students who put the safety of patients/clients at risk and/or fail to comply with federal laws including but not limited to maintaining patient confidentiality may be removed from the clinical education experience and receive a grade of “Fail” for the clinical education experience.

Students who put their own safety at risk may be removed from the clinical education experience and receive a grade “Fail” for the clinical education experience.

Safety breaches may include, but are not limited to:

- 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.)
- Failure to maintain patient confidentiality in accordance with HIPAA

If the student demonstrates safety concerns in the clinical education experience, 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 one of the following:

- A written plan of action or remediation to help the student adhere to safety standards.
- Immediate removal from the clinical education experience and a grade of “Fail” for the Clinical Education experience.

Note: The University is not responsible for the student’s safety during travel to and from the clinical education experience.

STUDENT HEALTH CARE AND EMERGENCIES

1. Students must maintain continuous health insurance coverage while a student at MUSOPT.
2. During clinical education experiences, 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 costs associated with emergency services required during the clinical education experience.
3. The clinical education facility will be responsible for providing necessary emergency care for any emergencies encountered during practice hours at the student's expense.

ALCOHOL AND SUBSTANCE USE

Authorized use of, possession of, or being under the influence of alcohol and the illegal use, 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 in Marshall University business on or off Marshall University premises. Marshall University is a tobacco-free campus and tobacco use is prohibited on Marshall premises.

MU Wellness Center

MUWellnessCenter <https://www.marshall.edu/wellness/tobacco-use/> educational and counseling services which promote the wellness concept of a balanced lifestyle. The MU Wellness Center provides workshops, counseling and referral for family planning, weight loss classes, smoking cessation classes, and education on a variety of health issues.

The Wellness Center provides seminars, support groups, and other programs to promote the responsible use of alcohol and to educate the campus community about the problems associated with the misuse of substances. Individual counseling and referral are an integral part of this service. Students are encouraged to contact the Coordinator for more information about services available.

Please visit the Center of Excellence for Recovery for additional resources:

<https://mucenterofexcellence.org/>

DRUG SCREEN

Participation in clinical experiences 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 because of failure of a required drug test, which would result in delayed graduation or in the inability to graduate from the program.

All students must complete a 10-panel drug screen upon admission to the MUSOPT program. Prior to the start of a clinical education experience, the SCCE will inform the student if an updated drug screen is required. If a drug screen is required by 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 SCCE of the clinical site. In the case of a positive drug screen in which the student is unable to support findings with valid prescriptions or licensed physician's note, the results will be forwarded to the Academic and Professional Standards Committee (APSC.) The APSC may make one or more of the following recommendations to the Chair of the SOPT:

- Counsel the student that they must be prepared to provide a clean drug screen when requested by a clinical education site
- Additional drug screening
- Dismissal from the program

If dismissal is recommended, then the Chair will notify the Dean of the Graduate College.

If an alcohol or drug related incident occurs during a clinical education experience, the student will be removed 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 education experiences 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 or charge, which would result in delayed graduation or in the inability to graduate from the program.

All students must complete a criminal background check upon admission to the MUSOPT program. 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 a clinical education experience, the SCCE 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 student 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 student will be responsible for costs associated with the initial and any subsequent criminal background checks.

Results of the initial criminal background check will be sent to the student, Program Chair, 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 the Academic and Professional Standards Committee.

Individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. 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/ ELDER ABUSE CHECK

Students may be required to have a child abuse and/or elder abuse check to fulfill mandates from clinical sites or to participate in clinical education experiences. Prior to the start of a clinical education experience, the SCCE will inform the student if a child abuse and/or elder abuse check is required. If a child abuse and/or elder 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 elder abuse check
2. The clinical facility will recommend off-site agency to perform the child abuse and/or elder abuse check
3. The academic program will recommend an off-site agency to perform the child and/or elder abuse check

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

The results will be sent to the DCE and SCCE of the clinical site. If the student's child abuse and/or elder abuse check indicates positive activity, the findings will be forwarded to the 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 Academic and Professional Standards Committee.

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 in Appendix G (Technical Standards: Performance Requirements for DPT Students), 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 education experiences.

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 accommodation are located in the Student Handbook. Questions about the accommodation process may be directed to the SOPT Chair at (304-696-5614).

*Adapted with permission from Howard University

SITE REQUIREMENTS FOR CLINICAL EDUCATION EXPERIENCES

I. Medical Information

1. Students are required to provide the following information prior to participating in a clinical education experience (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/titer for MMR, TDap, Hepatitis B, and Varicella. (Some facilities may require evidence of a booster for Tetanus-Diphtheria)
 - Varicella vaccination must show proof of administration of 2 doses at least 28 days apart as per current CDC recommendations.
 - c. Current evidence of vaccination/titer for Influenza or evidence of declination.
 - e. Current evidence of negative two step PPD, negative QuantiFERON blood test, and/or negative chest x-ray.
 - f. Other information as required by individual clinical sit

I. CPR Certification

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

II. HIPAA and OSHA Training

Students are required to have successfully completed modules on 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 education experiences.

III. 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.

IV. CPI 3.0

Students will complete training for CPI 3.0 in the summer prior to their first full time clinical education experience in partial fulfillment of requirements for PT 771: [American Physical Therapy Association: APTA CPI 3.0 – PT Student Training](#)

ORIENTATION FOR THE CLINICAL EDUCATION EXPERIENCE

The clinical education experience varies with each clinical site, as does the background and knowledge of each student. At the beginning of each clinical rotation, the student should receive an orientation from the clinical education site. More information can be found in the APTA SCCE Manual: [/https://www.marshall.edu/physical-therapy/files/2018-SCCE-Manual-FINAL2.pdf](https://www.marshall.edu/physical-therapy/files/2018-SCCE-Manual-FINAL2.pdf)

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 clinical education experience 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 education experience for the 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 304-696-5605 OR 304-696-5608.

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 partners. 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, emails, and meetings between the DCE, SCCE, CI, and students.

1. On-site visits or virtual visits via telecommunications may be performed to:
 - a. Evaluate and establish the clinical facility as a clinical education experience 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, faculty, SCCE, 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 SCCE/CI on the strengths and weaknesses of the academic curriculum at Marshall University- SOPT.

2. Telephone Communication

Telephone communication provides a method for spontaneous or emergency communication between the student, clinical, and academic facilities. Clinicians and/or students are encouraged to contact the DCE at any time before, during, or after the clinical education experience. 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

Email communication provides another method for communication between student, clinical facilities, and academic institution. The SCCE is contacted by email at least 4-6 weeks prior to the start of a clinical education experience. In this email, the SCCE is updated on curricular or staff changes, student information, and plans for the clinical education experience. During the clinical education experience, the SCCE or CI and student will be contacted by email within the first three weeks of the clinical education experience. Potential problems areas can be identified and evaluated at this time.

Clinicians and/or students are encouraged to contact the DCE at any time before, during, and after the clinical education experience. On March 1st, emails are sent to SCCE of all affiliating clinical sites requesting placements. Additionally, biennially, SCCEs will be asked to complete a survey via the Exxat platform to assess DCE Effectiveness.

II. Communication between the Facility and the Student

Once a clinical education experience has been confirmed for the student, the student is required to send an email to the SCCE and/or CI to obtain information about work hours, dress code, housing, and type of clinical experiences offered.

The student is responsible to send an introductory email including a course syllabus to the SCCE/CI of the assigned clinical site at least 4-6 weeks prior to the start of the clinical education experience. During the clinical education experience, 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 them to the attention of the student. The CI will use a weekly summary form and/or anecdotal record (or clinic's preferred form). The CI will review all documentation regarding student performance with the student prior to both signing off.
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(s). 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 SCCE 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, SCCE, CI, and student will be involved in any decision making.

If the SCCE or CI has specific concerns or complaints about the DPT program, clinical education program, or DCE, the clinician is requested to contact the DCE (304-696-5605 OR 304-696-5608), arnott2@marshall.edu OR grethcen.prather@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 Clinical Education Experiences

Students are expected to call, text, or email the DCE if they have any concerns or problems related to the clinical education experience. Students are encouraged to contact the DCE when they identify potential problems. If a student does not want to discuss issues during clinic hours, the student should request that the DCE call them at a designated time.

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 including but not limited to supervision, clinical teaching effectiveness, and other topics. Refer to Appendix E for more details.

Upon completion of the first and final full time clinical education experiences, the DCE will meet with all students in small focus groups to gather candid information regarding clinical sites, clinical instructors, and other pertinent information to the clinical education experience.

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 Chair 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 full-time clinical education experience (PT 791, PT 792, and PT 793) is either Pass or Fail. The Clinical Performance Instrument 3.0 (CPI), developed by the APTA, is used to assist the DCE in determining the final grade. The CPI incorporates a rating scale to assess a student's competence for 12 performance criteria. Students are expected to demonstrate ratings on the CPI as described on the following pages during each of the three clinical education experiences (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.

Each student is required to self-assess his/her own performance at the midterm and the end of the clinical education experience using the CPI and prior to the midterm/final meeting with the CI. Students must include written comments and ratings for all 12 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 the 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 regarding their clinical performance during the clinical education experience.

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.

Summative Evaluation

Clinical Instructor

The Clinical Instructor will use the Clinical Performance Instrument Online to complete the midterm (halfway point of the clinical education experience) and final evaluation (at end of the clinical education experience). 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 12 Performance Criteria.

The CPI incorporates a rating scale to assess student competence for the 12 performance criteria. Students are expected to demonstrate ratings on the CPI as described on the following pages (Passing Scores for Clinical Education experiences) during each of the three clinical education experiences (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 consultation 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 of 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 education experience using the CPI. Students are required to provide written comments for all 12 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 the 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 determining the final grade for the clinical education experience. 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 expectations for individual clinical education experiences, (PT 791, PT 792, and PT 793), see course syllabi.

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

- 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.

Fail

A grade of Fail results in the dismissal from the Physical Therapy Program. Students who receive a grade of Fail will not have an opportunity to repeat the clinical education experience.

Reasons for Receiving a Failing Grade

A student may fail a clinical education experience:

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 clinical education experience takes place.
2. If the ratings on the CPI are not appropriate for the level of preparation (See Passing Scores for clinical education experiences).
3. If there are excessive absences or tardiness.
4. If the student demonstrates poor safety awareness or practice.
5. If the student fails a remediation clinical education experience.

In the Event of Failure

1. If a student appears to be failing a clinical education experience, the Clinical Instructor (CI) is to notify the DCE as soon as possible. The DCE will meet in person or over phone with the CI, student, and possibly SCCE to discuss student's performance. At that time, the DCE will make a decision regarding how to progress the student in the clinical education experience.
2. When a CI and DCE have determined that the student demonstrates "failing" performance, the student will be assigned an "Incomplete" for the clinical education experience. After successful completion of a remediation plan, as designed by the DCE with feedback from the CI, the student will be provided another opportunity to achieve the clinical education requirements at a similar clinical setting determined by the DCE. If the student successfully meets the requirements of the remedial clinical education experience, a grade of "Pass" will be assigned. If the student does not achieve the requirements, a grade of "Fail" will be assigned and student will be dismissed from the program. **Throughout the student's tenure in the DPT program, he/she will only be permitted one remedial full-time clinical education experience.**

**PASSING SCORES FOR CLINICAL EDUCATION EXPERIENCES CLINICAL
PERFORMANCE INSTRUMENT CRITERIA**

PT 791- At or above advanced beginner on all criteria of PT CPI 3.0

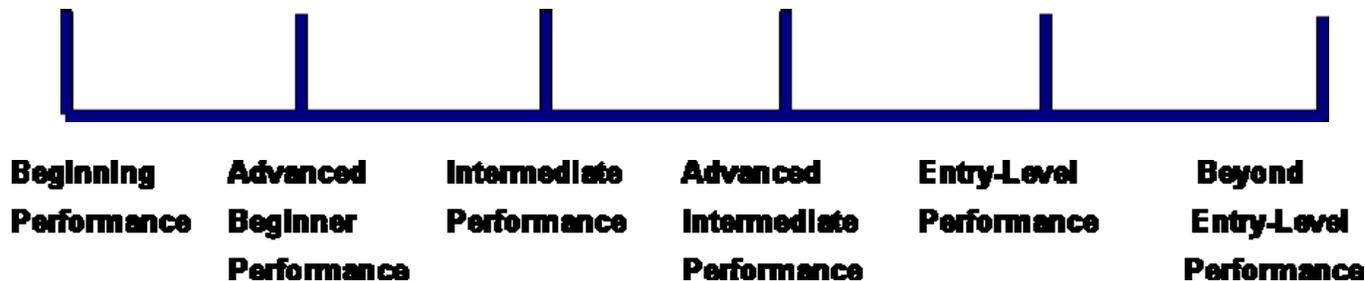
PT 792- At or above intermediate on all criteria of PT CPI 3.0

PT 793- At or above entry level on all criteria of PT CPI 3.0

Physical Therapist Clinical Performance Instrument Performance Criteria (PC)

- 1.1 Professionalism: Ethical Practice
- 1.2 Professionalism: Legal Practice
- 1.3 Professionalism: Professional Growth
- 2.1 Interpersonal: Communication
- 2.2 Interpersonal: Inclusivity
- 3.1 Technical/Procedural: Clinical Reasoning
- 3.2 Technical/Procedural: Examination, Evaluation, and Diagnosis
- 3.3 Technical/Procedural: Plan of Care and Case Management
- 3.4 Technical/Procedural: Interventions and Education
- 4.1 Business: Documentation
- 4.2 Business: Financial Management and Fiscal Responsibility
- 5.1 Responsibility: Guiding and Coordinating Support Staff

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 the student to enhance or modify skills and behavior required to promote both professional and personal growth.
2. To enable the clinical faculty and the academic faculty to assess the clinical performance of the student. Depending on this assessment, the program will make recommendations to adapt or modify the clinical education experience to best meet the professional needs of the student.
3. To help determine whether or not the student has met the objectives of the clinical education experience.
4. To enable the academic program and the clinical faculty 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 students should familiarize themselves with the CPI form, the course syllabus, and grading criteria prior to the start of each clinical education experience. 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 student performance at the midterm and at the end of the clinical education experience. However, formative feedback should be provided on an ongoing and regular basis.
3. If the student demonstrates weaknesses, the CI should determine if the weaknesses place the student at risk for failing the clinical education experience. If so, the “Significant Concerns” box should be marked at midterm and/or Final. The DCE should be notified immediately.

4. If the student demonstrates weakness in performance criteria 1.1-1,3, the DCE should be notified immediately. A plan will be developed to help the student to meet the requirements for the clinical education experience.
5. The rating scale and comment sections should be completed for each of the 12 Performance Criteria at midterm and final.
6. 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 education experience, the CI should familiarize themselves with the grading form. Keep a 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 aspects 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 students with accurate, objective, and balanced feedback. Too often, CIs tend to avoid harsh evaluations, usually to avoid the discomfort associated with delivering

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 SITE 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. The right to access Marshall University library holdings.
7. 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 education experience with students from Marshall University School of Physical Therapy, Clinical Instructors should review the following information:

1. Student Package

The package includes the clinical education experience course syllabus, list of DPT coursework/description/plan of study, and the student profile link.

2. Marshall University School of Physical Therapy Clinical Education Handbook

<https://www.marshall.edu/physical-therapy/clinical-education/>

The Clinical Education Handbook is available to all clinical instructors and SCCEs on the Marshall University School of Physical Therapy website. It is recommended that the Clinical Instructor review the Handbook prior to the start of the clinical education experience and/or consult the handbook if needed during the clinical rotation. In particular, the CI should review the following:

- a. the Course Syllabus for the assigned student
- b. Plan of Study
- c. the evaluation tools used by the CI and student for the clinical education experience
- d. attendance policy
- e. Rights of CI and SCCE
- f. Orientation to clinical education experience

3. Clinical Performance Instrument www.cpi.apta.org

- a. Guidelines for Use of the CPI
- b. Reasons for Using the CPI for Evaluation of Student Performance
- c. Passing Scores for Clinical Education experiences
- d. Free 1-hour training may be accessed at the following link and should be completed prior to completing the student's CPI assessment:

https://learningcenter.apta.org/p/CPI-3_CI-SCCE

- e. APTA CPI Clinical Instructor User Guide

4. Forms completed on Exxat by the student

- a. CI Details Form
- b. The Physical Therapist Student Evaluation: Clinical Experience and Instruction

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 clinical education experience or clinical education, please do not hesitate to contact the Director of Clinical Education (phone 304-696-5605 OR 304-696-5608, email: arnott2@marshall.edu OR gretchen.prather@marshall.edu)

GUIDELINES FOR SELECTION OF AND EXPECTATIONS OF CLINICAL EDUCATION EXPERIENCE
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. Faculty 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 affiliation agreement for clinical education has been fully executed.
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).
7. The SCCE is responsible for identifying CIs who demonstrate clinical competence, have a desire to teach, have >1 year of experience and have a minimum of 6 months of experience in the current practice setting

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. Program is coordinated so the student can learn from the expertise of the staff.
4. Department provides appropriate number of patients on caseload for the student with adequate supervision.
5. Department provides adequate space for student needs (i.e. a storage for coat, desk or study area.)
6. Department has completed the necessary forms required to complete the clinical education experience process including but not limited to the affiliation agreement.
7. 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.
8. The physical therapy department at each site will have an appointed SCCE.

E. Site Coordinator of Clinical Education Responsibilities

1. Supervise the Clinical Instructors.
2. The SCCE will be responsible for ensuring clinical competence of all CIs.
3. Coordinate and evaluate the educational policy at the clinical site.
4. Perform a self-assessment of the Clinical Education Site every one-two years. May use the Self-Assessment for Clinical Education Sites developed by the APTA (Access at www.apta.org).
5. Perform an SCCE self-assessment every 1-2 years. May use the Self- Assessment for Center Coordinators of Clinical Education developed by the APTA. (Access at www.apta.org).
6. Choose clinical instructors (CIs) based on the objectives for the clinical education experience.
7. Formulate and update the student policy Handbooks and student protocols.
8. Maintain close contact with the DCE at Marshall University, College of Health Professions, and 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. Maintain appropriate levels of supervision based on practice setting.
3. Demonstrate competency in teaching in the clinical setting.
4. Abide by the State Practice Act, interpretive rules and regulations, and the APTA Code of Ethics.
5. Perform a CI self-assessment every three years. May use the Self-Assessment for Clinical Instructors developed by the APTA. (Access at www.apta.org).
6. Provide appropriate time and opportunities for student learning experiences.
7. Give ongoing and appropriate feedback to the student and meet with the student on a regular and timely basis.
8. Report to the SCCE if any major problems develop between the student and him/herself.
9. Discuss and/or present the student's progress with the DCE at least once during the clinical education experience.

CRITERIA FOR SELECTION OF CLINICAL SITES

Clinical education experience 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 education experience 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 as a clinical education experience site, the facility will be placed on an email 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 clinical education experience.” Students are informed that a clinical education experience agreement may require 6-12 months to complete. 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 School of Physical Therapy, the DCE will move forward with establishing a clinical affiliation agreement with the clinical site in consultation with MU’s legal counsel as needed.

If the new clinical education site is established at the request of a student, the student will have first choice to be assigned to the requested site for a clinical education experience. Students may participate in a clinical education experience 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 EDUCATION EXPERIENCE

Students requesting the development of a new clinical affiliation agreement must set up a meeting with the DCE. The meeting and discussion take place prior to any direct contact with the proposed clinical education site.

1. The DCE will evaluate the information and may contact the potential clinical site. If the proposed facility is determined to meet the requirements of the Physical Therapy Education Program, the DCE will proceed with securing a formal clinical affiliation agreement with the assistance of the University's legal counsel.

Note: Efforts will be made to establish the new clinical affiliation agreement. There is no guarantee that the site will be available for the student during the clinical education experience period or that the contract will be accepted. Due to a variety of reasons, clinical facilities may be unable to develop a new clinical education partnership.

2. If a new clinical affiliation agreement is established at the request of a student, the student will have first choice to be assigned to the requested site for a clinical education experience. Students may participate in a clinical education experience 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.
3. The DCE will maintain documentation on all meetings with students regarding the establishment of new clinical affiliation agreements.

EVALUATION OF CLINICAL 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. Student evaluations of the Clinical Site (PTSE).
3. Information gathered via phone calls to the clinical site.
4. Affiliation agreement review.
5. Student focus groups post completion of clinical education experience.

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/SCCE/CI, and 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
 - <https://www.apta.org/for-educators/clinical-education-development>
- 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 SCCE who then communicates with the CIs. 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. 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 SCCE through phone calls, emails, fax, letters, site visits, district and site APTA-WV meetings, Clinical Instructor meetings
- Discussions with student & non-clinical faculty
- Clinical Education courses

COMPLAINTS

The public or any other stakeholder of the School of Physical Therapy (SOPT) has the right to file a complaint and receive due process. According to Commission on Accreditation in Physical Therapy Education (CAPTE) standards, this is referred to as a “complaint which falls outside the realm of due process.” The School of Physical Therapy and the College of Health Professions encourages any individual who is unhappy with their experience or encounter with any student, faculty or staff member of the SOPT to file a written complaint. The school takes all program-related complaints seriously and will act upon any complaint in an expedient manner. Once a complaint has been made, the Program Chairperson will gather information and address the complaint. Any complaint and documentation associated with the resolution of “complaints which fall outside the realm of due process” will be kept on file in the SOPT Chairperson’s files for a period of 5 years. The formal policy and procedures are outlined in the SOPT Faculty and Staff Handbook. Complaints by students, faculty, or staff as part of the normal operation of the SOPT will follow individual and respective policies and procedures outlined in the Student or Faculty Handbook and according to Human Resources policies.

“Complaints Which Fall outside the Realm of Due Process” should be addressed to

Chairperson
School of Physical Therapy
Marshall University
2847 5th Avenue
Huntington, WV 25702

Procedures for handling a “Complaint which falls Outside the Realm of Due Process”:

Procedures for handling a “Complaint which Falls Outside the Realm of Due Process”:

When possible, the SOPT Chair will discuss the complaint directly with the party or parties involved within 14 business days. If at all possible, the matter will be reconciled at this point. If needed, SOPT Chair will meet with all parties separately and may schedule a joint appointment with the two parties in order to attempt to resolve the issue. A letter from the SOPT Chair acknowledging the resolution of the complaint will be filed and a copy sent to the complainant.

If dissatisfied with the action or decision made by the SOPT Chairperson, or if the complaint is against the SOPT Chairperson, the involved party may submit a written complaint or appeal to the Dean of the College of Health Professions. A letter outlining the resolution by the Dean shall be filed with the complaint in the SOPT Chair’s office for a period of 5 years.

Dean, College of Health Professions

224A Prichard Hall

Marshall University

Huntington, WV 25755

If the complainant believes that additional review is necessary, then the last line of complaint is with the Vice-President of Academic Affairs.

Outside of the institution, a complaint can also be filed with the physical therapy accrediting body:
Commission on Accreditation in Physical Therapy Education, American Physical Therapy Association, 1111
N. Fairfax Street, Alexandria VA. 22314.

Appendix A

Example Course Syllabi

Please see yearly updated syllabi at MUSOPT website

PT 790

PT 791

PT 792

PT 793

PT 794

Marshall University Syllabus
College of Health Professions
School of Physical Therapy

Course

PT 790: Integrated Clinical Experiences I

Course Description

Supervised clinical experiences and seminar sessions designed to provide exposure to the clinical practice of physical therapy, focused on psychomotor skills and affective behaviors, while applying previously acquired didactic information.

Credits

1 credit hour

Prerequisites

The student must have successfully completed all prior curricular course work.

Term/Year

Spring 2025

Class Meeting Days/Times

January 17- May 9, 2025

Fridays as noted in below schedule

9am-12pm

Location

School of Physical Therapy and Clinical Site

Academic Calendar

For beginning, ending, and add/drop dates, see the [Marshall University Academic Calendar](http://www.marshall.edu/academic-calendar/) (URL: <http://www.marshall.edu/academic-calendar/>).

Instructor

Ashley N. Mason, PT, DPT, ATC, PCS

Gretchen R. Prather, PT, DPT, EdD, NCS

Contact Information

- Office: SOPT Room 144 (Mason,) SOPT Room 145 (Prather)
- Office Hours: by appointment

- Office Phone: 304-696-5605 (Mason) 304-696-5608 (Prather)
- Marshall Email: arnott2@marshall.edu (Mason,) gretchen.prather@marshall.edu (Prather)

Required and/or Recommended Texts and Materials

American Physical Therapy Association. (2019). Professionalism in physical therapy: Core values self-assessment. Retrieved from <https://www.apta.org/your-practice/ethics-and-professionalism/professionalism-in-physical-therapy-core-values-self-assessment#>

Hardavella G, Aamli-Gagnat A, Saad N, et al. (2017) How to give and receive feedback effectively. *Breathe*, 13: 327–333.

Hayes, KW, Huber, G, Rogers, J & Sanders, B. (1999, July). Behaviors that cause clinical instructors to question the competency of physical therapist students. *Physical Therapy*, 79(7), 653-667.

Pulse Staff. (2018, November 14). 8 ways to make the most of your clinicals. Retrieved from <http://www.captionline.org/blog.aspx?blogid=10737421427&id=47244644860>

Sellberb, M, Roaldsen, KS, Nygren-Bonnier, M & Halvarsson, A. (2020). Clinical supervisors' experience of giving feedback to students during clinical integrated learning. *Physiotherapy Theory and Practice*. Retrieved from <https://doi/full/10.1080/09593985.2020.1737996>

Course Student Learning Outcomes

The table below shows the following relationships: How each student learning outcome will be practiced and assessed in the course.

Course student learning outcomes	How students will practice each outcome in this course	How student achievement of each outcome will be assessed in this course
1. Ensures safety of self, patient, and others throughout the clinical interaction. (7D24, 7D33)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point
2. Demonstrates ability to practice in accordance with legal and ethical standards including but not limited to: integrity, patient confidentiality, initiative, accepts responsibility for errors, reports errors.) (6F) (7D1-6) (7D28)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point
3. Demonstrates effective verbal	Laboratory experience, Clinical	- As reported on ICE Evaluation Tool

and non-verbal communication with clinical instructor, patient, and others in a manner congruent with situational needs.(6F, 7D1-7)	Experience, and application of psychomotor skills	- Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point
4. Demonstrates effective verbal and non-verbal communication with clinical instructor, patient, and others in a manner congruent with situational needs.(6F, 7D1-7)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point
5. Demonstrates self-assessment to improve clinical and professional performance. (7D5)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point
6. Begins to develop rationale for clinical decision making (7D10-11)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point
7. Demonstrates a physical therapy patient examination with assistance from clinical instructor using evidence-based tests and measures. (7D10-11, 7D17-19a-w)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point
8. Identifies data from the medical record, patient examination (history, systems review, and tests and measures,) and other health care team members to make clinical judgments. (7D18, 7D20-21)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point
9. Formulates appropriate goals based on a physical therapy diagnosis and prognosis including consistent with patient condition. (7D16, 7D22-23)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point
10. Implements a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. (7D23, 24, 27, 28, 30)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point

11. Performs physical therapy interventions with assistance from a clinical instructor in a safe and effective manner. (7D24, 7d27a-i)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point
12. Practices relevant and effective teaching methods in order to educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems). (6F, 7D7, 7D28, 7D39)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point
13. Prepares quality documentation of physical therapy examination and intervention sessions to support the delivery of physical therapy services. (7D32, 7D40)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point
14. Provides and utilizes constructive feedback to make positive change. (7D7)	Laboratory experience, Clinical Experience, and application of psychomotor skills	- As reported on ICE Evaluation Tool - Clinic Documentation - Clinic Visits - Discussion with Clinical Instructor (CI) - Rotational Testing Point

Course Requirements

Assignments: See course schedule outline below for specific dates

- Introductory Letter to Clinical Site including assessment of strengths and weaknesses
- Exxat Profile Set-Up
- Clinical Education Handbook Assignment
- Professionalism in Physical Therapy: Core Values Self-Assessment
- Reflection on PT 731 Practical including Goals and Clinical Development Plan
- Documentation of Virtual Treatment Session
- Clinical Experience Log x5
- Clinical Assessment
- Presentation Day Poster
- Practical Examination

Grading Policy

The grade in this course will be based off assignments, laboratory participation, assessment from clinical instructor, and a practical examination. Note: You MUST pass the practical examination to receive a passing grade in this course. Failure to pass the practical examination will result in a grade of F.

Assignment Name	Percentage of Grade
Intro Letter to Clinical Site	3%
Exxat Set-Up	2%
Clinical Education Handbook	4%
Professionalism Self-Assessment	3%
Settings Comparison	3%
Reflection on 731 Practical including Goals and Clinical Development Plan	10%
Documentation of Virtual Treatment	5%
Clinical Experience Log (5 @1% each)	5%
Clinical Assessment	20%
Presentation Day Poster- (White Coat Ceremony)	15%
Practical Examination	30%
TOTAL	100%

Grading Policy

SOPT Grading Scale:

89.50% - 100.0%	A
79.50% - 89.49%	B
69.50% - 79.49%	C

Below 69.50%

F (non-passing)

Attendance/Participation Policy

Active participation will be required for each class session and will be expected in all of the laboratories, clinical experiences, and discussions from the class. A deduction of 1% of your final grade will be assessed if you do not actively participate in a lab/class session, and up to a total of 10% of the final grade.

Attendance Policy: Please see the School of Physical Therapy Clinical Education Handbook for details.
<https://www.marshall.edu/physical-therapy/files/MUSOPT-Clinical-Education-Handbook-2018.pdf>

The student is expected to attend all assigned days of the didactic portion and the clinical experience. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason 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 at the discretion of the CI in order to meet the requirements of the course. Failure to show up for the clinical without contacting the CI and DCE prior to the absence may result in failure of the course. Students will adhere to the holiday schedule and inclement weather policies of the facility rather than the University.

Tardiness: Students are expected to be punctual at all times and arrive prepared each day. Similar to absences, tardiness should only occur in extenuating circumstances. If a student must be late for clinic, the student must contact his/her CI promptly and preferably before the start of the clinic day. Repeated tardiness may impact the student's grade. If tardiness becomes a pattern, the CI is encouraged to contact the DCE.

Clinical Instructor Absence: If a CI is absent during the students scheduled affiliation, the school requests that arrangements be made for another licensed physical therapist to provide instruction and supervision to the student. If this is not possible, the student should be notified and should not go to clinic. Students are instructed to never provide care in a clinical setting without a licensed physical therapist on-site to supervise.

University Policies

By enrolling in this course, you agree to the University Policies. Please read the full text of each policy (listed below) by going to [MU Academic Affairs: University Policies](http://www.marshall.edu/academic-affairs/policies/). (URL: <http://www.marshall.edu/academic-affairs/policies/>)

- Academic Dishonesty Policy
- Academic Dismissal Policy
- Academic Forgiveness Policy
- Academic Probation and Suspension Policy
- Affirmative Action Policy
- Dead Week Policy
- D/F Repeat Rule

- Excused Absence Policy for Undergraduates
- Inclement Weather Policy
- Sexual Harassment Policy
- Students with Disabilities (Policies and Procedures)
- University Computing Services Acceptable Use Policy

Health and Safety Information

All members of the Marshall University community are expected to always observe health and safety protocols. This includes general health and safety protocols as well as specific protocols that might emerge in response to community and campus health conditions.

Course Schedule

Week [or Lesson, Unit, etc.]	Activity/Assignment	Due Date
Jan 17	Syllabus Review Lecture: Exxat setup, Intro letter, and Intro to Clin Ed Handbook Lab: History Taking and UE Review	Intro Letter to CI- Group A, Exxat Profile Setup, and Clin Ed Handbook Assignment due Jan 24
Jan 24	Constructive Feedback *Hardavella et al, Sellberb et al articles* Lab: History Taking and LE Review	Professionalism Assessment, Reflection of PT 731 Practical due Feb 2
Jan 31 1030-12 1-230 PM	Video Panel Discussion Documentation of a Video Treatment Session- In Class Assignment Lab: Transfers/Gait Devices Review	Documentation due by Feb 7
Feb 7	Group A- Clinical Rotation Group B- Core Values/Ethics & Teaching Methods	A: Clinical Experience Log Due Monday 2/10
Feb 14	Group A- Clinical Rotation Group B- Leading a Patient in a Plan of Care/Interventions	A: Clinical Experience Log Due Monday 2/17

Feb 21	Group A- Clinical Rotation Group B- No Class	A: Clinical Experience Log Due Monday 2/24
Feb 28	Group A- Clinical Rotation Group B- No Class	A: Clinical Experience Log Due Monday 3/3
March 7	MIDTERM REVIEW WEEK	Intro Letter to CI- Group B
March 14	Group A- Clinical Rotation Group B- No Class (Lobby Day)	A: Clinical Experience Log Due Monday 3/17
March 21	Group A- Core Values/Ethics & Teaching Methods Group B- Clinical Rotation	B: Clinical Experience Log Due Monday 3/24
March 28	Group A- Leading a Patient in a Plan of Care/Interventions Group B- Clinical Rotation	B: Clinical Experience Log Due Monday 3/31
April 4	Group A- No Class Group B- Clinical Rotation	B: Clinical Experience Log Due Monday 4/7
April 11	Group A- No Class Group B- Clinical Rotation	B: Clinical Experience Log Due Monday 4/14
April 18	Group A- No Class Group B- Clinical Rotation	B: Clinical Experience Log Due Monday 4/21 Poster Due 4/14 Group A and B
April 25	* Open Lab Practical Review*	
May 2	Practical Examination	
May 9	Poster Presentation Day	

Marshall University Syllabus
College of Health Professions
School of Physical Therapy

Course

PT 791: Clinical Internship I

Course Description

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.

Credits

4 credit hours

Prerequisites

The student must have successfully completed all prior curricular course work.

Term/Year

Fall 2025

Class Meeting Days/Times

August 4- September 26, 2025

Location

Clinical Sites

Academic Calendar

For beginning, ending, and add/drop dates, see the [Marshall University Academic Calendar](http://www.marshall.edu/academic-calendar/) (URL: <http://www.marshall.edu/academic-calendar/>).

Instructor

Ashley N. Mason, PT, DPT, ATC, PCS

Contact Information

- Office: SOPT Room 144
- Office Hours: by appointment
- Office Phone: 304-696-5605
- Marshall Email: arnott2@marshall.edu

Required and/or Recommended Texts and Materials

APTA: Physical Therapy Clinical Performance Instrument Web

APTA: Guide to Physical Therapists Practice, January 2003

Course Student Learning Outcomes

The table below shows the following relationships: How each student learning outcome will be practiced and assessed in the course.

Course student learning outcomes	How students will practice each outcome in this course	How student achievement of each outcome will be assessed in this course
1. Practices in a safe manner that minimizes risk to patient, self, and others. (7D6, 7D14)	Clinical Experience, and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
2. Demonstrates professional behavior in all situations. (7B1,3)	Clinical Experience, and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines. (6F, 7B1,3)	Clinical Experience, and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
4. Demonstrates communication that is congruent with situational needs. (6F, 7B1,3, 7C2)	Clinical Experience, and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
5. Modifies delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. (7C2,3,	Clinical Experience, and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation

7C1, 7D13)		<ul style="list-style-type: none"> - Clinic Visit - Skills Performance - Discussion with CI
6. Demonstrates self-assessment to improve clinical and professional performance. (7B1)	Clinical Experience, and application of psychomotor skills	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
7. Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. (7C1-3)	Clinical Experience, and application of psychomotor skills	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
8. During each patient encounter, identifies the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. (6F, 7D1D, 7D16)	Clinical Experience, and application of psychomotor skills	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
9. Demonstrates a physical therapy patient examination using evidence-based tests and measures. (7C1, 7D1A-B, 7D2)	Clinical Experience, and application of psychomotor skills	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
10. Identifies data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (7D18, 7D2-3)	Clinical Experience, and application of psychomotor skills	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
11. Identifies a diagnosis and prognosis that guides future patient management. (7D1D, 7D4-5)	Clinical Experience, and application of psychomotor skills	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance

		- Discussion with CI
12. Employs a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. (7D5-10,11,14)	Clinical Experience, and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
13. Demonstrates physical therapy interventions in a competent manner. (7D6, 7D10)	Clinical Experience, and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
14. Practices relevant and effective teaching methods in order to educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems). (6F, 7C2, 7D14, 7D18)	Clinical Experience, and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
15. Prepares quality documentation in a timely manner to support the delivery of physical therapy services. (7D15, 7D19)	Clinical Experience, and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
16. Collects and interprets data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (7D1A,B,Ca-i, 7D2, 7D12)	Clinical Experience, and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
17. Demonstrates participation in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines. (7D24-25)	Clinical Experience, and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
18. Participates in the direction and	Clinical Experience, and application	- As reported on Clinical Performance

supervision of support personnel to meet patient's goals and expected outcomes in accordance to legal standards and ethical guidelines. (6F, 7D7)	of psychomotor skills	Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with CI
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Course Requirements

Completion of Exxat Profile and Letter to CI, emailed to your SCCE/CI and Dr. Mason by 5pm July 11

Completion of Professionalism in PT: Core Values Self- Assessment and uploaded to Exxat by midnight August 1

Completion of CI Details Form and Uploaded to Exxat by midnight August 8

Completion of Weekly Summary Form and Uploaded to Exxat by midnight August 8, 15, 22, September 5, 12, 19

Completion of Midterm CPI by August 29

Completion of midterm portion of PT Student Evaluation of Site by August 29

Completion of Final CPI by September 26

Completion of PT Student Evaluation of Clinical Instruction by September 26

Grading Policy

Grading Criteria:

At midterm, the student will complete a self-assessment using the CPIWeb portal. The CI will complete an assessment of the student using the same tool. The student and CI will meet to discuss and share their ratings. The DCE may consult with the student and CI by phone or via a site visit if questions or problems arise.

At the end of the rotation, the student and CI will again complete the CPI, review together, and consult the DCE as needed. Student self-assessments must be completed and “signed off” by the student AND the CI on or before the last day of the rotation.

The students will be graded on a pass – fail basis according to comments on the written evaluation by the CI, use of the APTA Clinical Performance Instrument, and on completion of all course requirements. The minimum requirements for a “pass” grade using the CPI are as follows: final marks on all criteria 1-12 at or above “advanced beginner” performance and no “Significant Concerns” boxes checked in any of the 12 performance criteria.

If the CI has significant concerns at any time during the rotation, the CI should immediately contact the DCE. The situation or issue should be documented on CPI as a “Critical Incident Report,” and the CI may choose to contact the DCE directly (arnott2@marshall.edu or 304-696-5605). The DCE will work with the student and CI to develop a remediation learning plan and contract. While the CI assesses the students’ clinical performance, the DCE makes the final determination of the course grade.

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 CI 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 CI was biased or unfair in recording and reporting on the students' clinical performance.

In addition to the passing criteria, the student will be assessed to see if they meet a "benchmark" rating at or above a 3 (Intermediate) on items 2 (Professionalism: Legal Practice) and 4 (Interpersonal: Communication) of the CPI and at or above 2 (Advanced Beginner) on items 6 (Technical/Procedural Clinical Reasoning) and 11 (Business: Financial Management and Fiscal Responsibility.) If this benchmark rating is not met, the DCE will provide additional instruction in the form of review sessions, webinars, self-study documents, or any other method determined appropriate by the DCE to help move that mark past the benchmark on the next clinical rotation.

Attendance/Participation Policy

Please see the School of Physical Therapy Clinical Education Handbook for details.

The student is expected to attend all assigned days of the clinical experience. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason 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 at the discretion of the CI in order to meet the requirements of the course. Failure to show up for the clinical without contacting the SCCE and DCE prior to the absence may result in failure of the course. Students will adhere to the holiday schedule and inclement weather policies of the facility rather than the University.

Tardiness: Students are expected to be punctual at all times and arrive prepared for clinic each day. Similar to absences, tardiness should only occur in extenuating circumstances. If a student must be late for clinic, the student must contact his/her CI promptly and preferably before the start of the clinic day. Repeated tardiness may impact the student's grade. If tardiness becomes a pattern, the CI is encouraged to contact the DCE.

Clinical Instructor Absence: If a CI is absent during the students scheduled affiliation, the school requests that arrangements be made for another licensed physical therapist to provide instruction and supervision to the student. If this is not possible, the student should be notified and should not go to clinic. Students are instructed to never provide care in a clinical setting without a licensed physical therapist on-site to supervise.

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

University Policies

By enrolling in this course, you agree to the University Policies. Please read the full text of each policy (listed below) by going to [MU Academic Affairs: University Policies](http://www.marshall.edu/academic-affairs/policies/). (URL: <http://www.marshall.edu/academic-affairs/policies/>)

- Academic Dishonesty Policy
- Academic Dismissal Policy
- Academic Forgiveness Policy
- Academic Probation and Suspension Policy
- Affirmative Action Policy
- Dead Week Policy
- D/F Repeat Rule
- Excused Absence Policy for Undergraduates
- Inclement Weather Policy

- Sexual Harassment Policy
- Students with Disabilities (Policies and Procedures)
- University Computing Services Acceptable Use Policy

Health and Safety Information

All members of the Marshall University community are expected to always observe health and safety protocols. This includes general health and safety protocols as well as specific protocols that might emerge in response to community and campus health conditions.

Marshall University Syllabus
College of Health Professions

Course

PT 792 Clinical Internship II

Course Description

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.

Credits

6 credits

Prerequisites

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.

Students are required to have proof of meeting all health requirements including CPR certification and those outlined in the Clinical Education Handbook, which is available at: <https://www.marshall.edu/physical-therapy/files/MUSOPT-Clinical-Education-Handbook-Oct2019.pdf>

If a clinical site required documentation to verify the student's records, the student is responsible for providing those records from their Castle Branch (<https://www.castlebranch.com/>) and Exxat (<https://login.exxat.com/>) accounts.

In addition, some clinical sites may require additional screenings or immunizations (i.e. fingerprinting, repeated background checks or drug screens). It is the student's responsibility to identify any additional requirements, the process for completion, and ensuring that the results are provided to the site. Students may gain this information through correspondence and discussion with the clinical education site and DCEs prior to placement and through clinical site information forms located on Exxat.

Term/Year

Fall 2025

Class Meeting Days/Times

12 weeks full-time per clinical instructor's schedule; September 29, 2025 to December 19, 2025

Location

Assigned Clinical Site

Academic Calendar

For beginning, ending, and add/drop dates, see the [Marshall University Academic Calendar](https://www.marshall.edu/academic-calendar/) (URL: <https://www.marshall.edu/academic-calendar/>).

Instructor

Gretchen R. Prather, PT, DPT, EdD, NCS & Ashley Mason, PT, DPT, PCS

Contact Information

- Office: SMEC Room 145
- Office Hours: By appointment. Office hours may be held in person or virtually via Teams at the instructor's discretion and based on the student's clinical schedule. Students may email or call (office or cell phone) DCE to request appointment. Scheduled site visits or midterm calls (with student and clinical instructor) will be completed at least once during the course by the DCEs or a member of the Clinical Education Committee.
- Office Phone: 304-696-5608
- Marshall Email: Gretchen.prather@marshall.edu

Health and Safety Information

All members of the Marshall University community are expected to always observe health and safety protocols. This includes general health and safety protocols as well as specific protocols that might emerge in response to community and campus health conditions.

Campus Carry Policy

University Policy, UPGA-12 (Campus Carry Policy) derives its authority from West Virginia State law, including the Campus Self-defense Act (W. Va. Code § 18B-4-5b). It pertains to the exercise of Concealed Carry on Marshall University's campus, except in designated areas, by individuals with a valid permit to Conceal Carry.

Individuals who choose to Conceal Carry are responsible for knowing and understanding all applicable federal, state, and local laws and Marshall University Board of Governors Rules, University Policies, and Administrative Procedures. University Policy, UPGA-12 applies to areas of campus and buildings that are directly under the possession or control of Marshall University.

Concealed Handguns are not observable to others and must be holstered and concealed on the body of the permit holder or in a personal carrier, such as a backpack, purse, or other bag that remains under the exclusive and uninterrupted control of the permit holder. This includes wearing the personal carrier with a strap, carrying or holding the personal carrier, or setting the personal carrier next to or within your immediate reach at all times. If your participation in class activities impedes your ability to maintain constant control of your Handgun, please make alternate arrangements prior to coming to class.

Faculty Office

NOTICE: University Policy, UPGA-12 (Campus Carry Policy) defines Sole Occupancy Offices as areas that may restrict Concealed Carry. Please be aware that my office is a Sole Occupancy Office and this statement serves as notice that

concealed weapons or handguns are not permitted in my office. If you plan to attend a meeting in my office or to drop by my office, secure your weapon or handgun appropriately before you arrive.

Required and/or Recommended Texts and Materials

Required Texts and Materials

APTA Clinical Performance Instrument 3.0: CPI 3.0: <https://cpi.apta.org/login>

All students, clinical instructors, and DCEs are required to complete an online training module prior to using the instrument. All students completed this training during Summer 2024. The DCE will provide instructions to clinical instructors regarding completion of the online training prior to the student’s clinical internship.

Students will access the online CPI portal at the web address above. Students will sign in using their APTA login. At midterm, students will complete a self-assessment using the CPI online portal PRIOR to meeting with their CI. The CI will complete an assessment of the student using the same tool. The student and CI will meet to discuss and share their ratings. The DCE may consult with the student and CI by phone or via a site visit if questions or problems arise.

At the end of the clinical experience, the student and CI will again complete the CPI separately, review together, and consult the DCE as needed. Student self-assessments must be completed and “signed off” by the student AND the CI on or before the last day of the rotation.

Recommended/Optional Texts and Materials

Required textbooks from prior course work are recommended as resources and reference materials as is current evidence accessed via online search engines.

Course Student Learning Outcomes

The table below shows the following relationships: How each student learning outcome will be practiced and assessed in the course.

Course student learning outcomes	How students will practice each outcome in this course	How student achievement of each outcome will be assessed in this course
Students will identify potential hazards in the treatment environment and minimize risk to patients, self, and others. 7D6, 7D14	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)
Students will differentiate between professional and non-professional behaviors in all situations within the clinical environment. 7B1, 7B3	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will appropriately examine established legal and professional standards and ethical guidelines within the context of physical therapy	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

practice. 6F, 7B1, 7B3		
Students will analyze communications skills and congruency with situational needs. 6F, 7C2, 7B1, 7B3	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will model delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs. 7C2, 7C3, 7C1, 7C13	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will analyze own clinical and professional performance for self-improvement. 7B1	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will analyze current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. 7C1, 7C2, 7C3	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
During each patient encounter, student will explain the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. 6F, 7D1D, 7D16	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will outline and perform a physical therapy patient examination using evidence-based tests and measures. 7C1, 7D1A, 7D1B, 7C1a-i	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will assemble data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. 7D2, 7D1B, 7D3	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will describe a diagnosis and prognosis that guides future patient management. 7D1D, 7D4, 7D5	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will create a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. 7D5-10, 7D11, 7D14	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

Students will select and perform physical therapy interventions in a competent manner. 7B1, 7D10	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will select relevant and effective teaching methods in order to educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) consistent with entry level practice. 6F, 7C2, 7D14, 7D18	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will generate quality documentation in a timely manner to support the delivery of physical therapy services. 7D15, 7D19	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will collect and appraise data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. 7D1A, 7D1B, 7D1Ca-i, 7D2, 7D12	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will practice in a manner consistent with regulatory, legal and facility guidelines, synthesizes appropriate financial management decisions (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) related to physical therapy services. 7D24-25	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will identify the need for and coordinate the direction and supervision of support personnel to meet patient's goals and expected outcomes in accordance to legal standards and ethical guidelines. 6F, 7D7, 7D8	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

Course Requirements/Due Dates

ATTENDANCE:

PT 792 is a required course of the DPT program. The student is expected to attend all assigned days of the clinical experience. Students are not allowed to miss any days of the clinical experience for personal reasons. **If there is some reason (i.e. illness, 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 SCCE and DCE prior to the absence may result in failure of the course. Students will adhere to the holiday schedule and inclement weather policies of the facility rather than the University.

Tardiness: Students are expected to be punctual at all times and arrive prepared for clinic each day. Similar to absences, tardiness should only occur in extenuating circumstances. If a student must be late for clinic, the student must contact his/her CI promptly and preferably before the start of the clinic day. Repeated tardiness may impact the student's grade. If tardiness becomes a pattern, the CI is encouraged to contact the DCE.

Clinical Instructor Absence: If a CI is absent during the student's scheduled affiliation, the school requests that arrangements be made for another licensed physical therapist to provide instruction and supervision to the student. If this is not possible, the student should be notified and should not go to clinic. Students are instructed to never provide care in a clinical setting without a licensed physical therapist on-site to supervise.

Attire: The department policy on professional attire in the clinical setting will apply. Students are to wear their MUSOPT name tags while in the clinical setting.

Immunizations: Students must complete all vaccinations, background checks, drug screens, CPR certification, etc. that are required by the clinical site. All of these documents must be submitted to Exxat PRIOR TO THE START OF THE CLINICAL and must remain up to date for the duration of the clinical experience. Failure to do so will result in delayed start of the clinical and potentially result in a delay in academic progression and graduation.

ASSIGNMENTS (Students must complete all assignments in order to pass the course.) Clinical instructors may provide additional assignments or projects for the student to complete. Students are required to complete all assignments, research, and recommended learning opportunities as directed by the clinical instructor.

Introductory Email: Students will email their clinical instructor 5-6 weeks prior to the start of their clinical experience. Please see Blackboard and Exxat for further instructions.

Clinical Instructor Details Form: Will be completed by the student with CI input and submitted by student no later than the second Monday by midnight (October 6, 2025) via Exxat.

State Board Practice Act Review: Students will review the state practice act for the state in which he/she is completing the clinical experience. The instructions are on Exxat. The assignment is due no later than the second Monday by midnight (October 6, 2025).

Summary & Planning Form: On the Fridays for Weeks 3 & 9, the student and CI will complete a cumulative (weeks 1-3 and weeks 7-9) 'Summary and Planning Form' and submit it on Exxat. The form can be used by student and CI as needed and desired on a weekly basis, but must be turned in on the Friday of Weeks 3 & 9.

Inservice Presentation: 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 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.. **Students must also submit the Review of Student Teaching form as well.** Both due on or before December 19, 2025. Clinical Projects may be considered in lieu of an inservice presentation. Clinic project proposals should be discussed with Dr. Prather for approval. It is the student's responsibility to initiate discussion with CI regarding inservice topics, to determine a topic, and to schedule the inservice prior to completion of the clinical experience. The inservice topic should be relevant to the practice setting.

Surveys and Self-Assessments:

- a. Students will complete a professionalism self-assessment to be shared with the CI prior to the start of the clinical experience.
- b. CPI Self-Assessment Midterm & Final: Students must complete the CPI self-assessment PRIOR to meeting with the CI to receive feedback.
- c. PTSE 1: Student Assessment of Clinical Experience survey to be completed at final.
- e. PTSE 2: Student Evaluation of Clinical Instruction at the midterm and final following review of CPI assessment with CI.

Grading Policy

The students will be graded on a Pass/Fail basis. **ALL assignments must be completed in order to pass the course.** Additionally, course grade will be determined according to comments on the written evaluation by the clinical instructor, use of the APTA Clinical Performance Instrument version 3.0, 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 1-12 at or above “Intermediate” performance (Rating scale=5) and no “Significant Concerns” boxes checked in any of the 12 performance criteria. According to CPI, “significant concerns” signifies that the student’s performance on one or more of the criteria is unacceptable for the clinical experience. **If the CI has “significant concerns” at any time during the rotation, the CI should immediately contact the DCE.** Ideally, the situation or issue should be documented on CPIWeb as a “Critical Incident Report,” which will immediately alert the DCE. However, the CI may rather choose to contact the DCE directly (gretchen.prather@marshall.edu or 304-696-5608). The DCE will work with the student and CI to develop a remediation learning plan and contract. **While the CI assesses the students’ clinical performance, the DCE makes the final determination of the course grade.**

The final course grade will be determined by timely completion of all assignments, satisfactory scores on the APTA CPI as noted above as well as consideration by the DCE of comments/feedback from the CI, “significant concerns” and critical incidents reported by the CI, complexity of the clinical environment, student progress from midterm to final, and congruence between all written and verbal information regarding the student’s performance.

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 appendix for definitions of performance dimensions and rating scale anchors.

Attendance/Participation Policy

Please see the School of Physical Therapy Student Handbook for details.

<http://www.marshall.edu/physical-therapy/files/MUSOPT-Clinical-Education-Handbook-Oct2019.pdf>

University Policies

By enrolling in this course, you agree to the University Policies. Please read the full text of each policy (listed below) by going to [MU Academic Affairs: University Policies](https://www.marshall.edu/academic-affairs/policies/). (URL: <https://www.marshall.edu/academic-affairs/policies/>)

- Academic Dishonesty Policy
- Academic Dismissal Policy
- Academic Forgiveness Policy
- Academic Probation and Suspension Policy
- Affirmative Action Policy
- Dead Week Policy
- D/F Repeat Rule
- Excused Absence Policy for Undergraduates
- Inclement Weather Policy
- Sexual Harassment Policy- Title IX prohibits the harassment of students based on sex, which includes pregnancy, childbirth, and related conditions. This includes that students will not be penalized for taking medically necessary leave related to pregnancy, childbirth, or related conditions. Marshall's Title IX Office may be contacted at TitleIX@marshall.edu
- Students with Disabilities (Policies and Procedures)
- University Computing Services Acceptable Use Policy

Generative Artificial Intelligence Policy

Students are allowed, and even encouraged, to use Generative AI in some ways but are prohibited from using it in other ways. Keep in mind that any content produced by generative AI can “hallucinate” (produce false information), so students are responsible for ensuring the accuracy of any AI-generated content. For information on citing AI, please see [MU Library's AI citation website](https://libguides.marshall.edu/plagiarism-AI/cite) (URL: <https://libguides.marshall.edu/plagiarism-AI/cite>). Students should not use generative AI in any way that would violate the [Student Code of Conduct](https://www.marshall.edu/student-conduct/files/Studnet-Code-of-Conduct-2022.pdf) (URL: <https://www.marshall.edu/student-conduct/files/Studnet-Code-of-Conduct-2022.pdf>).

Students are **permitted and encouraged** to use generative AI in the following ways:

1. **Brainstorming:** You may use generative AI to stimulate creativity, generate ideas, or brainstorm topics for papers, presentations, and discussions. The generated content must serve as a stepping stone, not a final product.
2. **Citation Assistance:** AI tools can be used to manage, format, and organize citations and references, promoting adherence to academic writing standards and specific style guides required for individual assignments.
3. **Grammar and Style Checking:** AI-powered writing enhancement tools may be used to help with spelling, grammar, syntax, and stylistic errors.
4. **Concept Understanding:** Generative AI can be used to explain or simulate concepts taught in class, aiding in a deeper understanding.
5. **Research Assistance:** AI can be used to conduct initial research, compile data, and summarize articles, books, or papers. It should not replace traditional research methods but rather enhance them.

You **may not** use generative AI in coursework in the following ways:

- **Plagiarism:** Using AI-generated content as your original work without attribution. This includes essays, papers, presentations, and exam answers.
- **Data Manipulation:** Using AI tools to alter data or create misleading information.
- **Misrepresentation of Skills:** Using generative AI to complete tasks that are meant to assess your knowledge and skills.
- **Confidentiality Breach:** Using AI tools that might violate university policies or laws related to data privacy and confidentiality.

See individual assignment instructions for more details.

Metacognitive Reflection. In addition to a proper citation, the student should include the following statement with any assignment where generative AI is used for assistance.

“I used generative AI platform [INSERT NAME OF PLATFORM, SUCH AS CHAT GPT] for assistance in the following ways on this assignment: [INSERT WAYS USED, such as brainstorming, citation assistance, grammar and style checking, concept understanding, and research assistance, etc.]”

Course Schedule

Week/Date	Activity/Assignment	Points	Due Date
5-6 weeks prior to internship start date	Send Introductory Email and Profile Link to CI and SCCE; CC Dr. Prather on email		8/15/25
8/19/25 (T) 9a-12p	LAB: Review goniometry & MMT UE, c-t spine, upper trunk		
8/21/25 (Th) 9a-12p	LAB: Review goniometry & MMT LE, l-s spine, lower trunk		
9/26/25	1. Complete and submit Professionalism in PT: Core Values Self- Assessment – Review with CI during the first week.		9/26/25 F 1159pm EST
Week 1	1. Complete and submit Clinical Instructor Details (form is on Exxat) 2. Complete and submit State Practice Act Review Assignment		10/6/25 M 1159pm EST
Week 3	1. Summary Form (weeks 1-3) – Submit via Exxat		10/17/25 F 1159pm EST
Week 6	1. Complete & submit Midterm CPI Self-Assessment 2. Complete & submit PTSE 2 Midterm 3. Meet with CI to discuss midterm CPI, PTSE, and Inservice topic		11/7/25 F 1159pm EST
Week 9	1. Summary Form (weeks 7-9) – Submit via Exxat		12/1/25 M 1159pm EST

Week 12	<ol style="list-style-type: none"> 1. Complete, submit, & sign off Final CPI Self-Assessment 2. Complete & submit PTSE 2 Final 3. Complete & submit PTSE 1 4. Complete & submit Inservice Presentation or Project 5. Complete & submit Review of Student Teaching 		12/19/25 F 1159pm EST
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APPENDIX

DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
Supervision/ Guidance	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.
Quality	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.
Complexity	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.
Consistency	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.
Efficiency	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>Rating Scale Anchors</i>	
Beginning performance	<ul style="list-style-type: none"> • A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. • At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner. • Performance reflects little or no experience. • The student does not carry a caseload.
Advanced beginner performance	<ul style="list-style-type: none"> • 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. • 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. • The student may begin to share a caseload with the clinical instructor.
Intermediate performance	<ul style="list-style-type: none"> • 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. • At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 50% of a full-time physical therapist’s caseload.

<p>Advanced intermediate performance</p>	<ul style="list-style-type: none"> • 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. • At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 75% of a full-time physical therapist's caseload.
<p>Entry-level performance</p>	<ul style="list-style-type: none"> • A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. • At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. • Consults with others and resolves unfamiliar or ambiguous situations. • The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.
<p>Beyond entry-level performance</p>	<ul style="list-style-type: none"> • A student who is capable of 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. • 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. • The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed. • The student is capable of supervising others. • The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.

Marshall University Syllabus

College of Health Professions

School of Physical Therapy

Course

PT 793 Clinical Internship III

Course Description

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.

Credits

6 credits

Prerequisites

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.

Students are required to have proof of meeting all health requirements including CPR certification and those outlined in the Clinical Education Handbook, which is available at: <https://www.marshall.edu/physical-therapy/files/MUSOPT-Clinical-Education-Handbook-Oct2019.pdf>

If a clinical site required documentation to verify the student's records, the student is responsible for providing those records from their Castle Branch (<https://www.castlebranch.com/>) and Exxat (<https://login.exxat.com/>) accounts.

In addition, some clinical sites may require additional screenings or immunizations (i.e. fingerprinting, repeated background checks or drug screens). It is the student's responsibility to identify any additional requirements, the process for completion, and ensuring that the results are provided to the site. Students may gain this information through correspondence and discussion with the clinical education site and DCEs prior to placement and through clinical site information forms located on Exxat.

Term/Year

Spring 2026

Class Meeting Days/Times

12 weeks full-time per clinical instructor's schedule

Location

Assigned Clinical Site

Academic Calendar

For beginning, ending, and add/drop dates, see the [Marshall University Academic Calendar](https://www.marshall.edu/academic-calendar/) (URL: <https://www.marshall.edu/academic-calendar/>).

Instructor

Gretchen R. Prather, PT, DPT, EdD, NCS

Contact Information

- Office: SMEC Room 145
- Office Hours: By appointment. Office hours may be held in person or virtually via Teams at the instructor's discretion and based on the student's clinical schedule. Students may email or call (office or cell phone) DCE to request appointment. Scheduled site visits or midterm calls (with student and clinical instructor) will be completed at least once during the course by the DCEs or a member of the Clinical Education Committee.
- Office Phone: 304-696-5608
- Marshall Email: Gretchen.prather@marshall.edu

Health and Safety Information

All members of the Marshall University community are expected to always observe health and safety protocols. This includes general health and safety protocols as well as specific protocols that might emerge in response to community and campus health conditions.

Required and/or Recommended Texts and Materials

Required Texts and Materials

APTA Clinical Performance Instrument 3.0: CPI 3.0: <https://cpi.apta.org/login>

All students, clinical instructors, and DCEs are required to complete an online training module prior to using the instrument. All students completed this training during Summer 2024. The DCE will provide instructions to clinical instructors regarding completion of the online training prior to the student's clinical internship.

Students will access the online CPI portal at the web address above. Students will sign in using their APTA login. At midterm, students will complete a self-assessment using the CPI online portal PRIOR to meeting with their CI. The CI will complete an assessment of the student using the same tool. The student and CI will meet to discuss and share their ratings. The DCE may consult with the student and CI by phone or via a site visit if questions or problems arise.

At the end of the clinical experience, the student and CI will again complete the CPI separately, review together, and consult the DCE as needed. Student self-assessments must be completed and "signed off" by the student AND the CI on or before the last day of the rotation.

Recommended/Optional Texts and Materials

Required textbooks from prior course work are recommended as resources and reference materials as is current evidence accessed via online search engines.

Course Student Learning Outcomes

The table below shows the following relationships: How each student learning outcome will be practiced and assessed in the course.

Course student learning outcomes	How students will practice each outcome in this course	How student achievement of each outcome will be assessed in this course
Students will create a safe practice environment that minimizes risk to patient, self, and others and is consistent with entry level practice. 7D6, 7D14	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)
Students will value professional behavior in all situations, consistent with entry level performance. 7B1,	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

7B3		
Students will consistently interpret established legal and professional standards and ethical guidelines within the context of entry level physical therapy practice. 6F, 7B1, 7B3	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will choose communication style that is congruent with situational needs based on entry level 6F, 7B1, 7B3, 7C2	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will select delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs consistent with entry level practice. 7C1, 7C2, 7C3, 7D13	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will evaluate own clinical and professional performance for self-improvement and growth towards entry level practice. 7B1	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will synthesize current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management. 7C1, 7C2, 7C3	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
During each patient encounter, student will appraise the patient's need for further examination or consultation by a physical therapist or referral to another health care professional. 6F, 7D1D, 7D16	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will design and perform a physical therapy patient examination using evidence-based tests and measures consistent with entry level performance. 7C1, 7D1A, 7D1B, 7D1Ca-i	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. 7D1B, 7D2, 7D3	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will describe a diagnosis and prognosis that guides future patient management. Describe a diagnosis and prognosis that guides future patient management. 7D1D, 7D4, 7D5	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

Students will create a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. 7D5-11, 7D14	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will arrange and perform physical therapy interventions in a competent manner, consistent with entry level performance. 7B1, 7D10	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will create relevant and effective teaching methods in order to educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) consistent with entry level practice. 6F, 7C2, 7D14, 7D18	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will generate quality documentation in a timely manner to support the delivery of physical therapy services. 7D15, 7D19	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will collect and appraise data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. 7D1A, 7D1B, 7D1Ca-i, 7D2, 7D12	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will practice in a manner consistent with regulatory, legal and facility guidelines, justifies appropriate financial management decisions (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) related to physical therapy services. 7D24, 7D25	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
Students will plan and coordinate the direction and supervision of support personnel to meet patient's goals and expected outcomes in accordance to legal standards and ethical guidelines. 6F, 7D7, 7D25	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

Course Requirements/Due Dates

ATTENDANCE:

PT 793 is a required course of the DPT program. The student is expected to attend all assigned days of the clinical experience. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason (i.e. illness, 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 SCCE and DCE prior to the

absence may result in failure of the course. Students will adhere to the holiday schedule and inclement weather policies of the facility rather than the University.

Tardiness: Students are expected to be punctual at all times and arrive prepared for clinic each day. Similar to absences, tardiness should only occur in extenuating circumstances. If a student must be late for clinic, the student must contact his/her CI promptly and preferably before the start of the clinic day. Repeated tardiness may impact the student's grade. **If tardiness becomes a pattern, the CI is encouraged to contact the DCE.**

Clinical Instructor Absence: If a CI is absent during the student's scheduled affiliation, the school requests that arrangements be made for another licensed physical therapist to provide instruction and supervision to the student. If this is not possible, the student should be notified and should not go to clinic. Students are instructed to never provide care in a clinical setting without a licensed physical therapist on-site to supervise.

Attire: The department policy on professional attire in the clinical setting will apply. Students are to wear their MUSOPT name tags while in the clinical setting.

Immunizations: Students must complete all vaccinations, background checks, drug screens, CPR certification, etc. that are required by the clinical site. All of these documents must be submitted to Exxat PRIOR TO THE START OF THE CLINICAL and must remain up to date for the duration of the clinical experience. Failure to do so will result in delayed start of the clinical and potentially result in a delay in academic progression and graduation.

ASSIGNMENTS (Students must complete all assignments in order to pass the course.) Clinical instructors may provide additional assignments or projects for the student to complete. Students are required to complete all assignments, research, and recommended learning opportunities as directed by the clinical instructor.

Introductory Email: Students will email their clinical instructor 5-6 weeks prior to the start of their clinical experience. Please see Blackboard and Exxat for further instructions.

Clinical Instructor Details Form: Will be completed by the student with CI input and submitted by student no later than the second Monday by midnight (January 19, 2026) via Exxat.

State Board Practice Act Review: Students will review the state practice act for the state in which he/she is completing the clinical experience. The instructions are on Exxat. The assignment is due no later than the second Monday by midnight (January 19, 2026).

Summary & Planning Form: Is not required in this course, but is an available tool to be used by student and CI as needed and desired.

Inservice Presentation: 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 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.. Students must also submit the Review of Student Teaching form as well. Both due on or before April 3, 2026. Clinical Projects may be considered in lieu of an inservice presentation. Clinic project proposals should be discussed with Dr. Prather for approval. It is the student's responsibility to initiate discussion with CI regarding inservice topics, to determine a topic, and to schedule the inservice prior to completion of the clinical experience. The inservice topic should be relevant to the practice setting.

Surveys and Self-Assessments:

- a. Students will complete a professionalism self-assessment prior to the start of the clinical experience shared with the CI the first week of the experience.
- b. CPI Self-Assessment Midterm & Final: Students must complete the CPI self-assessment PRIOR to meeting with the CI to receive feedback.
- c. PTSE 1: Student Assessment of Clinical Experience survey to be completed at final.
- d. PTSE 2: Student Evaluation of Clinical Instruction at the midterm and final following review of CPI assessment with CI.

Grading Policy

The students will be graded on a Pass/Fail basis. **ALL assignments must be completed in order to pass the course.** Additionally, course grade will be determined according to comments on the written evaluation by the clinical instructor, use of the APTA Clinical Performance Instrument version 3.0, 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 1-12 at or above “Entry Level” performance (Rating scale=5) and no “Significant Concerns” boxes checked in any of the 12 performance criteria. According to CPI, “significant concerns” signifies that the student’s performance on one or more of the criteria is unacceptable for the clinical experience. **If the CI has “significant concerns” at any time during the rotation, the CI should immediately contact the DCE.** Ideally, the situation or issue should be documented on CPIWeb as a “Critical Incident Report,” which will immediately alert the DCE. However, the CI may rather choose to contact the DCE directly (gretchen.prather@marshall.edu or 304-696-5608). The DCE will work with the student and CI to develop a remediation learning plan and contract. **While the CI assesses the students’ clinical performance, the DCE makes the final determination of the course grade.**

The final course grade will be determined by timely completion of all assignments, satisfactory scores on the APTA CPI as noted above as well as consideration by the DCE of comments/feedback from the CI, “significant concerns” and critical incidents reported by the CI, complexity of the clinical environment, student progress from midterm to final, and congruence between all written and verbal information regarding the student’s performance.

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 appendix for definitions of performance dimensions and rating scale anchors.

Attendance/Participation Policy

Please see the School of Physical Therapy Student Handbook for details.

<http://www.marshall.edu/physical-therapy/files/MUSOPT-Clinical-Education-Handbook-Oct2019.pdf>

University Policies

By enrolling in this course, you agree to the University Policies. Please read the full text of each policy (listed below) by going to [MU Academic Affairs: University Policies](https://www.marshall.edu/academic-affairs/policies/). (URL: <https://www.marshall.edu/academic-affairs/policies/>)

- Academic Dishonesty Policy
- Academic Dismissal Policy
- Academic Forgiveness Policy
- Academic Probation and Suspension Policy
- Affirmative Action Policy
- Dead Week Policy
- D/F Repeat Rule
- Excused Absence Policy for Undergraduates
- Inclement Weather Policy
- Sexual Harassment Policy- Title IX prohibits the harassment of students based on sex, which includes pregnancy, childbirth, and related conditions. This includes that students will not be penalized for taking medically necessary leave related to pregnancy, childbirth, or related conditions. Marshall’s Title IX Office may be contacted at TitleIX@marshall.edu

- Students with Disabilities (Policies and Procedures)
- University Computing Services Acceptable Use Policy

Generative Artificial Intelligence Policy

Students are allowed, and even encouraged, to use Generative AI in some ways but are prohibited from using it in other ways. Keep in mind that any content produced by generative AI can “hallucinate” (produce false information), so students are responsible for ensuring the accuracy of any AI-generated content. For information on citing AI, please see [MU Library’s AI citation website](https://libguides.marshall.edu/plagiarism-AI/cite) (URL: <https://libguides.marshall.edu/plagiarism-AI/cite>). Students should not use generative AI in any way that would violate the [Student Code of Conduct](https://www.marshall.edu/student-conduct/files/Studnet-Code-of-Conduct-2022.pdf) (URL: <https://www.marshall.edu/student-conduct/files/Studnet-Code-of-Conduct-2022.pdf>).

Students are **permitted and encouraged** to use generative AI in the following ways:

- **Brainstorming:** You may use generative AI to stimulate creativity, generate ideas, or brainstorm topics for papers, presentations, and discussions. The generated content must serve as a stepping stone, not a final product.
- **Citation Assistance:** AI tools can be used to manage, format, and organize citations and references, promoting adherence to academic writing standards and specific style guides required for individual assignments.
- **Grammar and Style Checking:** AI-powered writing enhancement tools may be used to help with spelling, grammar, syntax, and stylistic errors.
- **Concept Understanding:** Generative AI can be used to explain or simulate concepts taught in class, aiding in a deeper understanding.
- **Research Assistance:** AI can be used to conduct initial research, compile data, and summarize articles, books, or papers. It should not replace traditional research methods but rather enhance them.

You **may not** use generative AI in coursework in the following ways:

- **Plagiarism:** Using AI-generated content as your original work without attribution. This includes essays, papers, presentations, and exam answers.
- **Data Manipulation:** Using AI tools to alter data or create misleading information.
- **Misrepresentation of Skills:** Using generative AI to complete tasks that are meant to assess your knowledge and skills.
- **Confidentiality Breach:** Using AI tools that might violate university policies or laws related to data privacy and confidentiality.

See individual assignment instructions for more details.

Metacognitive Reflection. In addition to a proper citation, the student should include the following statement with any assignment where generative AI is used for assistance.

“I used generative AI platform [INSERT NAME OF PLATFORM, SUCH AS CHAT GPT] for assistance in the following ways on this assignment: [INSERT WAYS USED, such as brainstorming, citation assistance, grammar and style checking, concept understanding, and research assistance, etc.]”

Course Schedule

Week/Date	Activity/Assignment	Points	Due Date

5-6 weeks prior to start date	Send Introductory Email and Profile Link to CI and SCCE; CC Dr. Prather on email		11/22/25 F 5pm EST
Week 0	Complete & submit Professionalism in PT: Core Values Self- Assessment (review with CI during week 1)		1/9/26 F 1159pm EST
Week 1	<ol style="list-style-type: none"> 1. Review APTA Core Values Self-Assessment with CI 2. Complete & submit CI Details Form 3. Complete & submit State Practice Act Assignment 		1/19/26 M 1159pm EST
Week 6	<ol style="list-style-type: none"> 1. Complete & submit Midterm CPI Self-Assessment 2. Complete & submit PTSE 2 Midterm 3. Meet with CI to discuss midterm CPI and Inservice topic 		2/20/26 F 1159pm EST
Week 12	<ol style="list-style-type: none"> 1. Complete, submit, & sign off Final CPI Self-Assessment 2. Complete & submit PTSE 2 Final 3. Complete & submit PTSE 1 4. Complete & submit Inservice Presentation or Project 5. Complete & submit Review of Student Teaching 		4/3/26 F 1159pm EST

***SPLIT ROTATIONS: Please email DCE to plan submission of assignments, due dates, and setting for inservice topic.

APPENDIX

DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
Supervision/ Guidance	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.
Quality	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.
Complexity	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.
Consistency	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.
Efficiency	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>Rating Scale Anchors</i>	

Beginning performance	<ul style="list-style-type: none"> • A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. • At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner. • Performance reflects little or no experience. • The student does not carry a caseload.
Advanced beginner performance	<ul style="list-style-type: none"> • 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. • 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. • The student may begin to share a caseload with the clinical instructor.
Intermediate performance	<ul style="list-style-type: none"> • 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. • At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 50% of a full-time physical therapist’s caseload.
Advanced intermediate performance	<ul style="list-style-type: none"> • 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. • At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 75% of a full-time physical therapist’s caseload.
Entry-level performance	<ul style="list-style-type: none"> • A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. • At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. • Consults with others and resolves unfamiliar or ambiguous situations. • The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.
Beyond entry -level performance	<ul style="list-style-type: none"> • A student who is capable of 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. • 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. • The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed. • The student is capable of supervising others. • The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.

PT 794-

View syllabus here: [PT 794 Syllabus CO 2026](#)

Appendix B

Physical Therapy Plan of Study
Physical Therapy Course Description

Marshall University Graduate College Plan of Study – School of Physical Therapy

Class of 2024

Doctor of Physical Therapy Degree

Course No.	Hrs	Year	Term	Semester	Course Title	Grade	Completion Date	Comments
PT 700	5	1	Summer	1	Gross Anatomy for Physical Therapy			O'Keefe
PT 710	3	1	Summer	1	Clinical Skills I			Davis
PT 750	2	1	Summer	1	Foundations of Physical Therapy Practice			Lambert
PT 761	2	1	Summer	1	Evidence Based Practice I			Mehta
	12							
PT 701	4	1	Fall	2	Neuroanatomy			Chiu
PT 711	3	1	Fall	2	Kinesiology and Biomechanics in PT			Liang
PT 720	3	1	Fall	2	Advanced Clinical Physiology			Bose
PT 731	3	1	Fall	2	Clinical Skills II			Mehta
PT 741	2	1	Fall	2	Medical Pathology in PT I – General			Bose
PT 751	2	1	Fall	2	Legal/Cultural Issues in PT			Lambert
	17							
PT 712	3	1	Spring	3	Motor Control and Development in PT			Liang
PT 732	3	1	Spring	3	Therapeutic Exercise			Proffitt
PT 742	2	1	Spring	3	Medical Pathology in PT II –MSK			Dauber
PT 744	3	1	Spring	3	Medical Pathology in PT III- Neuro			Chiu
PT 763	2	1	Spring	3	Evidence-Based Practice II			Mehta
PT 781	3	1	Spring	3	Orthopedics in PT I			Dauber
PT 790	1	1	Spring	3	Integrated Clinical Education in PT I			Mason
PT 745	1	1	Spring	3	Imaging in Physical Therapy			Dauber
	18							
PT 713	2	2	Summer	4	Outcome Measures in PT			Chiu
PT 747	2	2	Summer	4	Pharmacology in Physical Therapy			Bose
PT 771	1	2	Summer	4	Clin Application Sem & Experiences I			Proffitt

PT 782	4	2	Summer	4	Orthopedics in PT II			Dauber
PT 733	1	2	Summer	4	Therapeutic Modalities			Davis
PT 734	1	2	Summer	4	Clinical Skills III			Mason
PT 748	1	3	Summer	4	Pain Science			Davis
	12							
PT 702	1	2	Fall	5	Neuroevaluation			Stephens
PT 721	3	2	Fall	5	Applied Exercise Physiology			Shepherd
PT 754	1	2	Fall	5	Healthcare Delivery Systems			Lambert
PT 764	1	2	Fall	5	Evidence-Based Practice III-Capstone			Mehta
PT 772	1	2	Fall	5	Clin Application Sem & Experiences II			Profitt
PT 758	1	2	Fall	5	PM & BC in PT			Pfost
PT 791	4	2	Fall	5	Clinical Internship I			Mason
	12							
PT 704	4	2	Spring	6	Neurorehabilitation			Pfost
PT 755	1	2	Spring	6	Service-Learning Practicum			Lambert
PT 765	1	2	Spring	6	Evidence-Based Practice IV-Capstone			Mehta
PT 773	1	2	Spring	6	Clin Application Sem & Experiences III			Profitt
PT 783	4	2	Spring	6	Cardio-Pulmonary Physical Therapy			Bose
PT 786	3	2	Spring	6	Pediatrics & Geriatrics in PT			Mason/Mehta
	14							

Course No.	Hrs	Year	Term	Semester	Course Title	Grade	Completion Date	Comments
PT 756	3	3	Summer	7	Administration in PT			Lambert
PT 766	1	3	Summer	7	Evidence Based Practice V –Capstone			Mehta
PT 774	1	3	Summer	7	Clin Application Sem & Experiences IV			Stephens
PT 784	2	3	Summer	7	Integumentary			Stephens
PT 787	2	3	Summer	7	Prosthetics & Orthotics			Profitt

PT 799	1	3	Summer	7	Integration & Review			Davis
	10							
PT 788	1	3	Fall	8	Special Topics in Physical Therapy			Profitt
PT 714	1	3	Fall	8	Movement Integration			Lambert
PT 789	2	3	Fall	8	Orthopaedics in PT III			Dauber
PT 794	1	3	Fall	8	Integrated Clinical Experiences in PT II			Stephens
PT 792	6	3	Fall	8	Clinical Internship II			Mason/Pfost
	11							
PT 767	1	3	Spring	9	Evidence-Based Practice VI- Capstone			Mehta
PT 785	2	3	Spring	9	Health Promotion and Nutrition (Distance)			Mason
PT 793	6	3	Spring	9	Clinical Internship III			Pfost
	9							

TOTAL HOURS 115

School of Physical Therapy: DPT Course Descriptions

Semester	#	Credits	Course Title	Course Description
Year 1 Summer I 1	PT 700	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	Clinical Skills I	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.

Year 1 Fall I 2	PT 701	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	3	Kinesiology & Biomechanics in PT	Biomechanical principles, muscle actions, joint mechanics, joint segments and wholebody movement pattern analysis including normal and abnormal gait.
	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 II	Theory/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- General	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-Cultural Issues in PT	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.

Year 1 Spring I 3	PT 712	3	Motor Control and Development in PT	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 Exercise	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 muscles.
	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	3	Medical Path in PT III- Neuro	This course reviews the functional neuroanatomy and neuropathology correlated with select neuropathological conditions or injury, focusing on etiology, epidemiology, medical/surgical considerations, neural substrates of cognitive, perceptual, and sensorimotor function 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 their Faculty Research Advisor and learn to apply principles of research to the clinical decision-making process and to make recommendations for practice.
	PT 781	3	Orthopedics in PT 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 790	1	Integrated Clinical Experiences in PT I	
	PT 745	1	Imaging in Physical Therapy	

Year 2 Summer II 4	PT 713	2	Outcome Measures in PT	Assessment of constraints to normal movement, application of standardized tools for assessment of movement dysfunction, examination of statistical data (population-specific reliability, validity, sensitivity, specificity, odds ratios) of said tools.
	PT 747	2	Pharmacology in Physical Therapy	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 771	1	Clinical Application Seminar and Experiences I	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	Orthopedics in PT II	Advanced concepts of musculoskeletal examination, evaluation, diagnosis and treatment of the extremities and spine will be covered. An evidence-informed/clinical reasoningbased manual therapy approach will be used including mobilization and manipulation.
	PT 733	1	Therapeutic Modalities	Physiological effects and the clinical application of therapeutic modalities (biophysical agents) in physical therapy practice.
	PT 734	1	Clinical Skills III	
	PT 748	1	Pain Science	A study of the multidimensional nature of pain using a biopsychosocial approach that includes contemporary pain science theories, concepts and principles, and the holistic assessment and management of pain in physical therapy practice.

Year 2 Fall II 5	PT 702	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	Applied Exercise Physiology	Physiological effects of exercise and training in healthy individuals and individuals with pathological dysfunction.
	PT 754	1	Healthcare 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 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 interdisciplinary management with complex concerns
PT 758	1	PM & BC in PT	Introduction to patient motivation and behavioral change in physical therapy practice. Emphasis on practical strategies to promote healthy patient/client change leading to improved human movement and overall health.
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.

Year 2 Spring II 6	PT 704	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 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 cardiopulmonary and intra-disciplinary management of patients with complex concerns.
	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	3	Administration in PT	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.

Year 3 Summer III 7	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 neurological, integumentary dysfunctions, and prosthetic & orthotic prescription.
	PT 784	3	Integumentary	Review of structure, function, and applied pathophysiology of integumentary system. Translate knowledge towards PT examination and management of common integumentary impairments with a focus on prevention, restoration, and optimizing independence.
	PT 787	2	Prosthetics & Orthotics	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 799	1	Integration & Review	Integration and review of clinical physical therapy principles and concepts in preparation for the National Physical Therapy Board Examination.

Year 3 Fall III 8	PT 788	1	Special Topics in Physical Therapy	Principles of physical therapy management of select patient populations including bariatrics, women's health, oncology, and selected progressive and chronic diseases.
	PT 714	1	Movement Integration	
	PT 789	2	Orthopaedics in PT 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.
	PT 794	1	Integrated Clinical Experiences in PT II	Faculty supervised clinical experiences in a student-directed pro bono physical therapy clinic with complementary activities related to clinical practice, serving the community, and strengthening clinical partnerships.
	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.

Year 3 Spring III 9	PT 767	1	Evidence-Based Practice VI- Capstone	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 785	2	Health Promotion and Nutrition (Distance)	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 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.

Appendix C

Sharing of Student Information

Family Educational Rights and Privacy Act Authorization to Release Information

Patient Confidentiality Policy

APTA Guide for Professional Conduct

APTA Code of Ethics



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

Phone: - - ext.

Student ID: Date of Birth: - -

Month Day Year

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: _____

Address 1: _____

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 expired: _____

Notary Public Signature

For Marshall University Use Only:

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
COLLEGE OF HEALTH PROFESSIONS
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 is 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 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.
- 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 reads understand, and agree with the above policy.

Student Name (please print clearly)

Student Signature

Date



APTA Guide for Professional Conduct Purpose

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code, which became effective on July 1, 2010.

The Guide provides a framework 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.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They address some but not all topics addressed in the Principles and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Principles when necessary and as needed.

Preamble to the Code

The Preamble states as follows:

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.

2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Interpretation: Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code contain the word “shall” and are mandatory ethical obligations. The language contained in the Code is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” serves to reinforce and clarify existing ethical obligations. A significant reason that the Code was revised was to provide physical therapists with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation.

The Preamble states that “[n]o Code of Ethics is exhaustive nor can it address every situation.” The Preamble also states that physical therapists “are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive.” Potential sources for advice and counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist’s ethical decision-making process is the examination of his or her unique set of facts relative to the Code.

Topics Respect

Principle 1A states as follows:

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

Interpretation: Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

Principle 2A states as follows:

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

Interpretation: Principle 2A reminds physical therapists to adhere to the profession's core values and act in the best interest of patients/clients over the interests of the physical therapist. Often this is done without thought, but sometimes, especially at the end of the day when the physical therapist is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

Patient Autonomy

Principle 2C states as follows:

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

Interpretation: The underlying purpose of Principle 2C is to require a physical therapist to respect patient autonomy. In order to do so, a physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis. A physical therapist shall use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention and shall collaborate with the patient/client to establish the goals of treatment and the plan of care. Ultimately, 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.

Professional Judgment

Principles 3, 3A, and 3B state as follows:

3: Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

Interpretation: Principles 3, 3A, and 3B state that it is the physical therapist's obligation to exercise sound professional judgment, based upon his/her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist's judgment as being informed by three elements of evidence-based practice.

With regard to the patient/client management role, once a physical therapist accepts an individual for physical therapy services he/she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; reexamination 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. 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.

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

A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services. 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 Principle 8C.

Supervision

Principle 3E states as follows:

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Interpretation: Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel. Further information on supervision via applicable local, state, and federal laws and regulations (including state practice acts and administrative codes) is available. Information on supervision via APTA policies and resources is also available on the [APTA Web site](#). See Principles 5A and 5B.

Integrity in Relationships

Principle 4 states as follows:

4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)

Interpretation: Principle 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapists come into contact with professionally. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

Reporting

Principle 4C states as follows:

4C. Physical therapists shall discourage misconduct by healthcare professionals and report illegal or unethical acts to the relevant authority, when appropriate.

Interpretation: When considering the application of “when appropriate” under Principle 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation's unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

The EJC Opinion titled: [Topic: Preserving Confidences: Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts](#) provides further information on the complexities of reporting.

Exploitation

Principle 4E states as follows:

4E. Physical therapists shall not engage in any sexual relationship with any of their patient/clients, supervisees or students.

Interpretation: The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Principle 4 is consistent with Principle 4B, which states:

Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g. patients/clients, students, supervisees, research participants, or employees).

Next, consider this excerpt from the EJC Opinion titled [Topic: Sexual Relationships With Patients/Former Patients](#):

A physical therapist stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient.

One's ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

.....

The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

Principle 5D and 5E state as follows:

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report the information to the appropriate authority.

Interpretation: The central tenet of Principles 5D and 5E is that inaction is not an option for a physical therapist when faced with the circumstances described. Principle 5D states that a physical therapist shall encourage colleagues to seek assistance or counsel while Principle 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on your part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting his or her professional responsibilities.

Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or

her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

The EJC Opinion titled: [Topic: Preserving Confidences: Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts](#) provides further information on the complexities of reporting.

Professional Competence

Principle 6A states as follows:

6A. Physical therapists shall achieve and maintain professional competence.

Interpretation: 6A requires a physical therapist to maintain professional competence within one's scope of practice throughout one's career. Maintaining competence is an ongoing process of self-assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge and skills. Numerous factors including practice setting, types of patients/clients, personal interests and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice. Additional resources on Continuing Competence are available on the [APTA Web site](#).

Professional Growth

Principle 6D states as follows:

6D. Physical therapists shall cultivate practice environments that support professional development, life-long learning, and excellence.

Interpretation: 6D elaborates on the physical therapist's obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist's responsibility, whether or not the employer provides support.

Charges and Coding

Principle 7E states as follows:

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

Interpretation: Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed. In this context, where charges cannot be determined because of payment methodology, physical therapists may review the House of Delegates policy titled [Professional Fees for Physical](#)

[Therapy Services](#). Additional resources on documentation and coding include the House of Delegates policy titled [Documentation Authority for Physical Therapy Services](#) and the [Documentation](#) and [Coding and Billing](#) information on the APTA Web site.

Pro Bono Services

Principle 8A states as follows:

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

Interpretation: The key word in Principle 8A is “or”. If a physical therapist is unable to provide pro bono services he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured. In addition, physical therapists may review the House of Delegates guidelines titled [Guidelines: Pro Bono Physical Therapy Services](#). Additional resources on pro bono physical therapy services are available on the [APTA Web site](#).

8A also addresses supporting organizations to meet health needs. In terms of supporting organizations, the principle does not specify the type of support that is required. Physical therapists may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues.

Issued by the Ethics and Judicial Committee

American Physical Therapy Association

October 1981

Last Amended November 2010

Last Updated: 9/4/13 Contact: ejc@apta.org

Appendix D: Student Forms

Student Information Form

Marshall University
Doctorate of Physical Therapy
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):

Clinical Interests and Future Goals:

Briefly describe your outside interests:

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

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

Specific Experience:

Skills I have practiced:

MOST

LEAST

Types of patients I have worked with:

MOST

LEAST

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 schedule 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

Appendix E- CI Forms

Weekly Summary/ PlanningForm

Anecdotal Record

Critical Incident Report

Site Visit or Phone ConferenceForm

Weekly Goals and Summative Report

Clinical Internship PT 791 792 or 793 (*circle one*)

Student Name:

CI Name:

Facility Name:

DATES:

Please email signed form each week except the midterm and final week to arnott2@marshall.edu

Weekly summary forms are due **Fridays at Midnight**

DCE:

Ashley N. Mason, PT, DPT, ATC, PCS

304-696-5605

304-523-7736 (f)

Arnott2@marshall.edu (Mason)

Gretchen R. Prather PT, DPT, EdD NCS

304-696-5608

304-523-7736 (f)

<mailto:Lane36@marshall.edu> Gretchen.prather@marshall.edu

Student Summary of Previous Week:

Summarize your strengths and weaknesses this week:
Summarize the patient population you have seen (Age range, diagnoses, number of treatments/Evaluations)
Describe the level of difficulty of the patient population:
Describe any new skills learned this week that enhanced your performance as a PT?
<i>Write up to 4 Measurable Goals for Upcoming Week for what you want to learn/see/do</i>
1.
2.
3.
4.

Clinical Instructor: Please use this section to document/comment on student's progress this week, any modifications to their goals if necessary, or note any areas of strength/weakness

Clinical Instructor: Please indicate Yes or NO:

Do you have any concerns regarding this student’s safety awareness/practice? If yes- please describe:	Yes No
Do you have any significant concerns regarding the student’s progress towards performance goals and objectives outlined in the course syllabus for this experience? If Yes, Please describe-	Yes No
Would you like the DCE to contact you regarding this student? If yes- please provide best phone number-	Yes No

Student Signature: _____ CI Signature: _____

Date: _

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:

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.

Student's Name:
Evaluator/Observ
er:

Date (time)	Antecedents	Behaviors	Consequences
Student's Initials: Evaluator Initials:			
Student's Initials: Evaluator Initials:			
Student's Initials: Evaluator Initials			

Student's signature:
Evaluator's
signature:

SITE VISIT FORM

Student Name:

Clinical Instructor:

Site:

Clin Ed Faculty:

Questions for Student:

How was the orientation process?

What hours/days do you report in?

Do you always have direct supervision of a licensed PT while you are treating/examining patients? Y / N

Describe your most memorable learning experience thus far?

Other experiences available? Circle: Observe Surgery / Observe other healthcare providers / Administration or leadership / Community service / Other:

Rate your CI on the following Core Values/Qualities from 1-10:

Amount/quality/frequency of feedback	Use of EBP
Excellence	Communication skills
Relationship with colleagues	Planning my overall experience
Integrity	Compassion/Caring
Altruism	Accountability

How well do you and your CI work together? Scale of 1-10:

Do you have any concerns about this site or the CI?

Do you recommend this clinical site to other students?

How could we have better prepared you for this rotation?

How could you have better prepared yourself for this rotation?

How have you grown as a PT since you first started there?

Other Comments:

Questions for Clinical Instructor:

Percentage of time in each setting: Acute Inpatient Rehab/SNF OP Other

Was student prepared? Y / N

Student Strengths:

Student Weaknesses:

Rate the following Qualities on a scale of 1-5:

Professionalism:

Communication:

Eval Skills:

Treatment Skills :

Documentation Skills:

What opportunities does the student have to interact with other healthcare providers i.e.: OT, SLP, Psych, SW, Nursing, Physicians, Pharmacy, etc.

Does the student have the opportunity to practice delegation of services to a PTA? (if no, suggest CI could swap roles and CI play PTA so student can delineate tasks to a PTA)

Does the student have the opportunity to participate in billing practice?

Is this an appropriate setting for a student on first / second / third rotation? (circle)

Any concerns about this student (including safety awareness)?

Are they progressing as expected so far?

Any suggestions for the program/DCE? How can we improve?

Is there anything that the clinical faculty needs from us? (education, support, etc.)

Other Comments:

Appendix F

Clinical Affiliation Agreement
Clinical Education Commitment Form
New Affiliation Review Form

Affiliation Agreement for the Experiential Education of Students from the Marshall University College of Health Professions School of Physical Therapy

This Affiliation Agreement is made and entered into by and between Marshall University College of Health Professions on behalf of its School of Physical Therapy, a state of West Virginia institution of higher education hereinafter called the UNIVERSITY and _Insert Facility Name here __, hereinafter called the FACILITY.

WHEREAS, the UNIVERSITY is principally located at 1 John Marshall Drive, Huntington, West Virginia, 25755 and

WHEREAS, the FACILITY is principally located at ____has the facilities, equipment, personnel, and services to provide experiential experiences.

WHEREAS, the parties desire to advance physical therapy education, and improve the quality of health care to patients in the Appalachian region, the state, and the nation; and

WHEREAS, it is deemed advisable and in the best interest of the parties to establish an affiliation for the purpose of carrying out these objectives.

NOW THEREFORE, in consideration of the mutual benefits, the parties hereto agree as follows:

ARTICLE 1 TERM

The original term of this Agreement is from 10/01/2025 through 9/30-2026. Thereafter, this Agreement shall automatically renew on an annual basis (unless this Agreement is terminated as set forth below) without need of a written amendment to extend the term.

Either party may terminate the this Agreement at any time with or without cause by giving the other party ninety (90) days written notice to terminate; however, students assigned at FACILITY when termination notice is given shall be permitted to complete their current rotation at UNIVERSITY's option.

ARTICLE 2 RESPONSIBILITIES OF THE PARTIES

FACILITY will:

- i. Allow the use of its facilities for the education and training of physical therapy students who will be under the supervision of preceptors who possess valid licenses issued by the Board of Physical therapy in the state where they practice the profession of physical therapy, if applicable.

- ii. Provide access for the faculty and students to patients and their medical records at FACILITY as part of their clinical training program, unless the patient requests to be excluded from the teaching programs.

- iii. Cooperate with the UNIVERSITY for the development of rotations and the components thereof.
- iv. Notify the UNIVERSITY immediately of any change in the status of accreditation or licensure.
- v. Acknowledge and agree that the students' education records and any personally identifiable information from such education records (collectively "Student Information") created by Facility and/or provided by the University to Facility is subject to the confidentiality provisions of the federal Family Educational Rights and Privacy Act, 20 USC § 1232g, ("FERPA") and its implementing regulations (34 C.F.R. Part 99). Accordingly, Facility agrees not to disclose or re-disclose any Student Information to any other party without the prior written consent of the University and the student(s) to whom the Student Information pertains unless the disclosure or re-disclosure falls under a FERPA exception allowing disclosure without the student(s)' consent. Facility also agrees to only use Student Information for the purpose(s) for which the Student Information was disclosed. For the purposes of this Agreement, pursuant to FERPA, University hereby designates Facility as an University official with a legitimate educational interest in the educational records of the Student(s) who participate in the Program to the extent that access to the records is required by Facility to carry out the Program.

If Facility receives a court order, subpoena, or similar request for Student Information, Facility shall, to the extent permitted by law, notify the University within two (2) business days of its receipt thereof, and reasonably cooperate with the University in meeting the University's and/or Facility's FERPA obligations in complying with or responding to such request, subpoena, and/or court order.
- vi. May request the removal of any student whom the FACILITY determines is not performing in accordance with its applicable administrative and patient care policies, procedures, rules, and/or regulations. Such request must be in writing, and must include a statement of the reason or reasons why FACILITY desires to have the student removed. Provided that; the FACILITY may immediately remove from the premises any student who poses an immediate threat or danger to personnel or to the quality of physical therapy services, or for unprofessional behavior. The FACILITY will notify the appropriate office of the UNIVERSITY, in writing, if such an action is required and include a statement of the reason or reasons why FACILITY removed the student. The UNIVERSITY may terminate a student's participation when, in its sole discretion, further participation by the student would no longer be appropriate. The UNIVERSITY will notify the FACILITY if such action is required.
- vii. Maintain professional liability insurance for its physical therapists who will precept students from the UNIVERSITY and for University Faculty and students during the term of this Agreement and any extensions thereof:
 - a. General Liability Coverage, for personal or bodily injury and property damage, including Broad Form Endorsement, in combined single limit of not less than One Million Dollars (\$1,000,000) per occurrence and a aggregate in the amount of Three Million Dollars (\$3,000,000).
 - b. Professional liability insurance in the amount of One Million Dollars (\$1,000,000) per claim on a claims-made basis and a aggregate in the amount of Three Million Dollars (\$3,000,000).
- viii. Maintain responsibility for the policies, procedures, and administrative guidelines to be used in the operation of FACILITY.
- ix. Maintain authority and responsibility for care given to FACILITY's patients.
- x. Not be required to provide student with transportation.

- x. The FACILITY will not discriminate against any employee, applicant or student participating in this program on the basis of race, color, national origin, ancestry, age, physical or mental disability, marital or family status, pregnancy, veteran status, service in the uniformed services (as defined in state and federal law), religion, creed, sex, sexual orientation, genetic information, gender identity, or gender expression or any other basis protected by law.
- xi. Not compensate students for their time or activities while participating in any educational activities.
- xii. Appoint a member of FACILITY's staff as the primary contact person to work with the UNIVERSITY in performance of this Agreement.
- xiii. Encourage its staff to participate in the educational activities of the UNIVERSITY.
- xiv. Participate, if requested by either party, in any annual program review activities of the UNIVERSITY, which are directed toward continuing improvement of experiential education.
- xv. Provide orientation to the students of the UNIVERSITY, including FACILITIES relevant policies, procedures and local laws.
- xvi. Evaluate and assess the performance of the student using the objectives and tools provided by the UNIVERSITY.

The UNIVERSITY will:

- i. Identify students that have completed academics appropriate to the level of training prior to assignment to the supervised experience. The Distance Internship Coordinator/course instructor for the department shall oversee the assignment of its students with mutual agreement of and advance notice to the FACILITY. Provided that, placement shall be limited to ten students from an individual academic program placed simultaneously at FACILITY.
- ii. Inform the student and faculty of the requirement to comply with the FACILITY's policies and procedures while in attendance at the FACILITY.
- iii. Prepare the student through the faculty and curriculum in order that they are able to benefit from their placement in the FACILITY.
- iv. Prepare the student through the faculty and curriculum that they understand the importance of confidentiality and the importance of complying with the Health Insurance and Portability Accountability Act (HIPAA).
- v. Maintain for faculty and students during the term of this Agreement and any extensions thereof:

1. General Liability Coverage, for personal or bodily injury and property damage, including Broad Form Endorsement, in combined single limit of not less than One Million Dollars (\$1,000,000) per occurrence.
 2. Professional liability insurance in the amount of One Million Dollars (\$1,000,000) per claim on an occurrence basis.
- vi. UNIVERSITY will be responsible for planning and execution of educational program and curriculum.
- vii. No student, faculty or instructor is to be an agent, employee or servant of the FACILITY but shall be considered an invitee.
- viii. Each student will be responsible for his/her room and board fees, travel expenses; transportation costs; and all other necessary living expenses.

**ARTICLE 3
LICENSURE AND CERTIFICATION**

The UNIVERSITY will provide proof of current physical therapy licensure and certification of the faculty that have a relationship with the FACILITY upon request.

**ARTICLE 4
CONFIDENTIALITY**

In the course of educating students in an experiential environment, both the UNIVERSITY and FACILITY may receive information, data, and materials relating to each other's personnel, methods and techniques, financial condition, customers, pricing, and marketing, which parties agree is confidential information. The UNIVERSITY and FACILITY agree not to disclose confidential information to any third party except to the extent disclosure is required by law including without limitation freedom of information laws to which Marshall University is subject as an agency of the State of West Virginia.

**ARTICLE 5
VENUE**

This Agreement shall be governed by and construed in accordance with the laws of the State of West Virginia without regard to choice of law principles. The exclusive venue for disputes between the parties arising from or related to this Agreement shall be those courts of the State of West Virginia located in Cabell County, West Virginia.

**ARTICLE 6
ASSIGNMENT**

This Agreement and the rights and obligations hereunder may not be assigned by either party without the written consent of the other.

**ARTICLE 7
SEVERABILITY**

The provisions of this Agreement shall be considered severable such that if any provision hereof is determined to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

This Agreement is intended to supercede all prior agreements.

IN WITNESS WHEREOF, the undersigned parties do hereby bind themselves to the faithful performance of this Agreement.

The terms of this agreement are hereby approved on the xx day of MONTH, 2024, by the respective administration of the Parties.

Marshall University School of Physical therapy

(Facility Name) _____

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date

Michael Prewitt PhD, FCCP
Dean College of Health Professions
Marshall University

Dr. Avinandan Mukherjee, Provost & Senior
Vice President, Academic Affairs
Marshall University

Appendix G

Technical Standards

Verification of Receipt of Clinical Education Handbook

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.

- h. Fine motor skills:
 - i. 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.
 - j. Legibly record thoughts for written assignments and tests.
 - k. 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.
 - l. Safely apply and adjust therapeutic modalities.
 - m. Use a telephone.
- 3. 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.
- 4. 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.



Verification of Receipt of Clinical Education Handbook

I, _____ have received a copy of MARSHALL UNIVERSITY COLLEGE OF HEALTH PROFESSIONS School of Physical Therapy Student Handbook and have had an opportunity to ask questions or voice concerns.

Signature Date

Program Chair 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:
