



MARSHALL UNIVERSITY

College of Health Professions

SCHOOL OF PHYSICAL THERAPY

CLINICAL EDUCATION HANDBOOK



Faculty

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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 791, PT 792, and PT 793. This Handbook is used by students as a reference for all clinical education experiences.

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

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

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

The School of Physical Therapy (SOPT) offers an entry level Doctor of Physical Therapy (DPT) degree program for persons interested in becoming a physical therapist. The policies outlined in this document apply to these DPT students.

MARSHALL UNIVERSITY MISSION STATEMENT

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

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

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

COLLEGE OF HEALTH PROFESSIONS (COHP) MISSION STATEMENT

The COHP Mission statement mirrors that of the University, by being committed to offering quality undergraduate and graduate health professions education. The focus of the College of Health Professions is upon being interactive with the community, including rural and underserved areas, and responding to contemporary and future needs of society, and the health professions. (<http://www.marshall.edu/cohp/>)

GRADUATE COLLEGE MISSION STATEMENT

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

In support of its graduate mission, Marshall University values:

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

SCHOOL OF PHYSICAL THERAPY 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 be autonomous primary care practitioners, leaders in the profession, and facilitators of learning through preservation, discovery, synthesis, and dissemination of knowledge.

DPT PROGRAM GOALS:

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

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

- Participate in the design, management, and delivery of physical therapy services by:
 - Applying principles of planning, organization, supervision, and evaluation.
 - Designing a system for the management of personnel, equipment, space, and finance.
 - Supporting professional advancement through appropriate participation in professional activities, research, continuing education, and recruitment.
 - Discussing the issues and problems in health care delivery systems.
 - Functioning as a unique, independent, and interdependent member of the health care team.
 - Committing to enhancement of quality of life and health and wellness of the community by delivering the highest quality, culturally sensitive physical therapy services, including primary and secondary prevention programs, to the individuals and communities, particularly those living in sparsely populated rural settings and/or dealing with chronic diseases.

MARSHALL UNIVERSITY COLLEGE OF HEALTH PROFESSIONS SCHOOL OF PHYSICAL THERAPY CLINICAL EDUCATION PROGRAM

Purpose Statement

Clinical education is an essential component in the physical therapy curriculum. Clinical 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 many of these courses including CASES, Rehabilitation in Select Patient Populations, and Integumentary. 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.

Additionally, students participate in full-time clinical education experiences of approximately 35 weeks. 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.

The first encounter, includes a meeting with Co-DCEs around July 1st of the second year to discuss general information about the role of a physical therapist in the clinic, professional development in the clinical setting, introduction to the clinical education process, expectations of clinical education (school, student, and clinic responsibilities), evaluation tool, and introduction to the legal ramifications of patient care and student learning.

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. 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 facility, or outpatient clinic. The student is supervised by a licensed physical therapist and will have the opportunity to apply the knowledge learned during the prior full year of the program. Emphasis is placed on safe and effective physical therapy practice, applying principles of professional conduct, competence with basic tests/exam, basic patient management skills, competence in communication skills, and documentation.

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 early October 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 fifteen weeks in duration and is scheduled from early January to late 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.

*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 an Clinical Education experience

1. The DCE will assign students for the first clinical education experience (PT 791) to an acute care hospital, sub- acute facility, or outpatient clinic. The Student Information Form and Optional Request Form assist the DCE in selecting the first clinical experience. These forms include: student's name, contact information, emergency contact information, and previous physical therapy volunteer and/or work experience.
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 review the Student Information Form and Optional Request Form and will work with the student to select an appropriate facility/clinic. Placements may be changed or cancelled secondary to academic problems, professional issues, behavioral issues or other such reasons.

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

3. Clinical education experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment. Students are required to complete an acute care, an inpatient rehabilitation, and an outpatient clinical education experience.
4. Students should not choose a clinical education experience based on another student's choice of clinical education experience.
5. Students are encouraged to review the electronic Clinical Site Information Forms, 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 choosing/ assignment of clinical education experience

1. Students are required to meet one-on-one with DCE prior to choosing a clinical site for a clinical education experience. Students should be prepared to ask 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. 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 clinic. 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.

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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 REPOSIBILITIES PRIOR TO EACH CLINICAL EDUCATION EXPERIENCE

1. Students are required to update all health records, including PPD. A physical and/or drug screen may be required by some clinical sites. Students are responsible for any costs incurred with the screen.
2. Inform the DCE of anything that might have the potential to impact your clinical performance during the clinical rotation.
3. Provide a copy of current CPR certification. This requirement must not expire while the student is participating in the clinical education experience.
4. Students are required to attend an in-service provided by MUSOPT related to Code of Conduct and HIPAA Privacy and Security. Following completion of the in-service students must successfully pass a post-test.
5. A criminal background check/clearance, child abuse check, or elder abuse check may be required by clinical sites. Students are responsible for all costs associated with these procedures.
6. Attend the session on OSHA guidelines, including infection control precaution. This material is presented in PT 731 Clinical Skills I. Following completion of the session, students must successfully pass a post-test.
7. Submit a completed Student Information Form and Optional Request Form to the DCE, or assistant within requested time.
8. Email a completed student package to the SCCE of the assigned clinical site.
9. Locate housing for the assigned clinical education experience. Students should refer to Clinical Site Information Form (CSIF), list provided by facility/clinic, or recommendations from SCCE/ prior students.
10. Students are responsible for all cost of transportation and/or housing.
11. Prepare for each clinical education experience by reviewing course syllabi and notes taken during each course preparatory session. Contact Site Coordinator of Clinical Education (SCCE) on what text and/or coursework to review prior to each clinical education experience.
12. Be flexible. Cancellations may occur at any time. If a cancellation occurs, the student will be placed in another setting at the facility or a new facility. The DCE will make every effort to find a comparable assignment.

13. At no time are students permitted to independently solicit clinical placements. This is the responsibility of the DCE.

CLINICAL EDUCATION EXPERIENCE FORMS

Clinical Site Information Form (CSIF)

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

Clinical Education Experience Contract

A contract 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 Information Form and Optional Request Form

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

Student Information Form

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

Student Package

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

Clinical Performance Instrument – Evaluation of the Student

The Clinical Instructor is expected to assess a student's performance during all long-term clinical rotations. Feedback between Clinical Instructor and student is expected to be ongoing and continuous. A formal evaluation, using the Clinical Performance Instrument (CPI), will

occur at the midterm and final period of the 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, CI(s), and SCCE. (Appendix E)

Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction

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

**** DO NOT SIGN ANY OTHER FORMS WITHOUT CONTACTING THE DCE**

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 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 CI.

DRESS CODE

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

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.
4. Smoking and use of any form of tobacco is not permitted in Marshall University buildings and facility/clinics.
5. Bringing firearms (or other weapons) onto state property or clinical site is illegal. Because the safety and well-being of our faculty, staff, student, visitors, and patient to our campus and clinical sites are of utmost concern, this message is a reaffirmation of our policy of no unauthorized firearms on the campus of the Marshall University College of Health Professions, at university-sponsored functions, and clinical sites.
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 physical therapist and his/her patient. Therefore the School of Physical Therapy has adopted the following guidelines to minimize the risks associated with use of social networks and all other electronic media:

- Students must recognize they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Students are strictly forbidden from transmitting any patient-related image via electronic media.
- 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.
- 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.
- It is not acceptable to post any information about a patient even if their name is not identified.
- Students should never refer to a patient in a derogatory or disparaging manner, even if the patient is not identified.
- No photos or videos of patients may be taken on a personal device, including cell phones.
- Students must always maintain appropriate professional boundaries with patients. On-line contact with patients or former patients blurs the distinction between a professional and personal relationship. Inappropriate communication via electronic media is discouraged. This includes instances where the patient contacts the student first. If this should happen, the student should notify their instructor as soon as possible.
- 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.
- Students should bring content that could harm a patient's privacy, rights, or welfare to the attention of 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

finer 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 I course, students will receive formal training on universal precautions and blood borne pathogens.

Students who put safety of patients/clients at risk may be removed from the clinical education experience and receive a grade of “Fail” for the clinical education experience.

Student 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.)

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 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 cost 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 ABUSE

Authorized use of, possession of, or being under the influence of alcohol and the illegal use, abuse, possession, manufacture, dispensation, distribution of, or being under the influence of controlled or illegal drugs is prohibited while at work, on call, on duty, at school, or engaged Marshall University business on or off Marshall University premises. Marshall University is a tobacco-free campus and tobacco use is prohibited on Marshall premises.

MU Wellness Center Substance Misuse Education and Prevention Programs

MU Wellness Center <http://www.marshall.edu/wellness/offers> 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. More information can be found at <https://www.marshall.edu/wellness/>.

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

For further reference:

http://www.marshall.edu/student-conduct/files/2300_Student_Conduct.pdf

http://www.marshall.edu/student-conduct/files/2300_Student_Disciplinary.pdf

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.

Students may be required to be screened for use of drugs 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 drug screen is required. If a drug screen is required at the clinical site, the student may be provided with the following option(s):

- The clinical facility will perform an on-site drug screen
- The clinical facility will recommend off-site facility to perform the drug screen
- The academic program will recommend an off-site facility to perform the drug screen
- The student will be responsible for costs associated with the drug screen.

Results of the drug screen will be sent to the 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, 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:

- Additional drug screening
- Referral to the Substance Abuse Education Prevention Program (SAEP) for assessment of alcohol and/or drug problems and counseling (<http://www.marshall.edu/wpmu/disclosures/drugfree/>)
- 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. Clinical sites may also deny participation in clinical experience for other reasons, such as failure of a required drug test, or inability to produce an appropriate health clearance.

Students are required to have a criminal background check to fulfill mandates from Clinical Sites or to participate in Clinical Education experiences. 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 academic program will recommend an 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 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 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 DCE and Chair of the SOPT. For a student who has engaged in unprofessional conduct or other improper behavior, occurring within or outside the confines of the teaching program, dismissal or other specified disciplinary action may be recommended after review by the 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 below and in Appendix H (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 an accommodation is located in the Student Handbook. Questions about the accommodation process may be directed to the SOPT Chair at (304-696-5290).

*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, and varicella. (Some facilities may require evidence of a booster for Tetanus-Diphtheria)
 - c. Current evidence of vaccination/titer for Hepatitis B or evidence of declination.
 - d. Current evidence of vaccination/titer for Influenza or evidence of declination.
 - e. Current evidence of negative two step PPD and/or chest x-ray.
 - f. Other information as required by individual clinical sites

II. Drug Screen

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

III. Criminal Background Check

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

IV. Child Abuse Check

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

V. Elder Abuse Check

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

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

VI. CPR Certification

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

VII. Healthcare Workplace Educational Modules

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

VIII. Informed Consent

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

ORIENTATION FOR THE 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 a Rehabilitation and/or PT department orientation.

A department orientation usually includes the following components:

1. A tour of the department and facility.
2. A review of the rules and regulations.
3. An introduction to the personnel of the department.
4. An overview of the philosophy of the department.
5. An introduction to patient records, charts, scheduling, billing, etc.
6. A discussion of the 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 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 facilities. This communication fosters the interchange of ideas and stimulates growth as each facility has unique perspective on the clinical education process, student, and academic program. Effective communication is achieved formally and informally by on-site visits, phone calls, letters, emails, and meetings between the DCE, SCCE, CI, and student.

1. On-site visits are 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, and academic facilities. 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, continuing education opportunities, 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.

4. Mailings

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

II. Communication between the Facility and the Student

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

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

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 it 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. 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 lane36@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 the DCE or assigned faculty (when DCE is not available) 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 or assigned faculty member 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.

Upon completion of the first and final full time clinical education experiences, the DCE will meet with a small group of students to gather 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 clinical education experience (PT 791, PT 792, and PT 793) is either Pass or Fail. The Clinical Performance Instrument (CPI), developed by the APTA, is used to determine the final grade (Appendix E). The CPI incorporates a rating scale to assess a student's competence for 18 performance criteria. Students are expected to demonstrate ratings on the CPI as described on the following pages 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. Students must include written comments and rating for all 18 performance criteria on the midterm and final evaluation. The student's self-assessment is to be discussed with and compared to the CI's evaluation. It is vital for the discrepancies in rating to be discussed and student understands the reasons for certain ratings. If the discrepancies are unresolved during the meeting, the DCE should be contacted immediately.

Formative Evaluation

Clinical Instructor

The Clinical Instructor is expected to provide open, honest, ongoing, and constructive feedback 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 18 Performance Criteria.

The CPI incorporates a rating scale to assess student competence for the 18 performance criteria. Students are expected to demonstrate ratings on the CPI as described on the following pages (Passing Scores for Clinical 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 consult with the CI(s).

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

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

Student

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

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

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

Final Grades

The DCE is responsible for determination of the final grade for the 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 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.

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

Fail

A grade of 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 number of 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

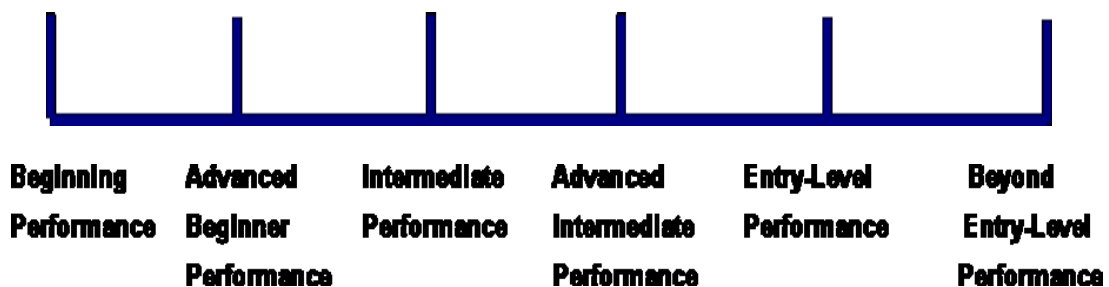
1. If a student appears to be failing a clinical education experience, the Clinical Instructor (CI) is to notify the DCE as soon as possible. The DCE will meet in person or over phone with the CI, student, and possibly SCCE to discuss student's performance. At that time, the DCE will make a decision 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. 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 does not achieve the requirements, a grade of "Fail" will be assigned and student will be dismissed from the program.

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

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

12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.	>advanced beginner	>intermediate	Entry-level
13. Performs physical therapy intervention in a competent manner.	>advanced beginner	>intermediate	Entry-level
14. Educates others using relevant and effective teaching methods.	>advanced beginner	>intermediate	Entry-level
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.	>advanced beginner	>intermediate	Entry-level
16. Collects and analyses data from selected outcomes measures in a manner that supports accurate analysis of individual patient and group outcomes.	>advanced beginner	>intermediate	Entry-level
17. Participates in the financial management of the physical therapy service consistent with regulatory, legal, and facility guidelines.	>advanced beginner	>intermediate	Entry-level
18. Directs and supervises personnel to meet patient's goals and expected outcomes according to legal and ethical guidelines.	>advanced beginner	>intermediate	Entry-level

Rating Scale



REASONS FOR USING THE CPI FOR EVALUATION OF STUDENT PERFORMANCE

1. To provide formal feedback to the student on his/her progress at the clinical site. This enables to student 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 facility to assess and improve effectiveness of the academic and clinical education component of the curriculum.
5. To enable the student to participate in self-assessment by determining his/her own strengths, weaknesses, which are then shared and compared with the findings of the clinical instructor.

GUIDELINES FOR THE USE OF THE CPI

1. CIs and students should familiarize themselves with the CPI form (Appendix E), 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 the 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 places 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 1-4 and 7, 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 18 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 student with accurate, objective, and balanced feedback. Too often, CIs tend to avoid harsh evaluations, usually to avoid the discomfort associated with delivering the candid and honest feedback (error of leniency). Be objective and do not hesitate to contact DCE to report unfavorable performance or characteristics.

5. Base your rating upon the entire period covered

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

**RIGHTS OF CLINICAL EDUCATION INSTRUCTORS AND THE 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. A Marshall University Email account (for SCCE’s only).
7. The right to access Marshall University library holdings.
8. The School of Physical Therapy gives special consideration to clinical sites for various activities, such as Job Fair.

CLINICAL INSTRUCTOR CHECKLIST

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

1. Student Package
The packages includes the clinical education experience course syllabus, list of DPT coursework/description, and the student information form.
2. Marshall University School of Physical Therapy Clinical Education Handbook
Each facility should have a copy of the Clinical Education Student Handbook from Marshall University School of Physical Therapy. It is expected that the Clinical Instructor will review the Handbook prior to the start of the clinical education experience. In particular, the CI should review the following:
 - a. the Course Syllabus for the assigned student
 - b. the evaluation tools used by the CI and student for the clinical education experience
 - c. attendance policy
 - d. Rights of CI and SCCE
 - e. Orientation to clinical education experience
<https://www.marshall.edu/physical-therapy/clinical-education/>
3. Clinical Performance Instrument
 - a. Guidelines for Use of the CPI
 - b. Reasons for Using the CPI for Evaluation of Student Performance
 - c. Passing Scores for Clinical Education experiences
 - d. Grading
4. Evaluation tool completed by the Student
 - a. 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 lane36@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 agreement for clinical education has been or is in the process of being signed.
5. Facility provides student with the opportunity for a variety of learning experiences (i.e. surgery observation, staffing, rounds, special clinics, in-services).
6. Facility demonstrates a commitment to the personal safety and belongings of the student (i.e. locker space, security guards, parking).
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: the contract and Clinical Site Information Form. See Appendix E.
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 ever 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 a 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 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 a mailing list for the yearly request for clinical placement.

A student may recommend the addition of a new clinical site. The student is required to set up a meeting to discuss the recommendation with the DCE. Prior to the meeting, the student is expected to obtain general information on the site (name of site, location, phone number, type of facility, etc.). After the discussion, the DCE will determine if the clinical site is a “potential new clinical education experience.” Students are informed that a clinical education experience agreement may require 6-12 months to complete. The DCE will contact the site to ascertain the information to complete the “New Affiliation Review Form.”

The DCE will evaluate the information on the “New Affiliation Review Form” (Appendix F). 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

A student, faculty member, or clinician may request a clinical affiliation agreement with a clinical site.

1. Students recommending the development of a new clinical affiliation agreement must set up a meeting with the DCE and review the files (Clinical Site Information Form – CSIF) to determine if the site is new to the School of Physical Therapy, College of Health Professions. New means that COHP does not have a contract with the facility, system, group of facilities, etc. If there is any confusion as to whether the proposed site already has a contract with COHP-PT, the student should discuss the matter with the DCE prior to continuing with this process. The meeting and discussion takes place prior to any direct contact with the proposed clinical facility. The student will be provided with one of the following decisions:
 1. The COHP-PT has an active clinical education experience agreement with clinical site.
 2. The location and/or type of facility may not be appropriate for PT program at this time.
 3. The DCE may pursue contact with the clinical site.

2. The DCE will evaluate the information on the “New Affiliation Review Form” and will contact the potential clinical site. If the proposed facility is determined to meet the requirements of the Physical Therapy Education Program, the DCE will proceed with securing a formal clinical affiliation agreement with the assistance of the University’s legal counsel. For sites that are new to clinical education, the DCE will send the clinical site a CSIF to complete and the APTA SCCE Handbook.

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 the contract will be accepted. Due to a variety of reasons, clinical facilities may be unable to develop a new clinical education partnership.

3. 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.

4. 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. On-going review of the Clinical Site Information Form (CSIF) developed by the APTA.
3. Student evaluations of the Clinical Site.
4. Information gathered via phone calls to the clinical site.
5. Contract review.
6. 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, academic program to help develop and improve the effectiveness of the clinical faculty.

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

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

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

1. 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.
2. 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

3. 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

Course Syllabi

PT 791

PT 792

PT 793

Course Title/Number	PT 791 Clinical Internship I
Semester/Year	Fall 2017
Days/Time	Days and Time: August 7-September 29, 2017 8 weeks Full time
Location	Clinical site
Course Coordinator /Instructor Office	Ashley Mason PT, DPT, ATC, PCS Assistant Professor and Co-Director of Clinical Education SMEC Room 144
Phone	304-696-5605
E-Mail	arnott2@marshall.edu
Office/Hours	By Appointment
University Policies	By enrolling in this course, you agree to the University Policies listed below. Please read the full text of each policy by going to www.marshall.edu/academic-affairs and clicking on “Marshall University Policies.” Or, you can access the policies directly by going to http://www.marshall.edu/academic-affairs/?page_id=802 Academic Dishonesty/ Excused Absence Policy for Undergraduates/ Computing Services Acceptable Use/ Inclement Weather/ Dead Week/ Students with Disabilities/ Academic Forgiveness/ Academic Probation and Suspension/ Academic Rights and Responsibilities of Students/ Affirmative Action/ Sexual Harassment

Course Description: From Catalog

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

Course Student Learning Outcomes Upon Completion of this course, the student will:	How Practiced in this Course	How Assessed in this Course

<p>1. Demonstrate the ability to perform safe and effective physical therapy practice. (C5.35, 5.44)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical Instructor
<p>2. Apply principles of APTA Code of Ethics and Guide to Professional Conduct to the clinical setting. (C5.1-5.3)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical Instructor

<p>3. Recognize the importance of and act in accordance with all federal and state laws governing the practice of physical therapy. (C5.1-5.3)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical
<p>4. Actively participate in the preparation and implementation of the clinical education experience. (C 5.12- 5.14, C 5.1-5.5)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical
<p>5. Demonstrate the ability to self-assess his or her progress accurately in the clinical setting. (C 5.10)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical
<p>6. Apply knowledge acquired of human anatomy, physiology, and pathophysiology of all systems in the clinical setting; and, demonstrate understanding of how these concepts affect the overall outcome and prognosis of each patient. (C 5.19- 23)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical
<p>7. Demonstrate competence in the ability to perform the following tests and measurements in the clinical setting: (C 5.5.28- 30)</p> <ul style="list-style-type: none"> a. History b. Observation c. Palpation d. Vital signs e. Posture analysis f. Range of motion g. Manual muscle testing h. Neurological / Sensory testing i. Integumentary integrity 	<p>Clinical Experience and application of psychomotor skills</p>	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical Instructor
<p>8. Provide appropriate, evidence-based rationale for the use of specific tests and measurements in the management of the patient/client. (C 5.21- 23)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<ul style="list-style-type: none"> - As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit

		- Discussion with Clinical Instructor
9. Perform a comprehensive physical therapy examination on a simple patient in the general setting in an effective and efficient manner. (C 5.28-5.30)	Clinical Experience and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical
10. Perform the following patient management skills in a safe and effective manner: (C. 5.35, 5.39) a. Draping and positioning b. Basic transfers and bed mobility c. Gait training with assistive devices d. Stair training with and without assistive devices e. Basic wheelchair mobility and management f. Dependent wheelchair mobility	Clinical Experience and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical
11. Produce concise and accurate physical therapy documentation for all examination and treatment services provided by the student in patient care. (C. 5.42)	Clinical Experience and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical
12. Demonstrate competence in communicating appropriately with all members of the healthcare team including, but not limited to, physicians, other therapists, other health care workers, supporting staff, patients, and family members. (C 5.17)	Clinical Experience and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical
13. Adapt treatment and communication to the individual needs of patient's and others. (C 5.17, 5.39)	Clinical Experience and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical
14. Adequately perform patient / family education by demonstrating the ability to educate on numerous levels using verbal communication, demonstration, and any other applicable methods of instruction. (C 5.51- 5.52)	Clinical Experience and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit

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		- Discussion with Clinical Instructor
15. Assess the reception and understanding of the patient / family to educational concepts addressed. (5.51-5.52)	Clinical Experience and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical
16. Assess the effectiveness of a physical therapy plan of care through re-evaluation of patient functional status.(5.28- 30, 5.34- 38,5.45- 5.49)	Clinical Experience and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical
17. Adapt the physical therapy plan of care to increase effectiveness and to meet the changing needs of the patient.(5.34- 39)	Clinical Experience and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical
18. Demonstrate an understanding of appropriateness of physical therapy intervention with each patient/client and suggest appropriate consultation when deemed necessary. (5.27)	Clinical Experience and application of psychomotor skills	- As reported on Clinical Performance Instrument - Clinic Documentation - Clinic Visit - Skills Performance - Discussion with Clinical

Required Texts, Additional Reading, and Other Materials

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

The student is expected to attend all assigned clinical experience days and to be punctual at all times. Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason (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 Co-Director of Clinical Education to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the CCCE and Co-DCE prior to the absence may result in failure of the course.

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

Grading Criteria:

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

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

Requirements:

- Completion of Clinical Site Questionnaire and Uploaded to PT 791 on Blackboard by 5pm August 14th
- Completion of Weekly Summary Form and Uploaded to Blackboard by 5pm August 14th, 21st, 28th September 11th, 18th, 25th
- Completion of Midterm CPI by September 8th
- Completion of Final CPI by September 29th

PT CPI Anchor Definitions

Beginning performance*:

- 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*:

- 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*:

- 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*:

- 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*:

- 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*:

- 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

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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.

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Course Title/Number	PT 792 Clinical Internship II
Semester/Year	Fall B 2017
Days/Time	Days and Time: October 2, 2017 - December 22, 2017 12 weeks Full time
Location	Clinical site
Course Coordinator/Instructor	Gretchen R. Pfost, PT, DPT, NCS
Office	SMEC Room 145
Phone	304-696-5608
E-Mail	Lane36@marshall.edu
Office/Hours	by appointment
University Policies	By enrolling in this course, you agree to the University Policies listed below. Please read the full text of each policy by going to www.marshall.edu/academic-affairs and clicking on "Marshall University Policies." Or, you can access the policies directly by going to http://www.marshall.edu/academic-affairs/?page_id=802 Academic Dishonesty/ Excused Absence Policy for Undergraduates/ Computing Services Acceptable Use/ Inclement Weather/ Dead Week/ Students with Disabilities/ Academic Forgiveness/ Academic Probation and Suspension/ Academic Rights and Responsibilities of Students/ Affirmative Action/ Sexual Harassment

Course Description: From Catalog

<p>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.</p>
<p>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.</p> <p>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: http://www.marshall.edu/physical-therapy/files/DPT-Clinical-Education-Handbook-June-1-2016.docx.pdf</p> <p>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 Emedley (https://he.emedley.com/univ/he/common/login/login.php) accounts.</p> <p>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 assuring that the results are provided to the site. Students may gain this information through correspondence and discussion with the clinical education site prior placement and through clinical site information forms located in the DCEs' offices.</p>

Course Student Learning Outcomes	How Practiced in this Course	How Assessed in this Course
Upon Completion of this course, the student will:		

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<p>1. Demonstrate the ability to perform safe and effective physical therapy practice. (C5.35, 5.44)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on Clinical Performance Instrument (CPI), Clinic Documentation, Clinic Visit Skills Performance, Discussion with Clinical Instructor (CI)</p>
<p>2. Apply principles of APTA Code of Ethics and Guide to Professional Conduct to the clinical setting. (C5.1-5.3)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>3. Recognize the importance of and act in accordance with all federal and state laws governing the practice of physical therapy. (C5.1-5.3)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>4. Actively participate in the preparation and implementation of the clinical education experience. (C 5.12- 5.14, C 5.1-5.5)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>5. Demonstrate the ability to self-assess his or her progress accurately in the clinical setting. (C 5.10)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>6. Apply knowledge acquired of human anatomy, physiology, and pathophysiology of all systems in the clinical setting; and, demonstrate understanding of how these concepts affect the overall outcome and prognosis of each patient. (C 5.19- 23)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>7. Demonstrate competence in the ability to perform the following tests and measurements in the clinical setting: (C 5.5.28- 30)</p> <ul style="list-style-type: none"> a. History b. Observation c. Palpation d. Vital signs e. Posture analysis f. Range of motion g. Manual muscle testing h. Neurological / Sensory testing i. Integumentary integrity 	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>8. Provide appropriate, evidence-based rationale for the use of specific tests and measurements in the management of the patient/client. (C 5.21- 23)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance,</p>

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		Discussion with CI
9.Perform a comprehensive physical therapy examination on a simple patient in the general setting in an effective and efficient manner. (C 5.28-5.30)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
10.Perform the following patient management skills in a safe and effective manner: (C. 5.35, 5.39) a. Draping and positioning b. Basic transfers and bed mobility c. Gait training with assistive devices d. Stair training with and without assistive devices e. Basic wheelchair mobility and management f. Dependent wheelchair mobility	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
11.Produce concise and accurate physical therapy documentation for all examination and treatment services provided by the student in patient care. (C. 5.42)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
12.Demonstrate competence in communicating appropriately with all members of the healthcare team including, but not limited to, physicians, other therapists, other health care workers, supporting staff, patients, and family members. (C 5.17)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
13.Adapt treatment and communication to the individual needs of patient's and others. (C 5.17, 5.39)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
14.Adequately perform patient / family education by demonstrating the ability to educate on numerous levels using verbal communication, demonstration, and any other applicable methods of instruction. (C 5.51- 5.52)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
15.Assess the reception and understanding of the patient / family to educational concepts addressed. (5.51-5.52)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
16. Assess the effectiveness of a physical therapy plan of care through re-evaluation of patient functional status.(5.28- 30, 5.34- 38,5.45- 5.49)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance,

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		Discussion with CI
17.Adapt the physical therapy plan of care to increase effectiveness and to meet the changing needs of the patient.(5.34- 39)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
18.Demonstrate an understanding of appropriateness of physical therapy intervention with each patient/client and suggest appropriate consultation when deemed necessary. (5.27)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

Required Texts, Additional Reading, and Other Materials

<p>APTA: Physical Therapy Clinical Performance Instrument Web, 2008 CPI Web: http://cpi2.amsapps.com/user_session/new</p> <p>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 PT 791. The DCE will provide instructions to clinical instructors regarding completion of the online training prior to the student’s clinical internship.</p> <p>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.</p> <p>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.</p> <p>APTA: Guide to Physical Therapists Practice, January 2003 http://guidetoptpractice.apta.org/</p> <p>Attendance Policy: Please see the School of Physical Therapy Student Handbook for details. http://www.marshall.edu/physical-therapy/files/DPT-Student-Handbook-March-1-2017.pdf</p>
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Course Requirements

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. Sickness, death of a family member, etc.) that may require the student to be absent for one or more days, they are to contact both the facility **AND** the Director of Clinical Education to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the CCCE and DCE prior to the absence may result in failure of the course. 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.

ASSIGNMENTS

Summary & Planning Form: On Weeks 3 & 9, the student and CI will complete a 'Summary and Planning Form' and submit it on BB under assignments.

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. **Due on or before December 22, 2017.**

Surveys and Self-Assessments:

- a. Students will complete a self-assessment to be shared with the CI prior to the start of the clinical experience.
- b. Student Assessment of Clinical Experience survey to be completed at midterm and final.
- c. Student Evaluation of Clinical Instructor at the conclusion of each clinical experience.

GRADING CRITERIA:

The students will be graded on a Pass/Fail basis according to comments on the written evaluation by the clinical instructor, use of the APTA Clinical Performance Instrument, and on completion of all objectives and course requirements. The minimum requirements for a "pass" grade using the CPI are as follows: **final marks on all criteria 1-18 at or above "Intermediate" performance and no "Significant Concerns" boxes checked in any of the 18 performance criteria.** According to CPIWeb, "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 (lane36@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.

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

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

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

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

Week	Content
1	Complete and submit Clinical Site Questionnaire – Due 10/6/17
2	
3	Summary Form – Submit Online – Due 10/20/17
4	
5	
6	Complete, submit and sign CPI & Section 1 of PT Student Assessment of Clinical Experience Form – Due 11/10/17
7	
8	
9	Summary Form – Submit Online – Due 12/1/17
10	
11	
12	Complete, submit and sign CPI & BOTH sections of PT Student Assessment of Clinical Experience and Instruction Form Submit Final In-service Presentation All DUE 12/22/17

Split Rotations: Students who are splitting the rotation between 2 different settings will have a modified schedule and will complete midterm CPIs at Weeks 3 & 9 and final CPIs and Weeks 6 and 12. Summary and Planning Forms do not have to be completed. Clinical Site Questionnaires need to be completed for both settings by the end of the Weeks 1 & 7. The student will complete The PT Student Assessment of Clinical Experience and Instruction (both sections) only during the final weeks (6 & 12) of each setting. Only one inservice presentation at either setting is required by the program.

APPENDIX C
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.
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Course Title/Number	PT 793 Clinical Internship III
Semester/Year	SPRING 2018
Days/Time	Days and Time: January 8, 2018 - April 20, 2018 15 weeks Full time
Location	Clinical site
Course Coordinator/Instructor	Gretchen R. Pfost, PT, DPT, NCS
Office	SMEC Room 145
Phone	304-696-5608
Fax	304-523-7736
E-Mail	Lane36@marshall.edu
Office/Hours	by appointment
University Policies	By enrolling in this course, you agree to the University Policies listed below. Please read the full text of each policy by going to www.marshall.edu/academic-affairs and clicking on "Marshall University Policies." Or, you can access the policies directly by going to http://www.marshall.edu/academic-affairs/?page_id=802 Academic Dishonesty/ Excused Absence Policy for Undergraduates/ Computing Services Acceptable Use/ Inclement Weather/ Dead Week/ Students with Disabilities/ Academic Forgiveness/ Academic Probation and Suspension/ Academic Rights and Responsibilities of Students/ Affirmative Action/ Sexual Harassment

Course Description: From Catalog

<p>This 15 week, 8 credit course is the third in a series of three supervised clinical education experiences 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.</p>
<p>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.</p> <p>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: http://www.marshall.edu/physical-therapy/files/DPT-Clinical-Education-Handbook-June-1-2016.docx.pdf</p> <p>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 Emedley (https://he.emedley.com/univ/he/common/login/login.php) accounts.</p> <p>In addition, some clinical sites may require additional screenings or immunizations (ie fingerprinting, repeated background checks or drug screens). It is the student's responsibility to identify any additional requirements, the process for completion, and assuring that the results are provided to the site. Students may gain this information through correspondence and discussion with the clinical education site prior placement and through clinical site information forms located in the DCEs' offices.</p>

Course Student Learning Outcomes Upon Completion of this course, the student will:	How Practiced in this Course	How Assessed in this Course
1. Demonstrate the ability to perform safe and effective physical therapy practice. (C5.35, 5.44) (7D24, 7D33)	Clinical Experience and application of psychomotor skills	As reported on Clinical Performance Instrument

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		(CPI), Clinic Documentation, Clinic Visit Skills Performance, Discussion with Clinical Instructor (CI)
2. Apply principles of APTA Code of Ethics and Guide to Professional Conduct to the clinical setting. (C5.1-5.3) (7D1, 7D4)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
3. Recognize the importance of and act in accordance with all federal and state laws governing the practice of physical therapy. (C5.1-5.3) (7D1, 7D4)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
4. Actively participate in the preparation and implementation of the clinical education experience. (C 5.12- 5.14, C 5.1-5.5) (7D5, 7D1, 7D4, 7D5)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
5. Demonstrate the ability to self-assess his or her progress accurately in the clinical setting. (C 5.10) (7D5)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
6. Apply knowledge acquired of human anatomy, physiology, and pathophysiology of all systems in the clinical setting; and, demonstrate understanding of how these concepts affect the overall outcome and prognosis of each patient. (C 5.19- 23) (7D10, 7D11)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
7. Demonstrate competence in the ability to perform the following tests and measurements in the clinical setting: (C 5.28- 30) (7D17, 7D18, 7D19a,b,c,e,g,l) a. History b. Observation c. Palpation d. Vital signs e. Posture analysis f. Range of motion g. Manual muscle testing h. Neurological / Sensory testing i. Integumentary integrity	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
8. Provide appropriate, evidence-based rationale for the use of specific tests and measurements in the management of the patient/client. (C 5.21- 23) (7D11)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

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<p>9.Perform a comprehensive physical therapy examination on a simple patient in the general setting in an effective and efficient manner. (C 5.28-5.30) (7D17, 7D18, 7D19)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>10.Perform the following patient management skills in a safe and effective manner: (C. 5.35, 5.39) (7D24, 7D27)</p> <ul style="list-style-type: none"> a. Draping and positioning b. Basic transfers and bed mobility c. Gait training with assistive devices d. Stair training with and without assistive devices e. Basic wheelchair mobility and management f. Dependent wheelchair mobility 	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>11.Produce concise and accurate physical therapy documentation for all examination and treatment services provided by the student in patient care. (C. 5.42) (7D32)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>12.Demonstrate competence in communicating appropriately with all members of the healthcare team including, but not limited to, physicians, other therapists, other health care workers, supporting staff, patients, and family members. (C 5.17) (7D7)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>13.Adapt treatment and communication to the individual needs of patient's and others. (C 5.17, 5.39) (7D7, 7D27)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>14.Adequately perform patient / family education by demonstrating the ability to educate on numerous levels using verbal communication, demonstration, and any other applicable methods of instruction. (C 5.51- 5.52) (7D34)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>15.Assess the reception and understanding of the patient / family to educational concepts addressed. (5.51-5.52) (7D34)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>
<p>16. Assess the effectiveness of a physical therapy plan of care through re-evaluation of patient functional status.(5.28- 30, 5.34- 38,5.45- 5.49) (7D17, 7D18, 7D19, 7D24, 7D25, 7D30, 7D31)</p>	<p>Clinical Experience and application of psychomotor skills</p>	<p>As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI</p>

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17.Adapt the physical therapy plan of care to increase effectiveness and to meet the changing needs of the patient.(5.34- 39) (7D24, 7D25, 7D30, 7D27)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI
18.Demonstrate an understanding of appropriateness of physical therapy intervention with each patient/client and suggest appropriate consultation when deemed necessary. (CC 5.27) (7D16)	Clinical Experience and application of psychomotor skills	As reported on CPI, Clinic Documentation, Clinic Visit Skills Performance, Discussion with CI

Required Texts, Additional Reading, and Other Materials

<p>APTA: Physical Therapy Clinical Performance Instrument Web, 2008 CPI Web: http://cpi2.amsapps.com/user_session/new</p> <p>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 PT 791. The DCE will provide instructions to clinical instructors regarding completion of the online training prior to the student’s clinical internship.</p> <p>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.</p> <p>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.</p> <p>APTA: Guide to Physical Therapists Practice, January 2003 http://guidetoptpractice.apta.org/</p> <p>Attendance Policy: Please see the School of Physical Therapy Student Handbook for details. http://www.marshall.edu/physical-therapy/files/DPT-Student-Handbook-March-1-2017.pdf</p>
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<p><u>Course Requirements</u></p> <p>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 (ie. Sickness, death of a family member, etc.) that may require the student to be absent for one or more days, they are to contact both the facility AND the Director of Clinical Education to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to show up for the clinical without contacting the CCCE and DCE prior to the absence may result in failure of the course. Students will adhere to the holiday schedule and inclement weather policies of the facility rather than the University.</p> <p>Tardiness: Students are expected to be punctual at all times and arrive prepared for clinic each day. Similar to absences,</p>

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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.

Students attending APTA Combined Sections Meeting (CSM): Students excused from clinic for CSM must complete at least 10 contact hours of educational programming at the conference. A transcript of the educational sessions attend will be available in March 2018 on the APTA Learning Center website. Students must submit transcript evidence of attendance for the required hours as an email to the DCE on BlackBoard. Students are encouraged to present their inservice on a topic from CSM.

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

ASSIGNMENTS

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. **Due on or before April 20, 2018.**

Surveys and Self-Assessments:

- Students will complete a self-assessment to be shared with the CI prior to the start of the clinical experience.
- Student Assessment of Clinical Experience survey to be completed at midterm and final for each clinical experience.**
- Student Evaluation of Clinical Instructor at midterm and final for each clinical experience.**

GRADING CRITERIA:

Prior to rating the student, the student and CI must complete the on-line training instruction module for PT CPI. This module provides instructions for using CPIWeb. Ratings will be reviewed by the DCE to ensure that each student performs at a minimal acceptable level.

The following criteria will be required in the formulation of the grade for PT 793:

The students will be graded on a PASS – FAIL basis according to comments on the written evaluation by the clinical instructor, use of the APTA Clinical Performance Instrument, and on completion of all objectives and course requirements. The minimum requirements for a "PASS" grade using the CPI are as follows: **final marks on all criteria 1-18 AT or ABOVE "Entry Level" performance AND no "Significant Concerns" boxes checked in any of the 18 performance criteria.**

According to CPIWeb, "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 or if, at any time, the student is in jeopardy of failing, the CI and/or student 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. Objective documentation of specific student behaviors should be reflected in the report and discussed with the student. However, the CI may rather choose to contact the DCE directly (lane36@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. Therefore, supportive comments are critical to validate the marks placed on the rating scale and assist the academic faculty in assigning an appropriate 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:

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

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

See Appendix C below for definitions of Performance dimensions and rating scale anchors.

Students will be required to:

Prior to Start of Clinical Experience

- a. Complete and submit to their CI(s)
 1. Student Information Form
 2. Letter to their CI(s) stating their goals for the clinical affiliation

By End of Week 1

- a. Complete and submit to the DCE
 1. Clinical Site Questionnaire by 1/12/18
- b. Complete and discuss with their CI(s)
 1. Professionalism Core Values Self-Assessment

At midterm (2/23/18):

- a. Complete and discuss with their CI(s)
 1. Self-evaluation using the CPIWeb (please sign off)
 2. Student Assessment of Clinical Instruction
- b. Complete and submit the Student Assessment of Clinical Experience

At final (4/20/18):

- a. Complete and discuss with their CI(s)
 1. Self-evaluation using the CPIWeb (please sign off)
 2. Student Assessment of Clinical Experience and Clinical Instruction
- b. Completed and submit final inservice presentation

The CI will be required to:

At midterm and final:

- a. Complete, submit, sign and discuss with student the CPIWeb assessment of performance.

****Considerations for Split Rotations:**

- a. Students who are splitting the rotation between 2 different sites will have a modified schedule and will complete midterm CPIs at the midpoint and during the final week of each affiliation.**
- b. Dates of midterm evaluations may vary based on clinical caseloads/schedules.**
- c. Clinical Site Questionnaires need to be completed and submitted for both settings by the end of the first week in each setting.**
- d. For split clinical affiliations of 6 weeks or less, the student will complete The PT Student Assessment of Clinical Experience and Instruction (both sections) only during the final weeks of each setting.**
- e. Only one inservice presentation at either setting is required by the program.**

APPENDIX C
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.
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Appendix B
Physical Therapy Plan of Study
Physical Therapy Course Description

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

Class of 2021 Doctor of Physical Therapy Degree

Course No.	Year	Term	Semester	Course Title	Completion Date	Hrs	Grade	Comments
PT 700	1	Summer	1	Gross Anatomy for Physical Therapy		5		
PT 710	1	Summer	1	Introduction to Human Movement		3		
PT 750	1	Summer	1	Foundations of Physical Therapy Pract		2		
PT 761	1	Summer	1	Evidence Based Practice I		2		
PT 701	1	Fall	2	Neuroanatomy		4		
PT 711	1	Fall	2	Human Movement I		4		
PT 720	1	Fall	2	Advanced Clinical Physiology		3		
PT 731	1	Fall	2	Clinical Skills		3		
PT 741	1	Fall	2	Medical Pathology in PT I – General		2		
PT 751	1	Fall	2	Legal/Cultural Issues in PT		2		
PT 771	1	Fall	2	Clin Application Sem & Experiences I		1		
PT 712	1	Spring	3	Human Movement II		4		
PT 732	1	Spring	3	Therapeutic Interventions		3		
PT 742	1	Spring	3	Medical Pathology in PT II –MSK		2		
PT 744	1	Spring	3	Medical Pathology in PT IV- Neuro		3		
PT 763	1	Spring	3	Evidence Based Practice II		2		
PT 772	1	Spring	3	Clin Application Sem & Experiences II		1		
PT 781	1	Spring	3	Musculoskeletal I		3		
PT 713	2	Summer	4	Human Movement III		2		
PT 747	2	Summer	4	Pharmacology in Rehabilitation		2		
PT 773	2	Summer	4	Clin Application Sem & Experiences III		1		
PT 782	2	Summer	4	Musculoskeletal II		4		
PT 758	2	Summer	4	PM & BC in PT		1		
PT 702	2	Fall	5	Neuroevaluation		1		
PT 721	2	Fall	5	Applied Exercise Physiology		3		
PT 754	2	Fall	5	Healthcare Delivery Systems		1		
PT 764	2	Fall	5	Evidence Based Practice III-Capstone		1		
PT 774	2	Fall	5	Clin Application Sem & Experiences IV		1		
PT 791	2	Fall	5	Clinical Internship I		4		
PT 789	2	Fall	5	Musculoskeletal III		1		
PT 704	2	Spring	6	Neurorehabilitation		4		
PT 755	2	Spring	6	Service-Learning Practicum		1		
PT 765	2	Spring	6	Evidence Based Practice IV-Capstone		1		
PT 775	2	Spring	6	Clin Application Sem & Experiences V		1		
PT 783	2	Spring	6	Cardio-Pulmonary Rehabilitation		4		
PT 786	2	Spring	6	Rehab Considerations in Selected Pop I		3		

Course No.	Year	Semester	Term	Course Title	Completion Date	Hrs	Grade	Comments
PT 756	3	Summer	7	Administration in PT		3		
PT 766	3	Summer	7	Evidence Based Practice V –Capstone		1		
PT 776	3	Summer	7	Clin Application Sem & Experiences VI		1		
PT 784	3	Summer	7	Integumentary		3		
PT 787	3	Summer	7	Rehab Considerations in Select Pop II		2		
PT 799	3	Summer	7	Integration & Review		1		
PT 777	3	Fall	8	Clin Application Sem & Experience VII		1		
PT 785	3	Fall	8	Health Promotion and Nutrition		2		
PT 788	3	Fall	8	Rehab Considerations in Select Pop III		1		
PT 792	3	Fall	8	Clinical Internship II		6		
PT 767	3	Spring	9	Evidence Based Practice VI- Capstone		1		
PT 793	3	Spring	9	Clinical Internship III		8		

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	Introduction to Human Movement	Lecture and laboratory introducing students to basic histology of connective, nervous, epithelial and muscle tissues utilized in human movement, and biomechanical terminology and principles used to describe and analyze movement.
	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.
	PT 761	2	Evidence Based Practice I	A 2 credit course uses mainly lectures but several interactive group discussion sessions to facilitate critical appraisal skills while evaluating and applying evidence into physical therapy practice. This will include, but not limited to, overview of the development and evolution of evidence based practice (EBP) model, locating scientific evidence for important clinical questions, reviewing and evaluating the device, and successful integration of evidence into routine clinical practice.
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	4	Human Movement I	Biomechanical principles, muscle actions, joint mechanics, joint segments and whole body movement pattern analysis, and mastery of surface anatomy and palpation skills necessary for differential diagnosis of movement dysfunction.
	PT 720	3	Advanced Clinical Physiology	Reviews normal human cellular- and organ-level physiology, histology, and function, and introduces related topics of pathophysiology including: clinical signs and symptoms, clinical laboratory science, medical management and pharmacological issues.
	PT 731	3	Clinical Skills	Lecture and laboratory covering basic evaluation skills including clinical decision making, history taking, postural and functional assessment, surface palpation, manual muscle testing, and goniometric measurement.
	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	Covers development of cultural competence, communications and documentation skills, professionalism, group dynamics and leadership; introduce students to legislative process, liability, and legal and ethical issues, task delegation and supervision.

	PT 771	1	Clinical Application Seminar and Experiences I	A seminar course designed to foster application of information and clinical skills learned in concurrent and prior DPT coursework in a small group discussion and pseudo-clinical setting. Focus on clinical interview and basic evaluation skills.
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Year 1 Spring I 3	PT 712	4	Human Movement II	Reviews maturation of movement systems, lifespan motor skills development, and contemporary theories of motor control and learning to build evidence-based foundations for evaluation and management of movement dysfunction.
	PT 732	3	Therapeutic Interventions	Theory and practice of essential physical therapy skills, including therapeutic massage, therapeutic exercise, electrotherapeutic modalities, physical agents, mechanical modalities, and teaching and learning theory and methods employed in these therapeutic interventions.
	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 IV- Neuro	Review functional neuroanatomy and neuropathology correlated with select neuropathological conditions or injury, focusing on etiology, medical/surgical considerations, neural substrates of cognition, perceptual and sensorimotor function in patients treated by physical therapists.
	PT 763	2	Evidence Based Practice II	This 2 credit course uses mainly lectures but several interactive group discussion sessions to facilitate understanding of basic statistical approaches to data analysis. In addition, the course will build upon the key tenets of EBP covered in the first EBP course (PT 761) and cover reviewing and evaluating the study designs such as randomized controlled trials which are considered the highest quality of evidence
	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 781	3	Musculoskeletal I	Principles of orthopaedic medicine with overview of etiology, diagnosis, and surgical management, and physical therapy examination, evaluation, diagnosis and treatment of various upper and lower extremity dysfunctions.
Year 2 Summer II 4	PT 713	2	Human Movement III	Practice of standardized clinical tools utilized in assessment of movement dysfunction across various patient populations. Review of statistical data (population specific reliability, validity, sensitivity, specificity, odds ratios) on said tools.
	PT 747	2	Pharmacology in Rehab	Examination of the effects of commonly used prescription, over the counter and homeopathic drugs. Focus on method of action, indications, contraindications, side effects and impact on physical therapy patients.
	PT 773	1	Clinical Application Seminar and Experiences	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

		III	upper and lower extremities.
PT 782	4	Musculoskeletal II	Principles of orthopaedic medicine with overview of etiology, diagnosis, and surgical management, and physical therapy examination, evaluation, diagnosis and treatment of various spine, head and neck dysfunctions.
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.

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. Includes exercise testing and exercises enhancement of cardiopulmonary/aerobic function.
	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 774	1	Clinical Application Seminar and Experiences IV	Continued application of information and clinical skills learned in concurrent and prior DPT coursework in a small group discussion and pseudo-clinical setting. Focus on spinal pathology and neuromuscular dysfunction.
	PT 791	4	Clinical Internship I	Supervised clinical education experience emphasizing continued development and reinforcement of clinical skills in clinical settings. Competence is expected in areas of the material presented to date in the curriculum.
	PT 789	1	Musculoskeletal III	Advanced diagnosis and management approaches for complex orthopaedic and sports PT populations will be covered with emphasis on. differential diagnosis of upper and lower quarter pathology and specialized treatments.
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 775	1	Clinical Application Seminar and Experiences V	Continued application of information and clinical skills learned in concurrent and prior DPT coursework in a small group discussion and pseudo-clinical setting. Focus on cardiopulmonary and 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 multisystem and multi-organ disease.
Year 3 Summer III 7	PT 756	3	Administration in PT	Emphasizes 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 is provided.
	PT 766	1	Evidence Based Practice V- Capstone	Continuation of Evidence Based Practice IV where students receive continued guidance in the completion of the faculty led capstone project begun in EBP II. Presentation of capstone required before graduation.
	PT 776	1	Clinical Application Seminar and Experiences VI	Continued application of information and clinical skills learned in concurrent and prior DPT coursework in a small group discussion and pseudo-clinical setting-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	Rehabilitation Consideration in Selected Patient Population II	Principles of evaluation and management of patients with amputation and/or neuromuscular disorders to maximize functional independence. Focus on prosthetic and orthotic prescription, components, fabrication, fit, and use during functional activities.
	PT 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 777	1	Clinical Application Seminar and Experiences VII	Continued application of information and clinical skills learned in concurrent and prior DPT coursework in a small group discussion and pseudo-clinical setting. Focus on health promotion and chronic disease prevention.

	PT 785	2	Health Promo and Nutrition	Development and maintenance of healthy lifestyles for patients and clients. Focus on disease prevention, nutritional needs, and the benefits of exercise as well as managing individuals with injury or disease.
	PT 788	1	Rehabilitation Consideration in Selected Patient Population III	Principles of physical therapy management of select patient populations including bariatrics, women's health, cancer, and selected progressive and chronic diseases.
	PT 792	6	Clinical Internship II	Supervised clinical education experience emphasizing continued development and reinforcement of clinical skills in various clinical settings. Competence is expected in areas of the material presented to date in the curriculum.
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 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.

Note:

PT 788 will be reduced by 1 credit hr. after 12/2017 due to the addition of PT 758

PT 757 will be placed in an inactive status after 12/2017 due to the addition of PT 799

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



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

Optional New Clinical Education Experience Request Form Student Information Form



REQUEST FOR CLINICAL PLACEMENTS 2019

Please RETURN by APRIL 28, 2018. Options include FAX (304-523-7736), email (Tina.Powell@Marshall.edu; Gretchen.Pfost@Marshall.edu; Arnott2@Marshall.edu) or call 304-696-5608/304-696-5605 for questions.

Facility: _____

CCCE: _____

Address: _____ Email: _____

Phone: _____ FAX: _____

PT 793 Clinical Education III: Students have completed all academic coursework and a total of 20 weeks of full-time clinical experience. Graduation is May 2019.

PT 793 Placement	Type of Setting	Number of Students
<p>January 7 – April 19, 2019 15 WEEKS This clinical experience may be split between clinical settings if available. Please specify availability.</p>	<p>Acute Care Outpatient SNF/Subacute/TCU Inpatient Rehab Home Health Pediatrics Other (please specify)</p>	<p>_____ _____ _____ _____ _____ _____</p>

PT 791 Clinical Education I: Students have completed 4 semesters of the DPT curriculum including basic clinical skills, therapeutic exercise, and the majority of their musculoskeletal content. The students have not yet completed content regarding neuro-rehabilitation, cardiopulmonary PT, prosthetics & orthotics, pediatrics, integumentary and management/administration.

PT 791 Placement	Type of Setting	Number of Students
<p>August 5 – September 27, 2019 8 WEEKS</p>	<p>Acute Care Outpatient SNF/Subacute/TCU</p>	<p>_____ _____ _____</p>

PT 792 Clinical Education II: Students have completed all academic coursework and an 8 week clinical experience.

PT 792 Placement	Type of Setting	Number of Students
<p>September 30 – December 20, 2019 12 WEEKS</p>	<p>Acute Care Outpatient SNF/Subacute/TCU Inpatient Rehab Home Health Pediatrics Other (please specify)</p>	<p>_____ _____ _____ _____ _____ _____</p>

****If you unable to take any student(s) for a particular rotation(s), please enter "0" in the adjacent spaces.**

We welcome both the 1:2 and 2:1 clinical education models.

Marshall University
Doctorate of Physical Therapy
Program Student Information Form

Name: _____

Date: _____

Current Address/Phone

Permanent Address/Phone:

Student Classification:

DPT Class of _____

Gender: M F

Emergency Contact (Name, address, phone)

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

Health Insurance Carrier and policy date:

Undergraduate School (location and degree):

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 scheduled weekly meeting only
- Not receive any feedback at all and learn on my own by trial and error

During any down time (free time) I would prefer to: Observe other PTs' treatments

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

I would prefer to:

- Be told how tasks are expected to be performed
- Be given choices of how I could perform tasks that are expected of me
- Be allowed to perform the tasks that are expected of me how I would like to

Appendix E

Weekly Summary/ PlanningForm

Anecdotal Record

Critical Incident Report

Site Visit or Phone ConferenceForm

Clinical PerformanceInstrument

APTA Student EvaluationForm

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. Pfof PT, DPT, NCS

304-696-5608

304-523-7736 (f)

Lane36@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?
<u>Write up to 4 Measurable Goals for Upcoming Week for what you want to learn/see/do</u>
1.
2.
3.
4.

Which of the following SBIRT components have you employed during this week's clinical experience? *(Indicate the number of patients in each box, or if not performed at all)*

Pre-Screen	Measures	Motivational Interviewing	Negotiate/Refer to Treatment	Not Performed (circle if true)
#: _____	#: _____	#: _____	#: _____	

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/Observer:			
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:			

Revised October 2019

Clinical Instructor:

Site:

Clin Ed Faculty:

Student:

Percentage of time in each setting: Acute Inpatient Rehab/SNF OP Other:	
Was student prepared? Y / N (circle)	
How does this student compare to students from other programs?	
Do you have any questions re: the SBIRT program our students are using, would you be interested in being trained in this technique?	
Student strengths?	
Student weaknesses?	
Professionalism: 1 2 3 4 5 6 7 8 9 10	Comments:
Communication? 1 2 3 4 5 6 7 8 9 10	
Eval skills? 1 2 3 4 5 6 7 8 9 10	
TX skills?? 1 2 3 4 5 6 7 8 9 10	
Doc skills? 1 2 3 4 5 6 7 8 9 10	
Other experiences available? Circle: Observe Surgery? Observe other healthcare providers? Administration/Leadership? Community Service? Other:	
Is this an appropriate setting for a student on first, second, third rotation? (circle)	
Any concerns about this student?	
Are they progressing as expected so far?	
Any concerns about safety awareness or practice?	
Any suggestions for the program/DCE? How can we improve?	

Student:	
CI/Location:	
What hours/days do you report in?	
Do you always have the direct supervision of a licensed PT while you are treating/examining patients? Circle: Yes or No	
Describe your most memorable learning experience thus far?	
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
Comments:	
How well do you and your CI work together? 1 2 3 4 5 6 7 8 9 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 PT since you first started here?	

Marshall University School of Physical Therapy

Clinical Site Questionnaire

Student: Please speak with your CI and complete the following form below. Please return this form to your DCE by *Midnight* of the **Monday** after the first week of your internship.

Student Name		
Facility Name		
Facility Physical Address- <i>for visitation purposes</i>		
PT Department Phone- <i>direct line preferred</i>		
CI Name: CI Email address- to be used for CPI set up Is there another preferred email for communication?		
Is your CI Credentialed by the APTA as a CI? If not APTA trained, then how trained for students?	Yes or No	
Does your CI hold any certification or advanced clinical skill (ie ABPTS, FAAOMPT, etc)? If yes, please indicate credentials		
Which best describes the ownership category for your clinical site? Check or circle all that apply	Government Agency Corporate/Privatey owned Hospital/Medical Center owned Non-Profit Agency Physician/physician group owned PT owned or PT/PTA owned Other (specify)	
Please indicate the number of students your CI has had previously (to the best of your ability) How many of those students were from MUSOPT?		
Please indicate the number of years of clinical practice for your CI		
Please indicate the highest academic degree your CI has completed		
Is your CI an APTA member?		
How many total staff in this clinical site?	PT PTA Aides/Techs	OT OTA SLP Other?
Please indicate typical patient population/diagnoses:		
Please indicate the <i>percentage of time</i> at the following settings anticipated for this student:	Acute care Inpatient rehabilitation Skilled nursing Transitional Care Outpatient Other (explain)	
(Comments?)		

PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT

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

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

APTA Learning Center CPI Training Documents:

[APTA PT Quick Click Guide](#)

CPI Web Student/CI Instructions:

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

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

Clinical Site Information Forms and Instructions:

CSIF Web Information for SCCEs:

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

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

CSIF Web Information for Students:

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

Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction:

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

Appendix F
Clinical Affiliation Agreement
Clinical Education Commitment Form
New Affiliation Review Form

AGREEMENT FOR CLINICAL EDUCATION

THIS AGREEMENT, effective June 1, 2018 between _____ (hereafter known as the FACILITY), and the School of Physical Therapy, on behalf of the Marshall University College of Health Professions (MUCOHP) for the purpose of establishing a clinical education program.

MUTUAL BENEFIT

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

The following provisions shall govern this agreement:

ACADEMIC PREPARATION, ASSIGNMENT, SUPERVISION, RULES

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

EVALUATION, WITHDRAWAL

FACILITY shall evaluate the performance of each student subject to final evaluation by the MUCOHP department; MUCOHP shall provide FACILITY with any required evaluation forms to be submitted to MUCOHP upon completion of evaluation. In addition, the FACILITY may request that the department immediately withdraw any student whose appearance, conduct, or work with patients or personnel is not in accordance with FACILITY'S policies or other acceptable standards of performance, i.e., presents a threat to the safety, health and well-being of personnel and/or patients, and such request shall be granted by the department. Provided that the request for withdrawal shall be made in writing and provide the reason(s) for such request. Final action of student's evaluation and/or withdrawal is the responsibility of the department.

LIABILITY

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

HIPAA REQUIREMENTS

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

FERPA REQUIREMENTS

FACILITY acknowledges and agrees 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

MUCOHP 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 MUCOHP 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, MUCOHP hereby designates FACILITY as an MUCOHP 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 MUCOHP within two (2) business days of its receipt thereof, and reasonably cooperate with the MUCOHP in meeting the MUCOHP's and/or FACILITY's FERPA obligations in complying with or responding to such request, subpoena, and/or court order.

NONDISCRIMINATION

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

ENTIRE AGREEMENT, REVISIONS, ADDITIONS, EXTENSIONS

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

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

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

Marshall University
School of Physical Therapy
2847 5th Avenue
Huntington, WV 25702
Tel: 304-696-5611

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

By: _____
D. Scott Davis PT, MS, EdD, OCS
Chair/Director/Professor

By: _____
Dr. Michael Prewitt
Dean, College of Health Professions

Date: _____

Date: _____

Revised October 2019

FACILITY:

address

Phone

BY: Signature: _____

Printed name: _____

Title: _____

DATE: _____

**AGREEMENT FOR CLINICAL EDUCATION
PHYSICAL THERAPY CONTRACT ADDENDUM**

The Student and Physical Therapy program is responsible for providing the following as may be required by the FACILITY and as required by the terms and provisions of FACILITY's "Addendum to Agreement for Clinical Education."

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

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

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

By: _____
Program Director or DCE

Facility:

name
address

Tel:

By: _____
Rehab Director/Education Supervisor/Authorized Signatory



REQUEST FOR CLINICAL PLACEMENTS 2019

Please RETURN by APRIL 28, 2018. Options include FAX (304-523-7736), email (Tina.Powell@Marshall.edu; Gretchen.Pfost@Marshall.edu; Arnott2@Marshall.edu) or call 304-696-5608/304-696-5605 for questions.

Facility: _____

CCCE: _____

Address: _____ Email: _____

Phone: _____ FAX: _____

PT 793 Clinical Education III: Students have completed all academic coursework and a total of 20 weeks of full-time clinical experience. Graduation is May 2019.

PT 793 Placement	Type of Setting	Number of Students
<p>January 7 – April 19, 2019 15 WEEKS This clinical experience may be split between clinical settings if available. Please specify availability.</p>	<p>Acute Care Outpatient SNF/Subacute/TCU Inpatient Rehab Home Health Pediatrics Other (please specify)</p>	<p>_____ _____ _____ _____ _____ _____</p>

PT 791 Clinical Education I: Students have completed 4 semesters of the DPT curriculum including basic clinical skills, therapeutic exercise, and the majority of their musculoskeletal content. The students have not yet completed content regarding neuro-rehabilitation, cardiopulmonary PT, prosthetics & orthotics, pediatrics, integumentary and management/administration.

PT 791 Placement	Type of Setting	Number of Students
<p>August 5 – September 27, 2019 8 WEEKS</p>	<p>Acute Care Outpatient SNF/Subacute/TCU</p>	<p>_____ _____ _____</p>

PT 792 Clinical Education II: Students have completed all academic coursework and an 8 week clinical experience.

PT 792 Placement	Type of Setting	Number of Students
<p>September 30 – December 20, 2019 12 WEEKS</p>	<p>Acute Care Outpatient SNF/Subacute/TCU Inpatient Rehab Home Health Pediatrics Other (please specify)</p>	<p>_____ _____ _____ _____ _____ _____</p>

****If you unable to take any student(s) for a particular rotation(s), please enter "0" in the adjacent spaces.**
We welcome both the 1:2 and 2:1 clinical education models.

NEW AFFILIATION REVIEW FORM

Name _____ Date _____

Name and Address of Facility:

Phone and fax number:

Name of Clinical Coordinator:

Clinical Coordinator's phone number and email address:

Does the facility have a student program? Yes _____ No _____

How many employees are Physical Therapists? _____
Physical Therapists Assistants? _____
Aides? _____

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

Does this facility take first time affiliating students? Yes _____ No _____

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

Does this facility offer free housing? Yes _____ No _____

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

Appendix G

Quality Improvement Process and Tracking Form

Quality Improvement Process and Tracking Form

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

Problem/Opportunity Identification

Problem/Opportunity identified by (optional): _____

• **Date Identified:** ____ / ____ / ____

• **Description of problem / concern identified:** _____

Please Describe YOUR Suggested Quality Improvement Plan of Action

• **Problem/Opportunity should be discussed/addressed by:** _____

• **Perceived Priority:** High Medium Low

• **Suggested resolution of problem / concern:** _____

• **Suggested Time Frame of Implementation:**

- High – Implement ASAP
- Medium – Implement Prior to Next Academic Semester
- Low- Implement as Time Allows
- Other – (please describe) _____

Form completed by (optional): _____

Date: ____ / ____ / ____

Appendix H

Technical Standards

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.
3. Fine motor skills:

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

Affective Skills

The student must be able to:

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



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:
