



CLINICAL HANDBOOK

Graduate Department of Physical Therapy

Introduction

This handbook provides guidelines for the Clinical Education component of the curriculum of George Fox University's Graduate Department of Physical Therapy ("School") to be completed at various clinical sites ("Facilities"). It is a reference to be used by the School's faculty, the School's Academic Coordinator of Clinical Education (DCE), Center Coordinators of Clinical Education (CCCEs), Clinical Instructors (CIs) and students/interns in order to maximize the clinical experiences for our students/interns and the evaluation of their clinical performance. Information regarding rights, responsibilities, and risk management, such as orientation of CIs and students/interns, communication, confidentiality of student/intern records, and occurrence reports can also be found here. The handbook is reviewed annually by the School's DCE, who seeks approval for revisions from the Department's Director. All students are subject to the policies of George Fox University. It is recognized that this document may not contravene the laws of the state of Oregon; rules, regulations, and policies of the Oregon Physical Therapy Licensing Board; and rules, regulations, and policies of George Fox University.

If clarification on any procedure is needed, please contact the School DCE.

Paul Shew P.T. DPT

Assistant Professor of Physical Therapy
Academic Coordinator of Clinical Education
George Fox University
Graduate Department of Physical Therapy
414 N. Meridian Box V123
Newberg, Oregon 97312
[503-554-2453](tel:503-554-2453)
pshew@georgefox.edu

Faculty and Staff

School Leadership Team

Tyler Cuddeford, PhD, PT

Assistant Professor of Physical Therapy

Director - Physical Therapy Program

Kathie Hummel-Berry, PhD, PT

Director of Curriculum and Faculty Development

Professor of Physical Therapy

Paul Shew, PT, DPT

Director of Clinical Education

Assistant Professor of Physical Therapy

Marcey Keefer Hutchison, DPT, ATC, CMP

Assistant Professor of Physical Therapy

Andrew Meszaros, PhD, PT

Associate Professor of Physical Therapy

Kathy Weiss, MD

Associate Professor

Gina Braden

Physical Therapy Coordinator

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Mission, Educational Philosophy, Program Goals, Educational Outcomes

Mission

University Mission: [George Fox University](#), a [Christ-centered community](#), prepares students [spiritually](#), [academically](#), and [professionally](#) to [think with clarity](#), [act with integrity](#), and [serve with passion](#).

School of Behavioral and Health Sciences Mission: Members of the School of Behavioral and Health Sciences are committed to providing high-quality educational programs that prepare students to care for the overall wellness of diverse individuals and groups by utilizing their expertise in the areas of physical, emotional, and spiritual healing.

Graduate Department of Physical Therapy Mission: In conjunction with the mission of the University and of the School of Behavioral and Health Sciences, The Doctor of Physical Therapy Program is committed to providing high quality educational programs that promote an excellence in academic and scholarly achievement and prepares students for contemporary physical therapy practice. The program also prepares students to think critically, practice ethically, and engage in service to the community.

Educational Philosophy

The faculty is committed to excellence in teaching.

1. Our responsibility is to involve the student in the educational process by creating a safe environment to allow the sharing of ideas and values between students and faculty.
2. Our responsibility is to facilitate and assist students to develop critical thinking and problem-solving skills.
3. We believe that the clinical education experience is an integral part of the curriculum that provides opportunities for students to utilize and integrate the knowledge, skills, and attitudes they develop in their academic courses.
4. The faculty models lifelong learning and professional growth through clinical experience, research, and service activities.
5. We expect our graduates to continue to participate in professional and community service activities.

The School functions within the guidelines presented by:

1. George Fox University
2. State of Oregon Physical Therapy Licensing Board
3. Documents of the American Physical Therapy Association (www.apta.org):
 - a. Guide to Physical Therapist Practice
 - b. Code of Ethics and the Guide for Professional Conduct
 - c. Normative Model for Physical Therapist Professional Education
 - d. Statement on Professionalism in Physical Therapy: Core Values
 - e. The APTA web Clinical Performance Instrument
 - f. The Commission on Accreditation of Physical Therapy Education's Evaluative Criteria for Educational Programs for Preparation of Physical Therapists

Program Goals

The major objective of the Doctor of Physical Therapy Degree Program is to develop graduate entry-level physical therapist practitioners who excel in clinical decision-making skills, demonstrate patient/client management functions, and exhibit a high level of professionalism.

Educational Outcomes

In keeping with the APTA's Vision 20/20 statement, the primary educational outcome of the program is to provide physical therapists who are doctors of physical therapy and who may become board-certified specialists. Consumers will have direct access to physical therapists in all environments for patient/client management, prevention, and wellness services. Physical therapists will be practitioners of choice in patients'/clients' health networks and will hold all privileges of autonomous practice. Physical therapists may be assisted by physical therapist assistants who are educated and licensed to provide physical therapist directed and supervised components of interventions. Guided by integrity, life-long learning, and a commitment to comprehensive and accessible health programs for all people, physical therapists and physical therapist assistants will render evidence-based services throughout the continuum of care and improve quality of life for society. They will provide culturally sensitive care distinguished by trust, respect, and an appreciation for individual differences. While fully availing themselves of new technologies, as well as basic and clinical research, physical therapists will continue to provide direct patient/client care. They will maintain active responsibility for the growth of the physical therapy profession and the health of the people it serves. The George Fox University Graduate Department of Physical Therapy is committed to offering a quality physical therapist education program operates within compliance of the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association (CAPTE).

Non-Discrimination Policy

George Fox University students work and live in an environment where the dignity of each individual is respected. Demeaning gestures, threats of violence, or physical attacks directed toward another person are not tolerated.

This includes hazing, other initiations, or any actions that may be hazardous, dehumanizing, harassing, or humiliating to community members. Also included are the uses of telephones, United States or campus mail, or e-mail for the purpose of issuing obscene, harassing, or threatening messages. Vandalism of property is unacceptable. Students are expected to maintain an educational and workplace environment free from unlawful discrimination and harassment and to conduct themselves in a manner that ensures no discrimination or harassment occurs.

Discrimination or harassment due to race; color; sex; sexual orientation; marital status; religion; creed; age; national origin; citizenship status; workers' compensation status; physical or mental disability; veteran status; any other status protected under applicable local, state, or federal law; or any other distinguishing characteristic protected by non-discrimination law are prohibited.

The faculty recognizes the need for and is committed to the education of Physical Therapists representative of our diverse American population. This population includes men and women of any ethnic and cultural background.

Technical Standards and Students with Special Needs

In keeping with the central tenets of its mission – teaching, faith, and service – George Fox University is committed to the full access and the inclusion of all qualified students in its programs. It is the policy of the University to ensure that students with disabilities have equal opportunity for participation in the University’s academic programs and activities, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Some students may need reasonable accommodation for conditions in order to participate fully in the Physical Therapy program. If accommodation is needed, students must contact the Disability Services Office (DSO) as early as possible. Students who currently have a DSO Accommodation Plan should discuss their accommodations with their professors and their advisor at the start of each semester, in order to optimize their learning opportunities.

Important: The Physical Therapy program includes multiple lab experiences and off-campus clinical placements. Students may need additional, or different, accommodation arrangements for these lab and clinical components of the program. **It is the student’s responsibility to meet with the DSO and the School of Physical Therapy Director’s designee at least one month before the start of the lab experience and/or clinical placement in order to review the student’s accommodation needs for the lab and/or clinical experience.**

The Graduate Department of Physical Therapy statement incorporates the University policy and is more specific to the technical standards of physical therapy in preparing students to fulfill the professional role of practicing physical therapists. These technical standards are outlined in the table below and are designed to provide full access to learning opportunities for all students while respecting the professional duty to ensure client/patient safety, well-being, and facilitated healing. *The use of a trained intermediary would mean that a candidate’s judgment is mediated by someone else’s power of selection and observation. Therefore, third parties cannot be used to assist students in accomplishing curricular requirements.*

Essential Performance Functions for Success in the School of Physical Therapy

Students must be able to perform or develop the following essential functions with or without reasonable accommodation in order to fully participate in George Fox University Graduate Department of Physical Therapy. These essential functions are stated to assist faculty and potential and/or currently enrolled students to:

- 1) Decide whether to enter the School of Physical Therapy;
- 2) Assess the student’s ability to progress in the program; and/or
- 3) Determine the nature/extent of accommodation that might be necessary for equal participation in the program. Please note that students are responsible for requesting accommodations for a disability in advance.

Ability	Standard
Critical Thinking	Critical thinking and reasoning sufficient for clinical judgment. This includes ability to measure, calculate, and analyze. It also requires ability to recall relevant events or research and incorporate these with a current patient/circumstance.
Behavioral Skills	Emotional health, ability to exercise sound judgment, and ability to develop mature and effective relationships with co workers and patients. Must be able to continue to function even under stress of outside distractions.

Communication Skills	Communicate easily, effectively and with sensitivity for patients and staff. Communication includes speaking, listening, reading, and writing. Use of electronic devices such as telephones and computers is becoming more essential in the classroom and clinic.
Mobility/ Motor Skills	Must have both gross and fine motor function necessary to effectively evaluate and assist patients, while considering patient and therapist. It must be considered that patients under the care of a physical therapist may require physical assistance to perform safe transfers or safe ambulation. The Physical Therapist must also possess adequate motor ability to care for a patient in the case of an emergency.
Observational Skills	Vision- required for the safe evaluation and care of a patient. Required to perform tests, use instruments, read reports, and remain current by literature review. Hearing- must be sufficient to converse with patient and to perform tests such as blood pressure, heart auscultation, and bowel sounds. Tactile- touch and pressure sensation required to evaluate strength and sensation of the patient and to grade exercise programs. Other- proprioception; hot, cold, and pain sensation; stereognosis; and vibration sensation.

Practice Expectations

The following outcomes are set forth in the APTA's *A Normative Model of a Physical Therapist Professional Education*:

1. Accountability

- Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- Has a fiduciary responsibility for all patient/clients.
- Practice in a manner consistent with the professional code of ethics.
- Changes behavior in response to understanding the consequences (positive and negative) of his/her actions.
- Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

2. Altruism

- Place patient's/client's needs above the physical therapist's needs.
- Incorporate pro bono services into practice.

3. Compassion/Caring

- Exhibit caring, compassion, and empathy in providing services to patients/clients.
- Promote active involvement of the patient/client in his/her care.

4. Integrity

- Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

5. Professional Duty

- a. Demonstrate professional behaviors in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
- b. Participate in self-assessment to improve the effectiveness of care.
- c. Participate in peer assessment activities.
- d. Effectively deal with positive and negative outcomes resulting from assessment activities.
- e. Participate in clinical education of students.
- f. Participate in professional organizations.

6. Communication

- a. Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

7. Cultural Competence

- a. Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

8. Clinical Reasoning

- a. Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning in order to minimize errors and enhance patient/client outcomes.
- b. Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

9. Evidence-Based Practice

- a. Consistently use information technology to access sources of information to support clinical decisions.
- b. Consistently and critically evaluate sources of information related to physical therapy practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
- c. Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.
- d. Contribute to the evidence for practice by written systematic reviews or evidence or written descriptions of practice.
- e. Participate in the design and implementation of patterns of best clinical practice for various populations.

10. Education

- a. Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

11. Screening

- a. Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

12. Examination

- a. Examine patients/clients by obtaining a history from them and from other sources.
- b. Examine patients/clients by performing systems reviews.
- c. Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to those that assess:
 - i. Aerobic Capacity/Endurance
 - ii. Anthropometric Characteristics
 - iii. Arousal, Attention, and Cognition
 - iv. Assistive and Adaptive Device Requirements
 - v. Circulation (Arterial, Venous, Lymphatic)
 - vi. Cranial /Peripheral Nerve Integrity
 - vii. Environmental, Home, and Work Barriers
 - viii. Ergonomics and Body Mechanics

- ix. Functional Mobility, including Gait, Locomotion, and Balance
- x. Integumentary Integrity
- xi. Joint Integrity and Mobility
- xii. Motor Function (Motor Control and Motor Learning)
- xiii. Muscle Performance (including Strength, Power, and Endurance)
- xiv. Neuromotor Development and Sensory Integration
- xv. Orthotic, Protective, and Supportive Device requirements
- xvi. Pain
- xvii. Posture
- xix. Prosthetic Requirements
- xx. Range of Motion (including Muscle Length)
- xxi. Reflex Integrity
- xxii. Self-Care and Home Management (including ADL and IADL)
- xxiii. Sensory Integrity
- xxiv. Ventilation and Respiration/Gas Exchange
- xxv. Work (Job/School/Play), Community and Leisure Integration or Reintegration (including IADL)

13. Evaluation

- a. Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

14. Diagnosis

- a. Determine a diagnosis that guides future patient/client management.

15. Prognosis

- a. Determine patient or client prognoses.

16. Plan of Care

- a. Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.
- b. Establish a physical therapy plan of care that is safe, effective, and patient/client centered.
- c. Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
- d. Deliver and manage a plan of care that is consistent with (1) legal, ethical, and professional obligations, and (2) administrative policies and procedures of the practice environment.
- e. Monitor and adjust the plan of care in response to patient/client status.

17. Intervention

- a. Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
 - i. Therapeutic Exercise
 - ii. Functional Training in Self-Care and Home Management (including ADL and IADL)
 - iii. Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)
 - iv. Manual Therapy Techniques (including Mobilization/Manipulation, thrust and non-thrust techniques)
 - v. Prescription, Application, and as appropriate, Fabrication of Devices and Equipment (Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic)
 - vi. Airway Clearance Techniques
 - vii. Integumentary Repair and Protection Techniques
 - viii. Electrotherapeutic Modalities
 - ix. Physical Agents and Mechanical Modalities

- b. Determines those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of:
 - i. The needs of the patient/client
 - ii. The PTA's ability
 - iii. Jurisdictional law
 - iv. Practice guidelines/policies/codes of ethics
 - v. Facility policies
- c. Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.
- d. Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.
- e. Practice using principles of risk management.
- f. Respond effectively to patient/client and environmental emergencies in one's practice setting.

18. Outcomes Assessment

- a. Select outcome measures to assess individual and collective outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.
- b. Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.
- c. Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.
- d. Use analysis from individual outcome measurements to modify the plan of care.
- e. Select outcome measures that are valid and reliable and shown to be able to be generalized to patient/client populations being studied.

19. Prevention, Health Promotion, Fitness, and Wellness

- a. Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
- b. Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.
- c. Apply principles of prevention to defined population groups.

20. Management of Care Delivery

- a. Provide culturally competent first contact through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
- b. Provide culturally competent care to patients/clients referred by other practitioners and assure that care is continuous and reliable.
- c. Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
- d. Participate in the case management process

21. Practice Management

- a. Direct and supervise human resources to meet patient/client goals and expected outcomes.
- b. Participate in financial management of the practice.
- c. Establish a business plan on a programmatic level within a practice.
- d. Participate in activities related to marketing and public relations.
- e. Manage practice in accordance with regulatory and legal requirements.

Generic Abilities

Generic abilities are attributes, characteristics, or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Students will use this tool to assess themselves for readiness for clinical experience. Students will have the opportunity to complete this self-assessment in spring of their first and second year and fall of the third year prior to clinical experiences. These generic abilities are:

1. Commitment to Learning
2. Interpersonal Relationships
3. Communication Skills
4. Effective Use of Time and Resources
5. Use of Constructive Feedback
6. Problem Solving
7. Professionalism
8. Responsibility
9. Clinical Thinking
10. Stress Management



George Fox University Graduate Department of Physical Therapy Student Generic Abilities Self Assessment

Student _____

Graduation Year _____

The purpose of this checklist is to self assess behaviors that will influence your ability to meet expected role requirements as a student and an entry-level professional physical therapist. The professional behaviors presented below are not meant as a portrayal of personality but as the necessary abilities required for professional clinical performance.

Please complete a personal behaviors assessment at the appropriate times each year using the three-point scale provided in each of the areas listed below. Criteria for the evaluation are identified in the accompanying document.

	Initial	Spring 1 st Year	Spring 2 nd Year	Fall 3 rd Year
Commitment to Learning	B D A	B D A	B D A	B D A
Interpersonal Relationships	B D A	B D A	B D A	B D A
Communication Skills	B D A	B D A	B D A	B D A
Effective use of Time and Resources	B D A	B D A	B D A	B D A
Use of Constructive Feedback	B D A	B D A	B D A	B D A
Problem Solving	B D A	B D A	B D A	B D A
Professionalism	B D A	B D A	B D A	B D A
Responsibility	B D A	B D A	B D A	B D A
Clinical Thinking	B D A	B D A	B D A	B D A
Stress Management	B D A	B D A	B D A	B D A

Commitment to Learning

Beginning Level- B	Developing Level-D	Advanced Level-A
Identifies problems, formulates appropriate questions, identifies own needs based on life experiences, identifies and locates appropriate resources, demonstrates positive attitude, sets personal and professional goals, offers own thoughts and ideas, identifies the need for further information.	Prioritizes information needs, takes collaborative approach, analyzes and subdivides large questions into components, monitors own progress, initiates own learning project, accepts learning as a lifestyle process, accepts that there may be more than one answer to a problem, recognizes the need to solve problems and can verify solutions to problems, meets all beginning level criteria.	Questions conventional wisdom, responds appropriately to unexpected or entirely new problems, reconciles conflicting information, seeks additional learning opportunities, applies new information and reevaluates performance, formulates and reevaluates position based on available evidence, plans and presents in-service program during clinical internship, meets all beginning and developing criteria.

Interpersonal Relationships

Beginning Level- B	Developing Level-D	Advanced Level-A
Maintains professional demeanor in all clinical interactions; demonstrates interest in patients as individuals; respects cultural and personal differences of others; is non-judgmental about patients' lifestyles; communicates with others in a respectful, confident manner; respects personal space of patients and others; maintains confidentiality in all clinical interactions; demonstrates acceptance of limited knowledge and experiences.	Recognizes impact of non-verbal communication and modifies accordingly, assumes responsibility for own actions, motivates others to achieve, establishes trust, seeks to gain knowledge and input from others, respects role of support staff.	Listens to patient but reflects back to original concern, works effectively with challenging patients, responds effectively to unexpected experiences, talks about difficult issues with sensitivity and objectivity, delegates to others as needed, approaches others to discuss differences in opinion, accommodates differences in learning styles.

Communication Skills

Beginning Level- B	Developing Level-D	Advanced Level-A
Demonstrates understanding of basic English (verbal and written); uses correct grammar, accurate spelling and expression; writes legibly; recognizes impact of non-verbal communication; listens actively; maintains eye contact.	Utilizes non-verbal communication to augment verbal message; restates, reflects, and clarifies message; collects necessary information from the patient interview.	Modifies communication (verbal and written) to meet needs of different audiences, presents verbal or written messages with logical organization and sequencing, maintains open and constructive communication, utilizes communication technology effectively, dictates clearly and concisely.

Effective Use of Time and Resources

Beginning Level- B	Developing Level-D	Advanced Level-A
Focuses on tasks at hand without dwelling on past mistakes, recognizes own resource limitations, uses existing resources effectively, uses unscheduled time efficiently, completes assignments in timely fashion.	Sets up own schedule, coordinates schedule with others, demonstrates flexibility, plans ahead.	Sets priorities and reorganizes when needed; considers patient's goals in context of patient, clinic and third party resources; has ability to say "no"; performs multiple tasks simultaneously and delegates when appropriate; uses scheduled time with each patient efficiently.

Use of Constructive Feedback

Beginning Level- B	Developing Level-D	Advanced Level-A
Demonstrates active listening skills, actively seeks feedback and help, demonstrates a positive attitude toward feedback, critiques own performance, maintains two-way information.	Assesses own performance accurately, utilizes feedback when establishing pre-professional goals, provides constructive and timely feedback when establishing pre-professional goals, develops plan of action in response to feedback.	Seeks feedback from clients, modifies feedback given to clients according to their learning styles, reconciles differences with sensitivity, considers multiple approaches when responding to feedback.

Problem Solving

Beginning Level- B	Developing Level-D	Advanced Level-A
Recognizes problems, states problems clearly, describes known solutions to problems, identifies resources needed to develop solutions, begins to examine multiple solutions to problems.	Prioritizes problems, identifies contributors to problem, considers consequences of possible solutions, consults with others to clarify problem.	Implements solutions, reassesses solutions, evaluates outcomes, updates solutions to problems based on current research, accepts responsibility for implementing of solutions.

Professionalism

Beginning Level- B	Developing Level-D	Advanced Level-A
Abides by APTA Code of Ethics; demonstrates awareness of state licensure regulations; abides by facility policies and procedures; projects professional image; attends professional meetings; demonstrates honesty, compassion, courage, and continuous regard for all.	Identifies positive professional role models, discusses societal expectations of the profession, acts on moral commitment, involves other health-care professionals in decision making, seeks informed consent from patients.	Demonstrates accountability for professional decisions, treats patients within scope of expertise, discusses role of physical therapy in health care, keeps patient as priority.

Responsibility

Beginning Level- B	Developing Level-D	Advanced Level-A
Demonstrates dependability, demonstrates punctuality, follows through on commitments, recognizes own limits.	Accepts responsibility for actions and outcomes, provides safe and secure environment for patients, offers and accepts help, completes projects without prompting.	Directs patients to other health care professionals when needed, delegates as needed, encourages patient accountability.

Critical Thinking

Beginning Level- B	Developing Level-D	Advanced Level-A
Raises relevant questions, considers all available information, states the results of scientific literature, recognizes "holes" in knowledge base, articulates ideas.	Feels challenged to examine ideas, understands scientific method, formulates new ideas, seeks alternative ideas, formulates alternative hypotheses, critiques hypotheses and ideas.	Exhibits openness to contradictory ideas, assess issues raised by contradictory ideas, justifies solutions selected, determines effectiveness of applied solutions.

Stress Management

Beginning Level- B	Developing Level-D	Advanced Level-A
Recognizes own stressors or problems, recognizes distress or problems in others, seeks assistance as needed, maintains professional demeanor in all situations.	Maintains balance between professional and personal life, demonstrates effective affective responses in all situations, accepts constructive feedback, establishes outlets to cope with stressors.	Prioritizes multiple commitments, responds calmly to urgent situations, tolerates inconsistencies in health care environment.



George Fox University Graduate Department of Physical Therapy Professional Behaviors Form

Instructor _____

Course _____

Semester/Year: _____

The purpose of this checklist is to effectively measure and provide feedback about behaviors that will influence an individual’s ability to meet expected role requirements as a student and an entry-level professional physical therapist. The professional behaviors presented below are not meant as a portrayal of personality but as the necessary abilities required for professional clinical performance.

Please complete a personal behaviors assessment for each student in this class. Evaluate the student on a five point scale* in each of the areas listed below. Criteria for the evaluation are identified in the accompanying document. For scores of “3” or less in any area, a plan for remediation will be recommended by the faculty.

Student Name	Professionalism	Problem Solving	Effective Use of Time and Resources	Interpersonal Skills	Working Relationship

- *Students are evaluated according to the following 5 point scale:
- 1 – rarely demonstrates criteria
 - 2 – occasionally demonstrates criteria, needs substantial improvement
 - 3 – often demonstrates criteria; not entry-level, but making steady progress, requires minimal cues (responds to feedback, progressing)
 - 4 – consistently demonstrates criteria; entry-level
 - 5 - exceeds entry level competency

Evaluation Criteria

Professionalism is defined by the following criteria.

In academic/clinical work the student:

1. Dresses appropriately and projects a professional image
2. Abides by set policies and procedures
3. Shows respectful verbal communication
4. Shows respect for all
5. Takes responsibility for actions
6. Demonstrates dependability
7. Is punctual
8. Meets deadlines
9. Acts ethically

Problem Solving is defined by the following criteria.

In academic/clinical work the student:

1. Critiques his/her own skills
2. Applies feedback
3. Implements solutions
4. Appropriately reconciles differences of opinion
5. Deliberates the consequences of a solution
6. Accepts designated workload without complaint
7. Gives constructive feedback

Effective Use of Time and Resources is defined by the following criteria.

In academic/clinical work the student:

1. Creatively uses resources
2. Coordinates schedule effectively
3. Budgets time effectively

Interpersonal Skills is defined by the following criteria.

In academic/clinical work the student:

1. Demonstrates active listening
2. Engages in tasks equally with others
3. Initiates appropriate verbal communication
4. Uses nonverbal communication that is consistent with the intended message
5. Motivates others
6. Presents information in a logical articulate manner

Working Relationships is defined by the following criteria:

In academic/clinical work the student:

1. Receives feedback without defensiveness
2. Demonstrates flexibility
3. Shows effective collaboration to accomplish tasks
4. Demonstrates the ability to work well with colleagues

DPT Curriculum

Three-Year Curriculum

The GFU DPT Program offers a three-year curriculum. Successful completion of all academic and clinical coursework in successive order is required for graduation. Initially, the focus of the coursework is on foundational sciences in order to lay adequate groundwork on normal human structure and function as well as basic physical therapy modalities and practices. The student is introduced initially to differential diagnosis, clinical reasoning, and evidence-based practice across a lifespan and then advances to a greater understanding of systems; conditions; and the physical therapist role in rehabilitation, prevention, health promotion, administration and legislation. Coursework includes presentation of relevant testing, intervention, and education of a patient/client. Throughout, the three-year curriculum, the student will complete 36 weeks of full-time clinical education. Clinical sites include acute care (hospital), rehabilitation (hospital based, SNF and home health) and outpatient (hospital based, sports medicine and privately owned). Specialty areas including pediatrics, ESD, and women's health may also be available. Students will be required to complete full time, 8-9 week clinical experiences in each of the following settings: (1) acute care, (2) outpatient, and (3) rehabilitation. At least one of the affiliations should be outside of the Portland/Metro area.

Course Schedule

Fall Year 1 (20 credits)

PDPT 500 Professional Practices in Physical Therapy (2)
PDPT 503 Basic Patient Care Skills (2)
PDPT 511 Biomechanics and Kinesiology I (3)
PDPT 521 Human Anatomy I (4)
PDPT 531 Neuroscience (4)
PDPT 570 Applied Physiology (3)
PDPT 550 Therapeutic Exercise I (2)

Spring Year 1 (21 credits)

PDPT 521 Biomechanics and Kinesiology II (3)
PDPT 511 Human Anatomy II (3)
PDPT 540 Therapeutic Modalities (2)
PDPT 529 Evidence-Based Practice & Clinical Decision Making (2)
PDPT 551 Therapeutic Exercise II (2)
PDPT 560 Essentials of Research Methods (4)
PDPT 573 Pathophysiology (3)
PDPT 504 Principles of Motor Control (2)

Summer Year 1 (4 weeks)

PDPT 580 Clinical Internship I (4)

Fall Year 2 (21 credits)

PDPT 600 Cardiovascular and Pulmonary Therapeutics (3)
PDPT 610 Pharmacology for Physical Therapy (3)
PDPT 619 Health and Wellness in Physical Therapy (2)

PDPT 620 Geriatric Physical Therapy (2)
PDPT 630 Neurorehabilitation I (4)
PDPT 649 Medical Screening and Differential Diagnosis (2)
PDPT 650 Orthopedic Assessment and Rehabilitation I (4)
PDPT 750 Professional Research Project I (1)

Spring Year 2 (14 credits + 6 credits/weeks clinical Internship)

PDPT 611 Medical Surgical and Integumentary Conditions (3)
PDPT 631 Neurorehabilitation II (3)
PDPT 651 Orthopedic Assessment and Rehabilitation II (4)
PDPT 660 Prosthetics and Orthotics (2)
PDPT 670 Pediatric Physical Therapy (2)
PDPT 680 Clinical Internship II (6)

Summer Year 2 (6 credits)

PDPT 690 Diagnostic Imaging for Physical Therapists (2)
PDPT 710 Psychosocial Aspects of Patient Care and Disability (1)
PDPT 751 Professional Research Project II (1)
PDPT 760 Professional Duty and Social Responsibility (2)

Fall Year 3 (8 credits + 8 credits/weeks clinical internship)

PDPT 720 Administration in Physical Therapy (3)
PDPT 730 Professional Seminar (2)
PDPT 752 Professional Research Project III (1)
PDPT 770 Special Topics (2)
PDPT 780 Clinical Internship III (8)

Spring Year 3 (2 credits + 17 weeks clinical internship)

PDPT 753 Professional Research Project IV (2)
PDPT 781 Clinical Internship IV (8)
PDPT 782 Clinical Internship V (9)

Clinical Education Overview

The clinical education component of the Doctor of Physical Therapy degree program includes five blocks of full-time clinical education of varying length over three years. During these blocks of clinical practice, each student will have experiences with patients/clients across the lifespan in a variety of settings that encompass a range of conditions, from acute to chronic. As much as possible, learning opportunities should address a wide range of patients, reflecting the practice patterns in the Guide to Physical Therapist Practice. As students progress through increasingly complex decision making during these courses, learning opportunities should occur in available levels of patient care, which should include involvement of multidisciplinary care.

Roles and Responsibilities of the Clinical Education Team

Role of the DCE (Director of Clinical Education) - The role of the DCE is to act as a connection between the School and the clinic. The DCE:

1. Contacts the clinic regarding potential for establishing a relationship as a clinical education site.
2. Establishes and maintains the affiliation agreement.
3. Monitors the clinic for appropriateness as a clinical education site.
4. Initiates an annual letter/commitment form to inquire about the number of students a clinic may accommodate for each clinical experience.
5. Reviews the CSIF from each facility.
6. Prepares students in class for the clinic (infection control, HIPAA, professional dress, etc.).
7. Reviews the students' portfolios (immunizations, criminal background check, drug screen).
8. Assigns students to the clinical site.
9. Monitors the students' progress through contact with the Clinical Instructor.
10. Counsels/educates student and or Clinical Instructor as necessary to maximize learning.
11. May change student assignment as necessary.
12. Reviews the students' Clinical Performance Instrument (CPI) provided by both the Clinical Instructor and the student.
13. Assigns grade for each clinical experience.
14. Reviews each of the clinical experience reports related to the clinical experience.
15. Recommends changes in content or process to the clinical site or the School, as appropriate, to ensure opportunity for positive ongoing relationship between the School and clinical site.
16. Visits clinical sites as appropriate.
17. The DCE is assessed by clinical faculty, program faculty, students, and self. These assessment forms can be found at: <http://www.apta.org/Educators/Assessments/DCE/DCE/>.

Role of the CCCE (Center Coordinator of Clinical Education) - The role of the CCCE is to act as the clinical site's representative to the School of Physical Therapy. The CCCE is responsible for:

1. Contacting the School regarding potential for establishing a relationship as a clinical education site.
2. Presenting the School with a copy of its own contract if their facility has a preferred contract already established. This contract is to be renewed regularly.
3. Completing and updating the CSIF.
4. Responding to the annual letter/commitment form to indicate the number of students his/ her clinic may accommodate for each clinical experience.
5. Informing the DCE of any changes that may affect student experiences.
6. Assigning students to CI.
7. Routing pre-clinical communication from the student to the CI.
8. Orienting the student to the clinical site.
9. Providing feedback to the School regarding student preparedness or other relevant issues through the CCCE assessment of DCE performance evaluation.
10. The CCCE/CI/Clinical Site are evaluated by the student through assessments found at: <http://www.apta.org/Educators/Clinical/SiteDevelopment/>.

Role of the CI (Clinical Instructor) - The role of the CI is to provide the student with practical application to the didactic experience. The CI:

1. Is ultimately responsible for the safety and care of his/her patient.
2. Is clinically competent, demonstrating understanding of legal and ethical issues of the profession.
3. Is effective in communicating with the student in order to advance the student to practice as a proficient, ethical, well-rounded, and autonomous physical therapist.
4. Is responsible to match the student's current level of understanding with the patient at hand.
5. Shall communicate with CCCE and DCE regarding any concerns in the "red flag" areas or other concerns as soon as an issue becomes evident.
6. Shall prepare the CPI at midpoint and at completion of the clinical experience.
The CPI link is found at: <https://cpi2.amsapps.com>
7. Shall prepare DCE Performance evaluation form.

Role of the Student - The student:

1. Must maintain and produce evidence of compliance of pre-entry requirements. Such requirements may include proof of current health insurance; proof of hepatitis B vaccine; proof of immunization for measles (rubeola), mumps, rubella, and varicella; proof of current TB test; proof of CPR training for the health care provider; criminal background check; certification of training in Standard Precautions; and HIPAA regulation training.
2. Must complete all pre-requisite academic requirements.
3. Must follow the policies of the School and the clinic:
 - a. Students will review CSIF and prepare a list of preferences for each clinical affiliation. (Preferences will be considered, but it is to be remembered that the School's objective is to meet the clinical goals for all student/interns.)
 - b. Students must successfully complete the coursework necessary for the clinical experience.
 - c. After receiving his/her affiliation assignment, the student should prepare a letter to the CCCE to introduce himself/herself, to present his/her goals for the clinical experience, and to inquire about any special issues related to the affiliation. The student must be flexible regarding time and location of clinical experience.
 - d. Students must observe the guidelines of the facility regarding clinic times, contact information, dress code, etc.
 - e. **Student must inform the CI and the DCE of any absences.**
 - f. The student must involve himself/herself in the clinical experience under the guidelines and supervision of the CI.
 - g. The student must complete his/her CPI and review with his/her CI at midpoint and the end of the clinical experience. The CPI link is found at: <https://cpi2.amsapps.com>.
 - h. The student must complete performance evaluations for the DCE, CI/CCCE, and facility.

George Fox University

Graduate Department of Physical Therapy

Clinical Education Syllabus

COURSE: PDPT 580 Clinical Internship I

COURSE DESCRIPTION: This course is a four-week full time clinical experience. Students will be under direct supervision of a clinical instructor at an assigned outpatient physical therapy clinic, rehabilitation clinic, or acute care facility.

DEPARTMENT OFFERING COURSE: Graduate Department of Physical Therapy

CREDIT HOURS: 4

COURSE INSTRUCTOR: Paul Shew, PT, DPT, Director of Clinical Education

OFFICE HOURS: Dr. Shew is available by appointment.

CLOCK HOURS: 160 clinic hours

SCHEDULE: Determined by clinic

PREREQUISITES: Prior to initiation of PDPT 580, the student will satisfactorily complete the academic course of study and must exhibit appropriate proficiency in all Professional Behaviors outlined in this handbook as determined by the department faculty.

EVALUATION: Student evaluation will be completed using the APTA Clinical Performance Instrument (CPI). Grade will be determined by the DCE.

COURSE OBJECTIVES:

Cognitive. Upon completion of this course, the students will be able to:

1. Discuss and demonstrate (verbally and/or in writing) (1) theoretical and didactic background in foundational and clinical sciences and (2) professional issues (legal, ethical, documentation, etc.). At minimum, student should be able to describe relevant basic elements of a treatment session.
2. Describe a basis for their own chosen treatment technique.
3. Report on and analyze any valid subject matter designed to enhance the clinical learning experience as determined by the clinical instructor.

Skill. Upon completion of this course, the students will:

1. Assist in evaluating patients in all settings, including but not limited to: muscle performance, ROM, posture, pain, functional mobility status (transfers, bed mobility, etc.), and assistive gait.
2. Demonstrate beginning proficiency in choosing and applying therapeutic exercise (resistive and ROM/stretching), soft tissue mobilization, physical agents, and functional mobility training.
3. Determine and discuss appropriate intervention for simple gait disorders, including selection of assistive device, gait pattern, and assistance.
4. Instruct patients/caregivers in home management programs with beginning proficiency.
5. Document with beginning proficiency any treatment provided, including subjective, objective, assessment, goals, and plan components.
6. Demonstrate beginning level of proficiency in professional communication.
7. Demonstrate beginning level of time management (2-3 times longer than entry-level).
8. Require clinical supervision 100% of the time managing new patients or patients with simple or complex conditions.
9. Be inconsistent in clinical reasoning.
10. Not carry the physical therapist's caseload.

Specific to APTA Clinical Performance Instrument (CPI). Upon completion of this course, the students:

1. Are expected to be rated at the "Beginner" level.
2. Should demonstrate progress on all items.
3. Professional Behavior:
 - a. Should demonstrate at least beginning-level proficiency in all areas.
 - b. Should identify differences in patients' values and demonstrate the ability to respect and act based upon patients' preferences.

GENERAL EXPECTATIONS AND POLICIES:

1. Working hours are those established by the facility. The intern is not expected to work a longer day than any one staff PT.
2. If applicable, the intern may work on the weekend with a day off during the week according to departmental policies.
3. Students can expect to spend 8-10 hours per week studying, preparing, and reviewing relevant material. This is in addition to the 40 hours/week that students spend in the clinic.
4. The facility dress code is to be the guide for the intern.
5. Students/Interns must have current appropriate CPR certification and complete immunization records. The records must be presented to their clinical instructors on the first day.
6. Interns must be supervised by at least one licensed PT (not a Physical Therapist Assistant). A supervising PT must also be located in the same premises as the intern at all times. In some cases, the PT should be in the same treatment area/room.
7. If any problems or questions occur during the affiliation, consult the Director of Clinical Education (DCE). DO NOT wait until a clinic visit, wait for the student return to School, assume things will improve, or try to "gut things out." Problem areas often can be easily handled without wasting valuable clinic time.

8. Each facility has the authority to require extra reading, homework, or reports in order to enhance the clinical experience.

ABSENCES:

1. Absences must be due to illness or emergency only and must be made up at the discretion of the DCE or clinical instructor.
2. The facility must be notified each day of an absence by 8:00 a.m. or upon opening.
3. The DCE must be notified each day of an absence.
4. Students may have the opportunity to participate in School-approved or School-sponsored activities during an internship, including (1) state, national, or international professional meetings and (2) service learning experiences. Students may participate in these activities under the following conditions:
 - a. The absence is approved by the clinical instructor.
 - b. The absence is approved by the DCE.
 - c. The time missed is made up.

TEACHING METHODS AND LEARNING EXPERIENCES:

These courses emphasize application and integration of academic coursework into the clinical setting. Students are directly supervised by licensed physical therapists.

EVALUATIVE METHODS-EXAMINATIONS:

1. The intern and CI are required to complete a midterm evaluation using the Clinical Performance Instrument (CPI). After completing the self-evaluation, the intern must write two or more goals for herself/himself to be achieved by the end of the internship. These goals should be written in the same format with which goals would be written for a patient, and they should be written in the "Recommendations" section of the CPI.
2. At the end of each internship, the intern will again evaluate herself/himself using the CPI. The clinical instructor will also evaluate the intern with the CPI.
3. The intern must complete the APTA Evaluation of Clinical Experience and Clinical Instruction form at midterm and at the end of the internship. The student will review the form with his/her clinical instructor and/or CCCE. All involved parties should submit the forms.
4. The CPIs and the Evaluation of Clinical Experience and Clinical Instruction form are due immediately following the last day of the internship.
5. Successful completion of any one internship is a combined decision of the clinical and academic faculty based upon the clinical instructor's and intern's written and verbal evaluation of the intern's performance in the clinic. However, the academic faculty reserves the right to make the final determination of the grade.
6. Clinical internships not completed secondary to personal or medical reasons will be evaluated by the faculty on an individual basis to determine whether the student will continue progression through the curriculum.

Refer to the George Fox University Student Handbook, Clinical Education Handbook, and program-specific Student Handbook regarding policies on attendance, preparedness, academic honesty, grading, remediation, and appeals.

George Fox University

Graduate Department of Physical Therapy

Clinical Education Syllabus

COURSE: PDPT 680 Clinical Internship II

COURSE DESCRIPTION: This course is a six-week full time clinical experience. Students will be under direct supervision of a clinical instructor at an assigned outpatient physical therapy clinic, rehabilitation clinic, or acute care facility.

DEPARTMENT OFFERING COURSE: Graduate Department of Physical Therapy

CREDIT HOURS: 6

COURSE INSTRUCTOR: Paul Shew, PT, DPT, Director of Clinical Education

OFFICE HOURS: Dr. Shew is available by appointment.

CLOCK HOURS: 240 clinic hours

SCHEDULE: Determined by clinic

PREREQUISITES: Prior to initiation of PDPT 680, the student will satisfactorily complete PDPT 580, satisfactorily complete the academic course of study, and must exhibit appropriate proficiency in all Professional Behaviors outlined in this handbook as determined by the department faculty.

EVALUATION: Student evaluation will be completed using the APTA Clinical Performance Instrument (CPI). Grade will be determined by the DCE.

COURSE OBJECTIVES:

Cognitive. Upon completion of this course, the students will be able to:

1. Discuss and demonstrate (verbally and/or in writing) (1) strong theoretical and didactic background in all areas listed under PDPT 580 and additionally in pathology, motor control, neurorehabilitation, PNF principles of joint mobilization (including specific techniques for lumbar spine and SI only) , prosthetics, orthotics, and integumentary.
2. Appropriately justify and apply any chosen treatment technique relative to coursework to date.
3. Report on and analyze any valid subject matter designed to enhance the clinical learning experience as determined by the clinical instructor.
4. Analyze specific outcomes and modify interventions and behaviors accordingly.

Skill. Upon completion of this course, the students:

1. Will assist in evaluating patients in all settings, including but not limited to: muscle performance, ROM, posture, pain, functional mobility status (transfers, bed mobility, etc.), and assistive gait.
2. Will demonstrate beginning proficiency in choosing and applying therapeutic exercise (resistive, ROM/stretching, and PNF), soft tissue mobilization, joint mobilization, physical agents, and functional mobility training.
3. Will determine and discuss appropriate intervention for simple gait disorders, including selection of assistive device, gait pattern, and assistance.
4. Will instruct patients/caregivers in home management programs with advanced beginning proficiency.
5. Will document with advanced beginning proficiency any treatment provided, including subjective, objective, assessment, goals, and plan components.
6. Will demonstrate advanced beginning level of proficiency in professional communication.
7. Will demonstrate advanced beginning level of time management (2-3 times longer than entry-level).
8. Will require clinical supervision 75-90% of the time managing new patients or patients with simple conditions or 100% of the time for patients with complex conditions.
9. Will be consistent in developing proficiency with simple tasks (i.e.-medical record review, goniometry, muscle testing, and simple interventions) but will not yet be able to perform skilled examinations and clinical reasoning without supervision.
10. May begin sharing the physical therapist's caseload.

Specific to APTA Clinical Performance Instrument (CPI). Upon completion of this course, the students:

1. Are expected to be rated at least at the "Advanced Beginner" level.
2. Should demonstrate progress on all items.
3. Professional Behavior:
 - a. Should demonstrate at least advanced beginner level proficiency in all areas.
 - b. Should identify differences in patients' values and demonstrate the ability to respect and act based upon patients' preferences.

GENERAL EXPECTATIONS AND POLICIES:

1. Working hours are those established by the facility. The intern is not expected to work a longer day than any one staff PT.
2. If applicable, the intern may work on the weekend with a day off during the week according to departmental policies.
3. Students can expect to spend 8-10 hours per week studying, preparing, and reviewing relevant material. This is in addition to the 40 hours/week that students spend in the clinic.
4. The facility dress code is to be the guide for the intern.
5. Students/Interns must have current appropriate CPR certification and complete immunization records. The records must be presented to their clinical instructors on the first day.
6. Interns must be supervised by at least one licensed PT (not a Physical Therapist Assistant). A supervising PT must also be located in the same premises as the intern at all times. In some cases, the PT should be in the same treatment area/room.

7. If any problems or questions occur during the affiliation, consult the Director of Clinical Education (DCE). DO NOT wait until a clinic visit, wait for the student return to School, assume things will improve, or try to "gut things out." Problem areas often can be easily handled without wasting valuable clinic time.
8. Each facility has the authority to require extra reading, homework, or reports in order to enhance the clinical experience.

ABSENCES:

1. Absences must be due to illness or emergency only and must be made up at the discretion of the DCE or clinical instructor.
2. The facility must be notified each day of an absence by 8:00 a.m. or upon opening.
3. The DCE must be notified each day of an absence.
4. Students may have the opportunity to participate in School-approved or School-sponsored activities during an internship, including (1) state, national, or international professional meetings and (2) service learning experiences. Students may participate in these activities under the following conditions:
 - a. The absence is approved by the clinical instructor.
 - b. The absence is approved by the DCE.
 - c. The time missed is made up.

TEACHING METHODS AND LEARNING EXPERIENCES:

These courses emphasize application and integration of academic coursework into the clinical setting. Students are directly supervised by licensed physical therapists.

EVALUATIVE METHODS-EXAMINATIONS:

1. The intern and CI are required to complete a midterm evaluation using the Clinical Performance Instrument (CPI). After completing the self-evaluation, the intern must write two or more goals for herself/himself to be achieved by the end of the internship. These goals should be written in the same format with which goals would be written for a patient, and they should be written in the "Recommendations" section of the CPI.
2. At the end of each internship, the intern will again evaluate herself/himself using the CPI. The clinical instructor will also evaluate the intern with the CPI.
3. The intern must complete the APTA Evaluation of Clinical Experience and Clinical Instruction form at midterm and at the end of the internship. The student will review the form with his/her clinical instructor and/or CCCE. All involved parties should submit the forms.
4. The CPIs and the Evaluation of Clinical Experience and Clinical Instruction form are due immediately following the last day of the internship.
5. Successful completion of any one internship is a combined decision of the clinical and academic faculty based upon the clinical instructor's and intern's written and verbal evaluation of the intern's performance in the clinic. However, the academic faculty reserves the right to make the final determination of the grade.
6. Clinical internships not completed secondary to personal or medical reasons will be evaluated by the faculty on an individual basis to determine whether the student will continue progression through the curriculum.

Refer to the George Fox University Student Handbook, Clinical Education Handbook, and program-specific Student Handbook regarding policies on attendance, preparedness, academic honesty, grading, remediation, and appeals.

George Fox University

Graduate Department of Physical Therapy

Clinical Education Syllabus

COURSE: PDPT 780 Clinical Internship III

COURSE DESCRIPTION: This course is an eight-week full time clinical experience. Students will be under direct supervision of a clinical instructor at an assigned outpatient physical therapy clinic, rehabilitation clinic, or acute care facility.

DEPARTMENT OFFERING COURSE: Graduate Department of Physical Therapy

CREDIT HOURS: 8

COURSE INSTRUCTOR: Paul Shew, PT, DPT, Director of Clinical Education

OFFICE HOURS: Dr. Shew is available by appointment.

CLOCK HOURS: 320 clinic hours

SCHEDULE: Determined by clinic

PREREQUISITES: Prior to initiation of PDPT 780, the student will satisfactorily complete PDPT 680, satisfactorily complete the academic course of study, and must exhibit appropriate proficiency in all Professional Behaviors outlined in this handbook as determined by the department faculty.

EVALUATION: Student evaluation will be completed using the APTA Clinical Performance Instrument (CPI). Grade will be determined by the DCE.

COURSE OBJECTIVES:

Upon completion of this course, the students will be able to:

1. Complete examinations on non-complicated patients with little assistance from CI.
2. Select, administer, and analyze valid and reliable examination procedures to assess patient function.
3. Construct an appropriate plan of care by consistently interpreting the examination and citing the evidence and plausible rationales to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions while addressing impairments, activity limitations, and specific patient goals with minimal feedback from CI.
5. Consistently demonstrate safe behaviors with no cueing from CI.
6. Consistently demonstrate professional communications and demeanor with no cueing from CI.

7. Document progress notes and initial evaluations with good efficiency and minimal feedback from CI.
8. Instruct patients on their condition and intervention while ensuring understanding and effectiveness of their ongoing program.
9. Design interventions with consideration of patients' situation and with little supervision from CI.
10. Take the lead with patient discharge responsibilities.
11. Present patient case during care conference or write up progress reports with diminishing feedback from CI.
12. Take initiative with patient scheduling and other administrative responsibilities with infrequent errors or needed cueing from CI.
13. Manage patients, requiring clinical supervision less than 50% of the time for new patients or patients with complex conditions and requiring no supervision for patients with simple conditions.
14. Be proficient with simple tasks and develop the ability to consistently perform skilled examinations, interventions, and clinical reasoning.
15. Be **capable of** maintaining 50% of a full-time (new hire) physical therapist's caseload.
16. Select an outcome measurement tool to assess patient outcomes, taking into consideration therapy setting, cultural background, and reimbursement when selecting the measurement tool.
17. Choose outcome measures that fit with the clinic education site's patient population.
18. Perform an appropriate medical screening and examination for a patient seen through direct access, determining need for intervention and providing appropriate care.

Specific to APTA Clinical Performance Instrument (CPI). Upon completion of this course, the students:

1. Are expected to be rated at the "Intermediate" level.
2. Should demonstrate progress on all items.
3. Professional Behavior:
 - a. Should demonstrate at intermediate proficiency in all areas.
 - b. Should identify differences in patients' values and demonstrate the ability to respect and act based upon patients' preferences.

SUGGESTED COURSE TIMELINE (May be used by the academic faculty, clinical faculty, and student to monitor progress)

1. Week 1-2
 - a. Overview
 - i. Orientation
 - ii. Establishment of close working relationship and feedback system
 - iii. Student observation and involvement in supervised examination and interventions
 - b. The student should:
 - i. Meet with CCCE and/or CI and:
 1. Review student and clinic expectations as well as other information.
 2. Receive facility orientation.
 3. Review policies, work hours, dress code, safety procedures, etc.

4. Conduct introductions with other staff members.
5. Review facility documentation.
- ii. Shadow CI to become familiar with the patients and procedures.
- iii. Discuss treatment and assessment rationale with CI.
- iv. Assist in treatment of non-complicated patients with close supervision.
- v. Discuss, identify, or contrast pros and cons of tests or procedures.
- vi. Demonstrate safety for patient and self with guidance from CI.
- vii. Professionally communicate with department staff and other multi-disciplinary team members in a tertiary care environment.
- viii. Attempt daily notes on select, non-complicated patients and compare with CI.
- c. Specifically **during the second week**, the student should complete an initial examination/evaluation on non-complicated patients with close supervision and cueing as needed from the CI. Accompanying tasks are:
 - i. Taking accurate patient history, including medication profile as appropriate.
 - ii. Discussing and performing examination procedures under the guidance of the CI.
 - iii. Synthesizing available data to include impairments, functional limitations, and participation restrictions.
 - iv. Integrating the examination findings to diagnostically classify the patient and discuss this classification with the CI.
 - v. Analyzing impairments to determine a specific dysfunction toward which the intervention will be directed.
 - vi. Contrasting indications, contraindications, precautions, and limitations with the CI.
 - vii. Synthesizing plan of care, including prognosis, interventions, and goals with assistance from the CI.
- d. Specifically at the **end of the second week**, students will:
 - i. Require clinical supervision 75% of the time managing patients with simple conditions and 100% of the time managing patients with complex conditions.
 - ii. Demonstrate consistency in developing proficiency with basic tasks (e.g. - medical record review, goniometry, muscle testing, and basic interventions).
 - iii. Review their performance for the week and exchange feedback with CI regarding level of supervision, teaching methods, plan for next week, etc. (This is ongoing for the entire duration of the internship.)
 - iv. Demonstrate collaboration with all members of the patient's health care team during all phases of care as outlined in the patient management model.

2. Week 3-4

- a. Overview
 - i. Increased overall student participation
 - ii. Student familiarity with facility, routine, policies, and procedures
 - iii. Integration of student's clinical reasoning into discussions with the CI
 - iv. Increased student participation with non-complicated patient care
 - v. Possible student introduction to more complex patient situations
- b. The student should:
 - i. Schedule CPI mid-term review with DCE and CI.

- ii. Continue to conduct initial examinations/evaluations on non-complicated patients with supervision from the CI. 50% or less cueing should be needed for accuracy, and there should be improvement in efficiency and completeness.
 - iii. Increase participation in the examination and evaluation of more complicated patients.
 - iv. Assess effectiveness of and make adjustments to interventions concerning on-going, non-complicated patients with 50% or less assistance from CI.
 - v. Document initial evaluations and progress notes on patients with simple diagnoses in a suitable time frame for a student and with 25% or less assistance from CI.
 - vi. Demonstrate safety (patient and self) and actively seek feedback regarding safety.
 - vii. Actively seek feedback from CI with professional communication and demeanor.
 - viii. Write measurable functional goals that are time referenced with less than 25% assistance from CI.
 - ix. Prepare for patient conferencing and/or progress report writing with less than 50% assistance from CI.
 - x. Review literature relative to one to two patients per week and apply the found evidence to clinical decision-making.
 - xi. Direct and supervise patient scheduling, human resource needs, and other administrative responsibilities with 75% assistance from CI.
 - xii. If appropriate, work with CI to meet other stated goals such as planning meetings or observing other disciplines, surgery, specialty areas, etc.
 - xiii. Participate in the supervision of PT aides, PTA students, and other DPT students with appropriate knowledge base.
- c. Specifically at the **end of the fourth week**, students should:
- i. Complete the CPI mid-term review, and:
 - 1. Readjust clinical internship goals based on mid-term review, paying particular attention to any performance criteria for which the student had no learning/assessment opportunities.
 - 2. Complete appropriate sections of the student assessment of clinical instruction and discuss them with CI.
 - ii. Require clinical supervision 50% of the time managing patients with simple conditions and 75% of the time managing patients and tasks with complex conditions.
 - iii. Demonstrate more consistency with proficiency of basic tasks (e.g. - medical record review, goniometry, muscle testing, and basic interventions) and demonstrate capacity to manage more complex patient and administrative responsibilities.
 - iv. Be capable of managing 25% of a full-time PT caseload.

3. Week 5-6

- a. Overview
 - i. Increased confidence
 - ii. Increased participation in patient care
 - iii. Increased participation in own learning process
- b. The student should:
 - i. Continue to complete evaluations on non-complicated patients with less than 25% assistance from CI.
 - ii. Select, administer, and evaluate valid and reliable examination procedures to assess patient function.
 - iii. Consistently cite evidence to support clinical decisions.
 - iv. Implement and assess effectiveness of treatment interventions with less feedback from CI.

- v. Address impairments, activity limitations, and specific patient goals in consideration of cultural background with less feedback from CI.
 - vi. Consistently demonstrate safe behaviors requiring no cueing from CI.
 - vii. Consistently demonstrate professional communications, integrity, and demeanor with patients/clients requiring no cueing from CI.
 - viii. Document progress notes and initial evaluations with increasing efficiency and needing less than 25% assistance from CI.
 - ix. Instruct patients on their condition and intervention (1) while ensuring understanding and effectiveness of their ongoing program, (2) while tailoring interventions with consideration of patient's situation, and (3) requiring 50% or less assistance from CI.
 - x. Collaborate with CI regarding patient's suitability for discharge and may begin to differentiate between discharge/discontinuation of service and transfer of care.
 - xi. Present patient case during care conference or write up progress reports with less than 25% assistance from CI.
 - xii. Direct and supervise patient scheduling, human resource needs, and other administrative responsibilities with less than 25% assistance from CI.
 - xiii. Participate in pro bono services when available.
 - xiv. Demonstrate ability to provide care for patients referred by a variety of health care providers over the continuum of their plan of care.
- c. Specifically at the **end of the sixth week**, students should:
- i. Require clinical supervision less than 25% of the time managing patients with simple conditions and 50% of the time managing patients with complex conditions.
 - ii. Demonstrate more consistency with proficiency of basic tasks (e.g. - medical record review, goniometry, muscle testing, and basic interventions) and demonstrate capacity to manage more complex patient and administrative responsibilities.
 - iii. Be capable of managing 50% of a full-time PT caseload.

4. Week 7-8

- a. Overview
 - i. Demonstrated skill in patient care requiring only occasional assistance from Clinical Instructor
 - ii. Demonstrated commitment to lifelong learning and evidence-based care
- b. The student should:
 - i. Continue to complete examinations on non-complicated patients with little assistance from CI.
 - ii. Select, administer, and analyze valid and reliable examination procedures to assess patient function.
 - iii. Construct an appropriate plan of care by consistently interpreting the examination and citing evidence and plausible rationales that support clinical decisions.
 - iv. Implement and assess effectiveness of treatment interventions while addressing impairments, activity limitations, and specific patient goals. Minimal feedback should be needed from CI.
 - v. Consistently demonstrate safe behaviors with no cueing from CI.
 - vi. Consistently demonstrate professional communications and demeanor with no cueing from CI.
 - vii. Document progress notes and initial evaluations with good efficiency and minimal required feedback from CI.
 - viii. Instruct patients on their condition and intervention, ensuring understanding and effectiveness of their ongoing program.
 - ix. Design interventions with consideration of patients' situation with little supervision from CI.
 - x. Take the lead with patient discharge responsibilities.
 - xi. Present patient cases during care conference or write up progress reports with diminishing feedback needed from CI.
 - xii. Take initiative with patient scheduling and other administrative responsibilities with infrequent errors or needed cueing from CI.

- xiii. Select an outcome measurement tool to assess patient outcomes, taking into consideration therapy setting, cultural background, and reimbursement when selecting the measurement tool.
 - xiv. Select and use outcome measures that are generalized to the clinic education site's patient population.
 - xv. Demonstrate ability to perform an appropriate medical screening and examination for a patient seen through direct access, determining need for intervention and providing appropriate care.
- c. Specifically at the **end of the eighth week**, students should:
- i. Require clinical supervision less than 50% of the time in managing new patients or patients with complex conditions and need no supervision for patients with simple conditions.
 - ii. Be proficient with simple tasks and be developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.
 - iii. Be **capable of** maintaining 50% of a full-time (new hire) physical therapist's caseload.
 - iv. Complete CPI and Student Assessment of Clinical Site and Experience form, and review them with the CI.

GENERAL EXPECTATIONS AND POLICIES:

1. Working hours are those established by the facility. The intern is not expected to work a longer day than any one staff PT.
2. If applicable, the intern may work on the weekend with a day off during the week according to departmental policies.
3. Students can expect to spend 8-10 hours per week studying, preparing, and reviewing relevant material. This is in addition to the 40 hours/week that students spend in the clinic.
4. The facility dress code is to be the guide for the intern.
5. Students/Interns must have current appropriate CPR certification and complete immunization records. The records must be presented to their clinical instructors on the first day.
6. Interns must be supervised by at least one licensed PT (not a Physical Therapist Assistant). A supervising PT must also be located in the same premises as the intern at all times. In some cases, the PT should be in the same treatment area/room.
7. If any problems or questions occur during the affiliation, consult the Director of Clinical Education (DCE). DO NOT wait until a clinic visit, wait for the student return to School, assume things will improve, or try to "gut things out." Problem areas often can be easily handled without wasting valuable clinic time.
8. Each facility has the authority to require extra reading, homework, or reports in order to enhance the clinical experience.

ABSENCES:

1. Absences must be due to illness or emergency only and must be made up at the discretion of the DCE or clinical instructor.
2. The facility must be notified each day of an absence by 8:00 a.m. or upon opening.
3. The DCE must be notified each day of an absence.
4. Students may have the opportunity to participate in School-approved or School-sponsored activities during an internship, including (1) state, national, or international professional meetings and (2) service learning experiences. Students may participate in these activities under the following conditions:
 - a. The absence is approved by the clinical instructor.
 - b. The absence is approved by the DCE.

c. The time missed is made up.

TEACHING METHODS AND LEARNING EXPERIENCES:

These courses emphasize application and integration of academic coursework into the clinical setting. Students are directly supervised by licensed physical therapists.

EVALUATIVE METHODS-EXAMINATIONS:

1. The intern and CI are required to complete a midterm evaluation using the Clinical Performance Instrument (CPI). After completing the self-evaluation, the intern must write two or more goals for herself/himself to be achieved by the end of the internship. These goals should be written in the same format with which goals would be written for a patient, and they should be written in the "Recommendations" section of the CPI.
2. At the end of each internship, the intern will again evaluate herself/himself using the CPI. The clinical instructor will also evaluate the intern with the CPI.
3. The intern must complete the APTA Evaluation of Clinical Experience and Clinical Instruction form at midterm and at the end of the internship. The student will review the form with his/her clinical instructor and/or CCCE. All involved parties should submit the forms.
4. The CPIs and the Evaluation of Clinical Experience and Clinical Instruction form are due immediately following the last day of the internship.
5. Successful completion of any one internship is a combined decision of the clinical and academic faculty based upon the clinical instructor's and intern's written and verbal evaluation of the intern's performance in the clinic. However, the academic faculty reserves the right to make the final determination of the grade.
6. Clinical internships not completed secondary to personal or medical reasons will be evaluated by the faculty on an individual basis to determine whether the student will continue progression through the curriculum.

Refer to the George Fox University Student Handbook, Clinical Education Handbook, and program-specific Student Handbook regarding policies on attendance, preparedness, academic honesty, grading, remediation, and appeals.

George Fox University

Graduate Department of Physical Therapy

Clinical Education Syllabus

COURSE: PDPT 781 Clinical Internship IV

COURSE DESCRIPTION: This course is an eight-week full time clinical experience. Students will be under direct supervision of a clinical instructor at an assigned outpatient physical therapy clinic, rehabilitation clinic, or acute care facility.

DEPARTMENT OFFERING COURSE: Graduate Department of Physical Therapy

CREDIT HOURS: 8

COURSE INSTRUCTOR: Paul Shew, PT, DPT, Director of Clinical Education

OFFICE HOURS: Dr. Shew is available by appointment.

CLOCK HOURS: 320 clinic hours

SCHEDULE: Determined by clinic

PREREQUISITES: Prior to initiation of PDPT 781, the student will satisfactorily complete PDPT 780, satisfactorily complete the academic course of study, and must exhibit appropriate proficiency in all Professional Behaviors outlined in this handbook as determined by the department faculty.

EVALUATION: Student evaluation will be completed using the APTA Clinical Performance Instrument (CPI). Grade will be determined by the DCE.

COURSE OBJECTIVES:

Upon completion of this course, the students will be able to:

1. Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
 - a. Take responsibility for their own actions in and outside of the educational site.
2. Have a fiduciary responsibility for all patient/clients.
3. Practice in a manner consistent with the professional Code of Ethics of the APTA, and apply this Code of Ethics to professional situations.
4. Change behavior in response to understanding the consequences (positive and negative) of their actions.
 - a. Take responsibility for their own actions in and outside of the educational site.
5. Place patient's/client's needs above their own needs.
6. Exhibit caring, compassion, and empathy while providing services to patients/clients.

7. Promote active involvement of the patient/client in his/her care.
8. Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
9. Routinely incorporate consideration of patient/client privacy and confidentiality into all activities.
10. Perform self-assessment to improve the effectiveness of care when appropriate or when indicated by a supervising physical therapist.
 - a. Analyze their own abilities and limitations by completing the Clinical Performance Instrument and/or completing a professional behavior program if indicated.
11. Participate in peer assessment activities.
12. Effectively deal with positive and negative outcomes resulting from assessment activities.
13. Demonstrate professional behavior during the planning and conducting of any academic presentation.
14. Participate in clinical education and planning of learning experiences for other students (PTA and PT).
15. Participate in professional organizations.
 - a. Value, assess, and weigh specialization in physical therapy through certification, residency, and fellowship.
 - b. Hold membership in the APTA.
16. Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.
 - a. Includes simulated patients/clients.
 - b. Use appropriate terminology and body language when communicating verbally and non-verbally.
17. Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.
 - a. Incorporate individual and cultural differences into the planning of (1) optimal patient care and (2) academic or patient education experiences.
18. Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning; to minimize errors; and to enhance patient/client outcomes.
 - a. Includes simulated patients/clients.
19. Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.
 - a. Incorporate clinical reasoning into all aspects of practice.
20. Consistently use information technology to access sources of information to support clinical decisions.
21. Consistently integrate the best evidence for practice by using clinical judgment.
 - a. Demonstrate understanding of the evidence for practice by:
 - i. Delivering an effective educational in-service at the clinical practice.
 - ii. Writing systematic reviews of evidence or writing descriptions of a certain practice.
22. Participate in the design and implementation of best clinical practice strategies for various populations.
23. Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.
 - a. Create home and/or self-exercise programs and other pertinent programs for actual patients/clients.
 - b. Instruct patients/clients in exercise and other pertinent aspects of care.
24. Determine when patients/clients need further examination or consultation by a referral to another physical therapist or health care professional.
 - a. Assess health needs and risk factors of different individuals, groups, and communities.

- b. Analyze and interpret examination results to determine whether there is a need for further examination or referral.
25. Examine patients/clients by obtaining a history from them and from other sources.
- a. Obtain a patient history from medical records and/or interviews with patient/client, family, and other health care professionals.
26. Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
- a. Aerobic capacity/endurance
 - b. Anthropometric characteristics
 - c. Arousal, attention, and cognition
 - d. Assistive and adaptive devices
 - e. Circulation (arterial, venous, lymphatic)
 - f. Cranial and peripheral nerve integrity
 - g. Environmental, home, and work (job/school/play) barriers
 - h. Ergonomics and body mechanics
 - i. Gait, locomotion, and balance
 - j. Integumentary integrity
 - k. Joint integrity and mobility
 - l. Motor function (motor control and motor learning)
 - m. Muscle performance (including strength, power, and endurance)
 - n. Neuromotor development and sensory integration
 - o. Orthotic, protective, and supportive devices
 - p. Pain
 - q. Posture
 - r. Prosthetic requirements
 - s. Range of motion (including muscle length)
 - t. Reflex integrity
 - u. Self-care and home management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])
 - v. Sensory integrity
 - w. Ventilation and respiration/gas exchange
 - x. Work (job/school/play), community, and leisure integration or reintegration (including IADL)
27. Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.
28. Determine a diagnosis that guides future patient/client management.
29. Determine patient/client prognoses.
30. Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.
31. Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.
32. Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
33. Deliver and manage a plan of care that is consistent with (1) legal, ethical, and professional obligations and (2) administrative policies/procedures of the practice environment.
34. Monitor and adjust the plan of care in response to patient/client status.

- a. Evaluate, re-evaluate, modify and/or change the plan of care as needed to ensure the improvement and/or maintenance of the client/patient's health in an effective and efficient manner.
35. Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
 - a. Therapeutic exercise
 - b. Functional training in self-care and home
 - c. Functional training in work (job/school/play)
 - d. Community, and leisure integration or reintegration
 - e. Manual therapy techniques (including mobilization/manipulation thrust and nonthrust techniques)
 - f. Prescription, application, and, as appropriate, fabrication of devices and equipment
 - g. Airway clearance techniques
 - h. Integumentary repair and protection techniques
 - i. Electrotherapeutic modalities
 - j. Physical agents
 - k. Mechanical modalities
36. Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA's ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.
37. Provide effective and culturally competent instruction to patients/clients and others to achieve goals and outcomes.
38. Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.
39. Practice using principles of risk management.
 - a. Identify the implications of the changing health care environment including legislation and risk management on the profession and physical therapy practice.
40. Respond effectively to patient/client and environmental emergencies in the practice setting.
41. Select valid and reliable outcome measures to assess individual outcomes of patients/clients that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.
 - a. Outcome measures should be generalized to the patient/client populations being studied.
42. Collect data from the selected outcome measures in a manner that displays accurate analysis of individual patient/client outcomes.
43. Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.
44. Use analysis from individual outcome measurements to modify the plan of care as needed.
 - a. Modify the plan of care in an efficient and effective manner to ensure the improvement and/or maintenance of the actual and/or simulated patient/client's health.
45. Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
46. Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.
47. Apply principles of prevention to defined population groups.
48. Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

49. Provide culturally competent care to patients/clients referred by other practitioners, ensuring that care is continuous and reliable.
50. Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
51. Participate in the case management process.
52. Direct and supervise human resources to meet patient's/client's goals and expected outcomes.
53. Participate in financial management of the practice.
54. Establish a business plan on a programmatic level within a practice.
55. Participate in activities related to marketing and public relations.
56. Manage practice in accordance with regulatory and legal requirements.
57. Provide consultation within boundaries of expertise to businesses, Schools, government agencies, other organizations, or individuals.
58. Challenge the status quo of practice to raise it to the most effective level of care.
59. Advocate for the health and wellness needs of society.
60. Participate and show leadership in community organizations and volunteer service.
61. Influence legislative and political processes.

Specific to APTA Clinical Performance Instrument (CPI). Upon completion of this course, the students:

1. Are expected to be rated at the "Advanced Intermediate" level.
2. Should demonstrate progress on all items.
3. Professional Behavior:
 - a. Should demonstrate at advanced intermediate proficiency in all areas.
 - b. Should identify differences in patients' values and demonstrate the ability to respect and act based upon patients' preferences.

SUGGESTED COURSE TIMELINE (May be used by the academic faculty, clinical faculty, and student to monitor progress)

1. Week 1-2
 - a. Overview
 - i. Orientation
 - ii. Establishment of close working relationship and feedback system
 - iii. Student observation and involvement in supervised examination and interventions
 - b. The student should:
 - i. Meet with CCCE and/or CI and:
 1. Review student and clinic expectations as well as other information.
 2. Receive facility orientation.
 3. Review policies, work hours, dress code, safety procedures, etc.
 4. Conduct introductions with other staff members.
 5. Review facility documentation.
 - ii. Shadow CI to become familiar with the patients and procedures.
 - iii. Discuss treatment and assessment rationale with CI.
 - iv. Assist in treatment of non-complicated patients with close supervision.
 - v. Discuss, identify, or contrast pros and cons of tests or procedures.
 - vi. Demonstrate safety for patient and self with guidance from CI.

- vii. Professionally communicate with department staff and other multi-disciplinary team members in a tertiary care environment.
- viii. Attempt daily notes on select, non-complicated patients and compare with CI.
- c. Specifically **during the second week**, the student should complete an initial examination/evaluation on non-complicated patients with close supervision and cueing as needed from the CI. Accompanying tasks are:
 - i. Taking accurate patient history, including medication profile as appropriate.
 - ii. Discussing and performing examination procedures under the guidance of the CI.
 - iii. Synthesizing available data to include impairments, functional limitations, and participation restrictions.
 - iv. Integrating the examination findings to diagnostically classify the patient and discuss this classification with the CI.
 - v. Analyzing impairments to determine a specific dysfunction toward which the intervention will be directed.
 - vi. Contrasting indications, contraindications, precautions, and limitations with the CI.
 - vii. Synthesizing plan of care, including prognosis, interventions, and goals with assistance from the CI.
- d. Specifically at the **end of the second week**, students will:
 - i. Require clinical supervision 75% of the time managing patients with simple conditions and 100% of the time managing patients with complex conditions.
 - ii. Demonstrate consistency in developing proficiency with basic tasks (e.g. - medical record review, goniometry, muscle testing, and basic interventions).
 - iii. Review their performance for the week and exchange feedback with CI regarding level of supervision, teaching methods, plan for next week, etc. (This is ongoing for the entire duration of the internship.)
 - iv. Demonstrate collaboration with all members of the patient's health care team during all phases of care as outlined in the patient management model.

2. Week 3-4

- a. Overview
 - i. Increased overall student participation
 - ii. Student familiarity with facility, routine, policies, and procedures
 - iii. Integration of student's clinical reasoning into discussions with the CI
 - iv. Increased student participation with non-complicated patient care
 - v. Possible student introduction to more complex patient situations
- b. The student should:
 - i. Schedule CPI mid-term review with DCE and CI.
 - ii. Continue to conduct initial examinations/evaluations on non-complicated patients with supervision from the CI. 50% or less cueing should be needed for accuracy, and there should be improvement in efficiency and completeness.
 - iii. Increase participation in the examination and evaluation of more complicated patients.
 - iv. Assess effectiveness of and make adjustments to interventions concerning on-going, non-complicated patients with 50% or less assistance from CI.
 - v. Document initial evaluations and progress notes on patients with simple diagnoses in a suitable time frame for a student and with 25% or less assistance from CI.

- vi. Demonstrate safety (patient and self) and actively seek feedback regarding safety.
 - vii. Actively seek feedback from CI with professional communication and demeanor.
 - viii. Write measurable functional goals that are time referenced with less than 25% assistance from CI.
 - ix. Prepare for patient conferencing and/or progress report writing with less than 50% assistance from CI.
 - x. Review literature relative to one to two patients per week and apply the found evidence to clinical decision-making.
 - xi. Direct and supervise patient scheduling, human resource needs, and other administrative responsibilities with 75% assistance from CI.
 - xii. If appropriate, work with CI to meet other stated goals such as planning meetings or observing other disciplines, surgery, specialty areas, etc.
 - xiii. Participate in the supervision of PT aides, PTA students, and other DPT students with appropriate knowledge base.
- c. Specifically at the **end of the fourth week**, students should:
- i. Complete the CPI mid-term review, and:
 - 1. Readjust clinical internship goals based on mid-term review, paying particular attention to any performance criteria for which the student had no learning/assessment opportunities.
 - 2. Complete appropriate sections of the student assessment of clinical instruction and discuss them with CI.
 - v. Require clinical supervision 50% of the time managing patients with simple conditions and 75% of the time managing patients and tasks with complex conditions.
 - vi. Demonstrate more consistency with proficiency of basic tasks (e.g. - medical record review, goniometry, muscle testing, and basic interventions) and demonstrate capacity to manage more complex patient and administrative responsibilities.
 - vii. Be capable of managing 50% of a full-time PT caseload.

3. Week 5-6

- a. Overview
 - i. Increased confidence
 - ii. Increased participation in patient care
 - iii. Increased participation in own learning process
- b. The student should:
 - i. Continue to complete evaluations on non-complicated patients with less than 25% assistance from CI.
 - ii. Select, administer, and evaluate valid and reliable examination procedures to assess patient function.
 - iii. Consistently cite evidence to support clinical decisions.
 - iv. Implement and assess effectiveness of treatment interventions with less feedback from CI.
 - v. Address impairments, activity limitations, and specific patient goals in consideration of cultural background with less feedback from CI.
 - vi. Consistently demonstrate safe behaviors requiring no cueing from CI.
 - vii. Consistently demonstrate professional communications, integrity, and demeanor with patients/clients requiring no cueing from CI.
 - viii. Document progress notes and initial evaluations with increasing efficiency and needing less than 25% assistance from CI.

- ix. Instruct patients on their condition and intervention (1) while ensuring understanding and effectiveness of their ongoing program, (2) while tailoring interventions with consideration of patient's situation, and (3) requiring 25% or less assistance from CI.
- x. Collaborate with CI regarding patient's suitability for discharge and may begin to differentiate between discharge/discontinuation of service and transfer of care.
- xi. Present patient case during care conference or write up progress reports with less than 25% assistance from CI.
- xii. Direct and supervise patient scheduling, human resource needs, and other administrative responsibilities with less than 25% assistance from CI.
- xiii. Participate in pro bono services when available.
- xiv. Demonstrate ability to provide care for patients referred by a variety of health care providers over the continuum of their plan of care.
- c. Specifically at the **end of the sixth week**, students should:
 - i. Require clinical supervision less than 10% of the time managing patients with simple conditions and 25% of the time managing patients with complex conditions.
 - ii. Demonstrate more consistency with proficiency of basic tasks (e.g. - medical record review, goniometry, muscle testing, and basic interventions) and demonstrate capacity to manage more complex patient and administrative responsibilities.
 - iii. Be capable of managing 75% of a full-time PT caseload.

4. Week 7-8

- a. Overview
 - i. Demonstrated skill in patient care requiring only occasional assistance from Clinical Instructor
 - ii. Demonstrated commitment to lifelong learning and evidence-based care
- b. The student should:
 - i. Continue to complete examinations on non-complicated patients with no assistance from CI.
 - ii. Select, administer, and analyze valid and reliable examination procedures to assess patient function.
 - iii. Construct an appropriate plan of care by consistently interpreting the examination and citing evidence and plausible rationales that support clinical decisions.
 - iv. Implement and assess effectiveness of treatment interventions while addressing impairments, activity limitations, and specific patient goals with no feedback from CI.
 - v. Consistently demonstrate safe behaviors with no cueing from CI.
 - vi. Consistently demonstrate professional communications and demeanor with no cueing from CI.
 - vii. Document progress notes and initial evaluations with good efficiency and minimal required feedback from CI.
 - viii. Instruct patients on their condition and intervention, ensuring understanding and effectiveness of their ongoing program.
 - ix. Design interventions with consideration of patients' situation with little supervision from CI.
 - x. Take the lead with patient discharge responsibilities.
 - xi. Present patient cases during care conference or write up progress reports with diminishing feedback needed from CI.
 - xii. Take initiative with patient scheduling and other administrative responsibilities with infrequent errors or needed cueing from CI.
 - xiii. Select an outcome measurement tool to assess patient outcomes, taking into consideration therapy setting, cultural background, and reimbursement when selecting the measurement tool.
 - xiv. Select and use outcome measures that are generalized to the clinic education site's patient population.
 - xv. Demonstrate ability to perform an appropriate medical screening and examination for a patient seen through direct access, determining need for intervention and providing appropriate care.

- c. Specifically at the **end of the eighth week**, students should:
 - i. Require clinical supervision less than 25% of the time in managing new patients or patients with complex conditions and need no supervision for patients with simple conditions.
 - ii. Be proficient with simple tasks and require only occasional cuing to perform skilled examinations, interventions, and clinical reasoning.
 - iii. Be **capable of** maintaining 75% of a full-time (new hire) physical therapist's caseload.
 - iv. Complete CPI and Student Assessment of Clinical Site and Experience form, and review them with the CI.

GENERAL EXPECTATIONS AND POLICIES:

9. Working hours are those established by the facility. The intern is not expected to work a longer day than any one staff PT.
10. If applicable, the intern may work on the weekend with a day off during the week according to departmental policies.
11. Students can expect to spend 8-10 hours per week studying, preparing, and reviewing relevant material. This is in addition to the 40 hours/week that students spend in the clinic.
12. The facility dress code is to be the guide for the intern.
13. Students/Interns must have current appropriate CPR certification and complete immunization records. The records must be presented to their clinical instructors on the first day.
14. Interns must be supervised by at least one licensed PT (not a Physical Therapist Assistant). A supervising PT must also be located in the same premises as the intern at all times. In some cases, the PT should be in the same treatment area/room.
15. If any problems or questions occur during the affiliation, consult the Director of Clinical Education (DCE). DO NOT wait until a clinic visit, wait for the student return to School, assume things will improve, or try to "gut things out." Problem areas often can be easily handled without wasting valuable clinic time.
16. Each facility has the authority to require extra reading, homework, or reports in order to enhance the clinical experience.

ABSENCES:

5. Absences must be due to illness or emergency only and must be made up at the discretion of the DCE or clinical instructor.
6. The facility must be notified each day of an absence by 8:00 a.m. or upon opening.
7. The DCE must be notified each day of an absence.
8. Students may have the opportunity to participate in School-approved or School-sponsored activities during an internship, including (1) state, national, or international professional meetings and (2) service learning experiences. Students may participate in these activities under the following conditions:
 - a. The absence is approved by the clinical instructor.
 - b. The absence is approved by the DCE.
 - c. The time missed is made up.

TEACHING METHODS AND LEARNING EXPERIENCES:

These courses emphasize application and integration of academic coursework into the clinical setting. Students are directly supervised by licensed physical therapists.

EVALUATIVE METHODS-EXAMINATIONS:

7. The intern and CI are required to complete a midterm evaluation using the Clinical Performance Instrument (CPI). After completing the self-evaluation, the intern must write two or more goals for herself/himself to be achieved by the end of the internship. These goals should be written in the same format with which goals would be written for a patient, and they should be written in the "Recommendations" section of the CPI.
8. At the end of each internship, the intern will again evaluate herself/himself using the CPI. The clinical instructor will also evaluate the intern with the CPI.
9. The intern must complete the APTA Evaluation of Clinical Experience and Clinical Instruction form at midterm and at the end of the internship. The student will review the form with his/her clinical instructor and/or CCCE. All involved parties should submit the forms.
10. The CPIs and the Evaluation of Clinical Experience and Clinical Instruction form are due immediately following the last day of the internship.
11. Successful completion of any one internship is a combined decision of the clinical and academic faculty based upon the clinical instructor's and intern's written and verbal evaluation of the intern's performance in the clinic. However, the academic faculty reserves the right to make the final determination of the grade.
12. Clinical internships not completed secondary to personal or medical reasons will be evaluated by the faculty on an individual basis to determine whether the student will continue progression through the curriculum.

Refer to the George Fox University Student Handbook, Clinical Education Handbook, and program-specific Student Handbook regarding policies on attendance, preparedness, academic honesty, grading, remediation, and appeals.

George Fox University

Graduate Department of Physical Therapy

Clinical Education Syllabus

COURSE: PDPT 782 Clinical Internship V

COURSE DESCRIPTION: This course is a nine-week full time clinical experience. Students will be under direct supervision of a clinical instructor at an assigned outpatient physical therapy clinic, rehabilitation clinic, or acute care facility.

DEPARTMENT OFFERING COURSE: Graduate Department of Physical Therapy

CREDIT HOURS: 9

COURSE INSTRUCTOR: Paul Shew, PT, DPT, Director of Clinical Education

OFFICE HOURS: Dr. Shew is available by appointment.

CLOCK HOURS: 360 clinic hours

SCHEDULE: Determined by clinic

PREREQUISITES: Prior to initiation of PDPT 782, the student will satisfactorily complete PDPT 781, satisfactorily complete the academic course of study, and must exhibit appropriate proficiency in all Professional Behaviors outlined in this handbook as determined by the department faculty.

EVALUATION: Student evaluation will be completed using the APTA Clinical Performance Instrument (CPI). Grade will be determined by the DCE.

COURSE OBJECTIVES:

Upon completion of this course, the students will be able to:

1. Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
 - a. Take responsibility for their own actions in and outside of the educational site.
2. Have a fiduciary responsibility for all patient/clients.
3. Practice in a manner consistent with the professional Code of Ethics of the APTA, and apply this Code of Ethics to professional situations.
4. Change behavior in response to understanding the consequences (positive and negative) of their actions.
 - a. Take responsibility for their own actions in and outside of the educational site.
5. Place patient's/client's needs above their own needs.
6. Exhibit caring, compassion, and empathy while providing services to patients/clients.

7. Promote active involvement of the patient/client in his/her care.
8. Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
9. Routinely incorporate consideration of patient/client privacy and confidentiality into all activities.
10. Perform self-assessment to improve the effectiveness of care when appropriate or when indicated by a supervising physical therapist.
 - a. Analyze their own abilities and limitations by completing the Clinical Performance Instrument and/or completing a professional behavior program if indicated.
11. Participate in peer assessment activities.
12. Effectively deal with positive and negative outcomes resulting from assessment activities.
13. Demonstrate professional behavior during the planning and conducting of any academic presentation.
14. Participate in clinical education and planning of learning experiences for other students (PTA and PT).
15. Participate in professional organizations.
 - a. Value, assess, and weigh specialization in physical therapy through certification, residency, and fellowship.
 - b. Hold membership in the APTA.
16. Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.
 - a. Includes simulated patients/clients.
 - b. Use appropriate terminology and body language when communicating verbally and non-verbally.
17. Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.
 - a. Incorporate individual and cultural differences into the planning of (1) optimal patient care and (2) academic or patient education experiences.
18. Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning; to minimize errors; and to enhance patient/client outcomes.
 - a. Includes simulated patients/clients.
19. Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.
 - a. Incorporate clinical reasoning into all aspects of practice.
20. Consistently use information technology to access sources of information to support clinical decisions.
21. Consistently integrate the best evidence for practice by using clinical judgment.
 - a. Demonstrate understanding of the evidence for practice by:
 - i. Delivering an effective educational in-service at the clinical practice.
 - ii. Writing systematic reviews of evidence or writing descriptions of a certain practice.
22. Participate in the design and implementation of best clinical practice strategies for various populations.
23. Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.
 - a. Create home and/or self-exercise programs and other pertinent programs for actual patients/clients.
 - b. Instruct patients/clients in exercise and other pertinent aspects of care.
24. Determine when patients/clients need further examination or consultation by a referral to another physical therapist or health care professional.
 - a. Assess health needs and risk factors of different individuals, groups, and communities.

- b. Analyze and interpret examination results to determine whether there is a need for further examination or referral.
25. Examine patients/clients by obtaining a history from them and from other sources.
- a. Obtain a patient history from medical records and/or interviews with patient/client, family, and other health care professionals.
26. Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
- a. Aerobic capacity/endurance
 - b. Anthropometric characteristics
 - c. Arousal, attention, and cognition
 - d. Assistive and adaptive devices
 - e. Circulation (arterial, venous, lymphatic)
 - f. Cranial and peripheral nerve integrity
 - g. Environmental, home, and work (job/school/play) barriers
 - h. Ergonomics and body mechanics
 - i. Gait, locomotion, and balance
 - j. Integumentary integrity
 - k. Joint integrity and mobility
 - l. Motor function (motor control and motor learning)
 - m. Muscle performance (including strength, power, and endurance)
 - n. Neuromotor development and sensory integration
 - o. Orthotic, protective, and supportive devices
 - p. Pain
 - q. Posture
 - r. Prosthetic requirements
 - s. Range of motion (including muscle length)
 - t. Reflex integrity
 - u. Self-care and home management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])
 - v. Sensory integrity
 - w. Ventilation and respiration/gas exchange
 - x. Work (job/school/play), community, and leisure integration or reintegration (including IADL)
27. Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.
28. Determine a diagnosis that guides future patient/client management.
29. Determine patient/client prognoses.
30. Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.
31. Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.
32. Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
33. Deliver and manage a plan of care that is consistent with (1) legal, ethical, and professional obligations and (2) administrative policies/procedures of the practice environment.
34. Monitor and adjust the plan of care in response to patient/client status.

- a. Evaluate, re-evaluate, modify and/or change the plan of care as needed to ensure the improvement and/or maintenance of the client/patient's health in an effective and efficient manner.
35. Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
 - a. Therapeutic exercise
 - b. Functional training in self-care and home
 - c. Functional training in work (job/school/play)
 - d. Community, and leisure integration or reintegration
 - e. Manual therapy techniques (including mobilization/manipulation thrust and nonthrust techniques)
 - f. Prescription, application, and, as appropriate, fabrication of devices and equipment
 - g. Airway clearance techniques
 - h. Integumentary repair and protection techniques
 - i. Electrotherapeutic modalities
 - j. Physical agents
 - k. Mechanical modalities
36. Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA's ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.
37. Provide effective and culturally competent instruction to patients/clients and others to achieve goals and outcomes.
38. Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.
39. Practice using principles of risk management.
 - a. Identify the implications of the changing health care environment including legislation and risk management on the profession and physical therapy practice.
40. Respond effectively to patient/client and environmental emergencies in the practice setting.
41. Select valid and reliable outcome measures to assess individual outcomes of patients/clients that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.
 - a. Outcome measures should be generalized to the patient/client populations being studied.
42. Collect data from the selected outcome measures in a manner that displays accurate analysis of individual patient/client outcomes.
43. Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.
44. Use analysis from individual outcome measurements to modify the plan of care as needed.
 - a. Modify the plan of care in an efficient and effective manner to ensure the improvement and/or maintenance of the actual and/or simulated patient/client's health.
45. Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
46. Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice.
47. Apply principles of prevention to defined population groups.
48. Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

49. Provide culturally competent care to patients/clients referred by other practitioners, ensuring that care is continuous and reliable.
50. Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
51. Participate in the case management process.
52. Direct and supervise human resources to meet patient's/client's goals and expected outcomes.
53. Participate in financial management of the practice.
54. Establish a business plan on a programmatic level within a practice.
55. Participate in activities related to marketing and public relations.
56. Manage practice in accordance with regulatory and legal requirements.
57. Provide consultation within boundaries of expertise to businesses, Schools, government agencies, other organizations, or individuals.
58. Challenge the status quo of practice to raise it to the most effective level of care.
59. Advocate for the health and wellness needs of society.
60. Participate and show leadership in community organizations and volunteer service.
61. Influence legislative and political processes.

Specific to APTA Clinical Performance Instrument (CPI). Upon completion of this course, the students:

4. Are expected to be rated at the "Entry" level.
5. Should demonstrate progress on all items.
6. Professional Behavior:
 - a. Should demonstrate at entry-level proficiency in all areas.
 - b. Should identify differences in patients' values and demonstrate the ability to respect and act based upon patients' preferences.

SUGGESTED COURSE TIMELINE (May be used by the academic faculty, clinical faculty, and student to monitor progress)

5. Week 1-2
 - a. Overview
 - i. Orientation
 - ii. Establishment of close working relationship and feedback system
 - iii. Student observation and involvement in supervised examination and interventions
 - b. The student should:
 - i. Meet with CCCE and/or CI and:
 1. Review student and clinic expectations as well as other information.
 2. Receive facility orientation.
 3. Review policies, work hours, dress code, safety procedures, etc.
 4. Conduct introductions with other staff members.
 5. Review facility documentation.
 - ii. Shadow CI to become familiar with the patients and procedures.
 - iii. Discuss treatment and assessment rationale with CI.
 - iv. Assist in treatment of non-complicated patients with close supervision.
 - v. Discuss, identify, or contrast pros and cons of tests or procedures.
 - vi. Demonstrate safety for patient and self with guidance from CI.

- vii. Professionally communicate with department staff and other multi-disciplinary team members in a tertiary care environment.
- viii. Attempt daily notes on select, non-complicated patients and compare with CI.
- c. Specifically **during the second week**, the student should complete an initial examination/evaluation on non-complicated patients with close supervision and cueing as needed from the CI. Accompanying tasks are:
 - i. Taking accurate patient history, including medication profile as appropriate.
 - ii. Discussing and performing examination procedures under the guidance of the CI.
 - iii. Synthesizing available data to include impairments, functional limitations, and participation restrictions.
 - iv. Integrating the examination findings to diagnostically classify the patient and discuss this classification with the CI.
 - v. Analyzing impairments to determine a specific dysfunction toward which the intervention will be directed.
 - vi. Contrasting indications, contraindications, precautions, and limitations with the CI.
 - vii. Synthesizing plan of care, including prognosis, interventions, and goals with assistance from the CI.
- d. Specifically at the **end of the second week**, students will:
 - i. Require clinical supervision 75% of the time managing patients with simple conditions and 100% of the time managing patients with complex conditions.
 - ii. Demonstrate consistency in developing proficiency with basic tasks (e.g. - medical record review, goniometry, muscle testing, and basic interventions).
 - iii. Review their performance for the week and exchange feedback with CI regarding level of supervision, teaching methods, plan for next week, etc. (This is ongoing for the entire duration of the internship.)
 - iv. Demonstrate collaboration with all members of the patient's health care team during all phases of care as outlined in the patient management model.

6. Week 3-4

- a. Overview
 - i. Increased overall student participation
 - ii. Student familiarity with facility, routine, policies, and procedures
 - iii. Integration of student's clinical reasoning into discussions with the CI
 - iv. Increased student participation with non-complicated patient care
 - v. Possible student introduction to more complex patient situations
- b. The student should:
 - i. Schedule CPI mid-term review with DCE and CI.
 - ii. Continue to conduct initial examinations/evaluations on non-complicated patients with supervision from the CI. 50% or less cueing should be needed for accuracy, and there should be improvement in efficiency and completeness.
 - iii. Increase participation in the examination and evaluation of more complicated patients.
 - iv. Assess effectiveness of and make adjustments to interventions concerning on-going, non-complicated patients with 50% or less assistance from CI.
 - v. Document initial evaluations and progress notes on patients with simple diagnoses in a suitable time frame for a student and with 25% or less assistance from CI.

- vi. Demonstrate safety (patient and self) and actively seek feedback regarding safety.
 - vii. Actively seek feedback from CI with professional communication and demeanor.
 - viii. Write measurable functional goals that are time referenced with less than 25% assistance from CI.
 - ix. Prepare for patient conferencing and/or progress report writing with less than 50% assistance from CI.
 - x. Review literature relative to one to two patients per week and apply the found evidence to clinical decision-making.
 - xi. Direct and supervise patient scheduling, human resource needs, and other administrative responsibilities with 75% assistance from CI.
 - xii. If appropriate, work with CI to meet other stated goals such as planning meetings or observing other disciplines, surgery, specialty areas, etc.
 - xiii. Participate in the supervision of PT aides, PTA students, and other DPT students with appropriate knowledge base.
- c. Specifically at the **end of the fourth week**, students should:
- i. Complete the CPI mid-term review, and:
 - 1. Readjust clinical internship goals based on mid-term review, paying particular attention to any performance criteria for which the student had no learning/assessment opportunities.
 - 2. Complete appropriate sections of the student assessment of clinical instruction and discuss them with CI.
 - viii. Require clinical supervision 50% of the time managing patients with simple conditions and 75% of the time managing patients and tasks with complex conditions.
 - ix. Demonstrate more consistency with proficiency of basic tasks (e.g. - medical record review, goniometry, muscle testing, and basic interventions) and demonstrate capacity to manage more complex patient and administrative responsibilities.
 - x. Be capable of managing 50% of a full-time PT caseload.

7. Week 5-6

- a. Overview
 - i. Increased confidence
 - ii. Increased participation in patient care
 - iii. Increased participation in own learning process
- b. The student should:
 - i. Continue to complete evaluations on non-complicated patients with less than 25% assistance from CI.
 - ii. Select, administer, and evaluate valid and reliable examination procedures to assess patient function.
 - iii. Consistently cite evidence to support clinical decisions.
 - iv. Implement and assess effectiveness of treatment interventions with less feedback from CI.
 - v. Address impairments, activity limitations, and specific patient goals in consideration of cultural background with less feedback from CI.
 - vi. Consistently demonstrate safe behaviors requiring no cueing from CI.
 - vii. Consistently demonstrate professional communications, integrity, and demeanor with patients/clients requiring no cueing from CI.
 - viii. Document progress notes and initial evaluations with increasing efficiency and needing less than 25% assistance from CI.

- ix. Instruct patients on their condition and intervention (1) while ensuring understanding and effectiveness of their ongoing program, (2) while tailoring interventions with consideration of patient's situation, and (3) requiring 25% or less assistance from CI.
 - x. Collaborate with CI regarding patient's suitability for discharge and may begin to differentiate between discharge/discontinuation of service and transfer of care.
 - xi. Present patient case during care conference or write up progress reports with less than 25% assistance from CI.
 - xii. Direct and supervise patient scheduling, human resource needs, and other administrative responsibilities with less than 25% assistance from CI.
 - xiii. Participate in pro bono services when available.
 - xiv. Demonstrate ability to provide care for patients referred by a variety of health care providers over the continuum of their plan of care.
- c. Specifically at the **end of the sixth week**, students should:
- iv. Require clinical supervision less than 10% of the time managing patients with simple conditions and 25% of the time managing patients with complex conditions.
 - v. Demonstrate more consistency with proficiency of basic tasks (e.g. - medical record review, goniometry, muscle testing, and basic interventions) and demonstrate capacity to manage more complex patient and administrative responsibilities.
 - vi. Be capable of managing 75% of a full-time PT caseload.

8. Week 7-9

- a. Overview
 - i. Demonstrated skill in patient care requiring only occasional assistance from Clinical Instructor
 - ii. Demonstrated commitment to lifelong learning and evidence-based care
- b. The student should:
 - i. Continue to complete examinations on non-complicated patients with no assistance from CI.
 - ii. Select, administer, and analyze valid and reliable examination procedures to assess patient function.
 - iii. Construct an appropriate plan of care by consistently interpreting the examination and citing evidence and plausible rationales that support clinical decisions.
 - iv. Implement and assess effectiveness of treatment interventions while addressing impairments, activity limitations, and specific patient goals with no feedback from CI.
 - v. Consistently demonstrate safe behaviors with no cueing from CI.
 - vi. Consistently demonstrate professional communications and demeanor with no cueing from CI.
 - vii. Document progress notes and initial evaluations with good efficiency and minimal required feedback from CI.
 - viii. Instruct patients on their condition and intervention, ensuring understanding and effectiveness of their ongoing program.
 - ix. Design interventions with consideration of patients' situation with little supervision from CI.
 - x. Take the lead with patient discharge responsibilities.
 - xi. Present patient cases during care conference or write up progress reports with diminishing feedback needed from CI.
 - xii. Take initiative with patient scheduling and other administrative responsibilities with infrequent errors or needed cueing from CI.
 - xiii. Select an outcome measurement tool to assess patient outcomes, taking into consideration therapy setting, cultural background, and reimbursement when selecting the measurement tool.
 - xiv. Select and use outcome measures that are generalized to the clinic education site's patient population.
 - xv. Demonstrate ability to perform an appropriate medical screening and examination for a patient seen through direct access, determining need for intervention and providing appropriate care.

- c. Specifically at the **end of the eighth week**, students should:
 - i. Require clinical supervision less than 25% of the time in managing new patients or patients with complex conditions and need no supervision for patients with simple conditions.
 - ii. Be proficient with simple tasks and require only occasional cuing to perform skilled examinations, interventions, and clinical reasoning.
 - iii. Be **capable of** maintaining 75% of a full-time (new hire) physical therapist's caseload.
 - iv. Complete CPI and Student Assessment of Clinical Site and Experience form, and review them with the CI.

GENERAL EXPECTATIONS AND POLICIES:

17. Working hours are those established by the facility. The intern is not expected to work a longer day than any one staff PT.
18. If applicable, the intern may work on the weekend with a day off during the week according to departmental policies.
19. Students can expect to spend 8-10 hours per week studying, preparing, and reviewing relevant material. This is in addition to the 40 hours/week that students spend in the clinic.
20. The facility dress code is to be the guide for the intern.
21. Students/Interns must have current appropriate CPR certification and complete immunization records. The records must be presented to their clinical instructors on the first day.
22. Interns must be supervised by at least one licensed PT (not a Physical Therapist Assistant). A supervising PT must also be located in the same premises as the intern at all times. In some cases, the PT should be in the same treatment area/room.
23. If any problems or questions occur during the affiliation, consult the Director of Clinical Education (DCE). DO NOT wait until a clinic visit, wait for the student return to School, assume things will improve, or try to "gut things out." Problem areas often can be easily handled without wasting valuable clinic time.
24. Each facility has the authority to require extra reading, homework, or reports in order to enhance the clinical experience.

ABSENCES:

9. Absences must be due to illness or emergency only and must be made up at the discretion of the DCE or clinical instructor.
10. The facility must be notified each day of an absence by 8:00 a.m. or upon opening.
11. The DCE must be notified each day of an absence.
12. Students may have the opportunity to participate in School-approved or School-sponsored activities during an internship, including (1) state, national, or international professional meetings and (2) service learning experiences. Students may participate in these activities under the following conditions:
 - a. The absence is approved by the clinical instructor.
 - b. The absence is approved by the DCE.
 - c. The time missed is made up.

TEACHING METHODS AND LEARNING EXPERIENCES:

These courses emphasize application and integration of academic coursework into the clinical setting. Students are directly supervised by licensed physical therapists.

EVALUATIVE METHODS-EXAMINATIONS:

13. The intern and CI are required to complete a midterm evaluation using the Clinical Performance Instrument (CPI). After completing the self-evaluation, the intern must write two or more goals for herself/himself to be achieved by the end of the internship. These goals should be written in the same format with which goals would be written for a patient, and they should be written in the "Recommendations" section of the CPI.
14. At the end of each internship, the intern will again evaluate herself/himself using the CPI. The clinical instructor will also evaluate the intern with the CPI.
15. The intern must complete the APTA Evaluation of Clinical Experience and Clinical Instruction form at midterm and at the end of the internship. The student will review the form with his/her clinical instructor and/or CCCE. All involved parties should submit the forms.
16. The CPIs and the Evaluation of Clinical Experience and Clinical Instruction form are due immediately following the last day of the internship.
17. Successful completion of any one internship is a combined decision of the clinical and academic faculty based upon the clinical instructor's and intern's written and verbal evaluation of the intern's performance in the clinic. However, the academic faculty reserves the right to make the final determination of the grade.
18. Clinical internships not completed secondary to personal or medical reasons will be evaluated by the faculty on an individual basis to determine whether the student will continue progression through the curriculum.

Refer to the George Fox University Student Handbook, Clinical Education Handbook, and program-specific Student Handbook regarding policies on attendance, preparedness, academic honesty, grading, remediation, and appeals.

Clinical Site Overview

CSIF

The program is provided a Clinical Site Information Form (CSIF) from each of its clinical sites. These are updated by the clinics on a regular basis. The CSIF provides information to the program and students regarding specifics about clinical offerings. The Facility provides a Clinical Site Information Form (CSIF) to the School, which informs the School of the nature of physical therapy at the site, appropriateness of the clinic to assume the role as a clinical education site, and availability and experience of staff who serve as clinical instructors. The CSIF includes information about the clinic as a teaching facility, the Clinical Instructors' treatment and teaching experience, the types of patients seen, the size and scope of practice, and the additional offerings available through that particular Facility. Students will review this document as they make requests for clinical sites. To access the CSIF, please visit <http://www.apta.org/CSIF/>.

Affiliation Agreements

Any Facility associated with the George Fox University Graduate Department of Physical Therapy as a clinical education site will have a current Affiliation Agreement. Additionally, monitoring of the clinical site is completed through direct communication (face to face discussions, telephone conversations, clinical reviews, student evaluations, and on-site visits).

Areas evaluated include:

1. Type of facility (outpatient, acute care, or rehab)
2. The experience of the clinical site
3. The experience of the clinical instructors as clinicians and educators
4. Specializations (pediatrics, burns, wound management, etc.)
5. Evidence of continuing staff development
6. The facility itself (cleanliness, size appropriateness, adequate equipment, etc.)

Development of New Clinical Sites

George Fox University's Graduate Department of Physical Therapy is continually looking for new clinical sites for their students. The process of developing a new site begins with a review of the CSIF followed by a conversation with the CCCE. An Affiliation Agreement is then signed. The DCE may begin the process of establishing a relationship with a specific clinic as a potential clinic site at a student's request if the student is able to provide contact information. The process takes several months up to a year, so lead time of a year is requested.

Student/Intern Placement

During September or October of each year, the Facilities that have requested students for that academic year will be posted. The students will have the opportunity to review the site selection for each clinical level (first, second, or third year) and review the CSIF for sites that are of interest. The student will be asked to provide the DCE with a list of his/her top five clinical preferences and a list of two to three goals that he/she wishes to accomplish during that affiliation. The DCE will take these requests under consideration. Because of the limits of each clinical facility, students may not always be assigned to their first or second choice. If a student is assigned

a “low priority choice,” the DCE will take that into consideration in the selection of the next clinical assignment. Assignments should be completed before the end of October and Facilities should then be notified. At this point, there can be no changes made by the student. Changes may occur, however, if:

1. The clinical site notifies the School of changes within the clinic that preclude student participation.
2. The student does not sufficiently demonstrate readiness for a specific clinical setting.

In order to achieve the School’s mission of producing generalist physical therapists, each student is required to experience diverse clinical settings. Students are required to abide by the following criteria in the requesting of clinical sites:

1. Students are permitted to complete the first and second year internships in any clinical setting. Each student is strongly encouraged to select settings in which she/he has had limited exposure.
2. Each student will complete 8- to 10-week internship experiences in outpatient musculoskeletal, acute care, and rehabilitation settings. (Rehabilitation includes acute rehabilitation, sub-acute rehabilitation, skilled nursing, and pediatrics.)
 - a. When a site provides a combination of experiences, such as acute in-patient and outpatient, the DCE, in collaboration with the facility CCCE, will determine the primary emphasis of each site in consideration of each student’s entire clinical education program.
 - b. Each student will complete one 8- to 10-week clinical education experience outside of the Portland region.
 - c. Each student is encouraged to complete a minimum of one clinical education experience in an urban setting.
 - d. Each student is encouraged to complete a minimum of one clinical education experience in a non-urban/rural setting.
3. Transportation, living arrangements, and expenses incurred during clinical education experiences are the responsibility of the student.
4. A clinical education site will not be cancelled once scheduled unless there are extenuating circumstances, such as student injury or illness limiting the ability to fulfill course requirements, family needs, or a problem with the internship site as determined by the DCE or the CCCE. If the student is required to cancel or change the clinical education experience due to any of the stated reasons, the student must inform the DCE as soon as possible.
5. **It is not acceptable for any student to directly contact a clinical education site to request, negotiate, or cancel a clinical education experience.**
 - a. The student’s contact with a facility may be made only after the clinical assignments have been determined.
 - b. Clinical experiences are considered affirm commitments. If students have concerns regarding specific clinical internships, they should contact the DCE.
6. Students will not be allowed to “swap” or exchange clinical education sites.
7. Students are not permitted to select a clinical education site where they have served more than 40 hours as a volunteer or an aide or where a family member is employed in the department.
8. All students are expected to attend clinical education experiences according to the department schedule as predetermined by the University’s academic calendar. If a student has extenuating circumstances or special needs that may prevent him/her from participating in the clinical education experiences, according to the academic calendar, a formal written request for schedule modification must be submitted to the DCE for consideration. Such accommodations may limit the sites available to the student.

Student/Intern Reassignment

A student may require reassignment due to (1) changes in the Facility's staffing and inability to take a student for a particular rotation or (2) irresolvable issues between the clinical site and the student. In these cases, the DCE will make every effort to secure a new clinical site that fulfills the goals of the School in educating a well-rounded physical therapist. It may be noted that these changes may alter the exact dates of the clinical affiliation.

Initial Student Contact with Facility

Prior to engagement in clinical education experiences, students are responsible to prepare and maintain portfolios of documents listed below. This will serve not only as an introduction of the student to the clinical site educators but will also provide verification that the student has received training in and/or clearance for clinical hazards and legal situations. Finally, it will serve as final confirmation of the clinical assignment. The student should present a polished packet, as this will be their first impression on each clinical site and the professional community.

Portfolio Contents:

1. Cover letter, including brief description of objectives
2. Resume
3. Immunization record
4. Copy of current CPR for Health Care Providers card
5. Proof of Universal Precautions and bloodborne pathogens competency
6. Proof of HIPAA training
7. Criminal background check, if required
8. If CPR, Universal Precautions and bloodborne pathogens competency, HIPAA training, or any immunizations will be completed after the professional packet is submitted or mailed, the student is responsible to submit one copy of the document to the DCE prior to the start date and to bring one copy to the clinical site on the first day.

All student health information is shared with the clinical facilities only after a student completes a release form allowing the department to do so. The student has the right to refuse to share information; however, they must be aware that this might jeopardize their ability to continue in the clinical practicum. If a student is required to complete additional forms or obtain additional testing (criminal background check, drug screen, etc.) they have two options for getting this information to the clinical facility: (1) the student can bring it to the School, sign a release form, and it will be mailed to the CCCE with his/her student packet that contains all the other necessary information, and (2) the student may bring the information with them directly to the site on the first day of, or prior to the start of, his/her clinical practicum. The student must be aware that it is his/her responsibility to be sure all of the requirements are completed prior to beginning the clinical practicum. If students fail to do so, they may delay the start of their clinical practicum. Information about academic standing is not shared with the clinical education faculty as this is considered confidential information and can only be provided to the site by the student, or in special circumstances, by the DCE, with written permission of the student.



George Fox University Graduate Department of Physical Therapy
Student Introductory Information

Student name: _____ Phone number during internship: _____

Name of facility: _____

Date(s) of internship: _____

Address during Internship: _____

Address prior to start of internship: _____

E-Mail address: _____

Internship History

Facility

Practice Area*

I. (4 weeks, first year): _____

II. (6 weeks, second year): _____

III. (8 weeks, third year): _____

IV. (8 weeks, third year): _____

*Key for practice areas: A=Acute, O=Orthopedic, G=Geriatric, P= Pediatric, R=Neurological Rehabilitation

1. Summary of clinical experience (include prior to School):

2. Skills in which you feel competent:

3. Skills that will need work:

4. Immediate feedback (even in front of patient) or delayed/private feedback received:

5. Learning style:

6. Midpoint goals/expectations:

7. Final goals/expectations for this clinical experience:

8. Do you need any special accommodations in order to perform your internship duties? If so, please describe here.

In accordance with the U.S. Family Education Rights and Privacy Act of 1974 (Buckley Bill), I hereby authorize George Fox University to release the above information to the named clinical affiliate for the sole purpose of assisting in clinical education. Furthermore, I agree to hold George Fox University harmless of any unauthorized use of this information by those not directly employed by the University.

Signature

Date

Prerequisites for Clinical Experiences

It is the responsibility of the student to maintain all records required for their clinical affiliation packet. Below are the majority of the requirements; however, specific clinical sites may require further tests such as additional criminal background checks or drug screening. The student will be responsible for these additional costs if not incurred by the clinic.

Students assigned in other states are responsible to research the practice act of that state.

Immunization Record

All students/interns are required to complete a Health Certification Requirements Record and comply with the Graduate Department of Physical Therapy Immunization Guidelines prior to beginning their first clinical course (PDPT 580). The School will provide the form. The student must maintain a copy of the health records, and current and appropriate documentation must be submitted to the clinic upon request. All immunization information will be kept in the student's confidential file. **The student is required to keep the original copies as these may be required by the individual Facilities.** It is the responsibility of the student to notify the School of any changes to his/her record.

Required Immunizations:

1. **TB** - Students are required to have yearly TB clearance.
2. **Tetanus** - Students are considered compliant if they have received a vaccination with the last 10 years.
3. **MMR** - The state of Oregon requires that anyone born after Dec. 31, 1956, must show proof of a second measles vaccination.
4. **Hepatitis B** - Written documentation of completion of Hepatitis B series or declination statement OR laboratory evidence of Hepatitis B status
5. **Varicella** - Student must present proof of disease OR written documentation of Varicella vaccine OR laboratory evidence of immunity (a positive Varicella titer).

Recommended Immunization(s): *The American College Health Association recommends the following additional immunization(s):*

1. **Meningococcal** - Meningococcal meningitis is a very serious bacterial infection of the lining around the brain and spinal cord. It requires rapid diagnosis and treatment with antibiotics. There is a vaccine; however, it is ineffective against the most common strain in Oregon.

Health Insurance

George Fox University requires full-time students to carry medical insurance and provide proof of coverage. Students who do not document coverage are required to enroll in the university's Student Major Medical Insurance Plan. Information on this plan can be obtained from the Department of Health and Counseling Services: http://www.georgefox.edu/offices/hea_cou/insurance.html.

CPR Training

Each student is required to maintain cardiopulmonary resuscitation certification (CPR) throughout all 3 years in the program. They must demonstrate proof of CPR (health care provider/professional) by submitting a copy of their card. It is the student's responsibility to ensure the maintenance of this certification. Failure to provide verification may result in inability to begin or continue with the assigned clinical experience.

HIPAA Training

The Health Insurance Portability and Accountability Act (HIPAA) was enacted nationally in an effort to protect an individual's rights to privacy and confidentiality. All students are required to successfully complete the program's HIPAA training each year. PDPT 500 *Professional Practices in Physical Therapy* provides initial education and testing on HIPAA as it involves patients. It is also the responsibility of each clinical site to orient students to the implications of HIPAA for their site as well as specific policies and procedures pertinent to their site during each clinical experience.

Students should be aware that patient information used in case studies, during class, or for any other reason must be de-identified (see section 164.514 of HIPAA). The following specific identifiers of individual patients or of relatives, employers, or household members of patients must be removed:

1. Names
2. All geographic subdivisions smaller than a state
3. All elements of dates (except year) for birth date, admission date, discharge date, date of death; all ages over 89; and all elements of dates (including year) indicative of such age
4. Telephone and fax numbers
5. E-mail addresses
6. Social security numbers
7. Medical record numbers
8. Health plan beneficiary numbers
9. Vehicle identifiers and license plate numbers
10. Device identifiers and serial numbers
11. Photographs or any comparable images

A student can maintain confidentiality by doing the following:

- 1. Hold in confidence any information about patients and families that come to his/her attention.**
2. Refrain from public hallway, cafeteria, or elevator conversations about patient care.
3. Access only those records or parts of records that students and/or their CIs indicate are pertinent for performance of their clinical responsibilities.
4. Refer any requests for patient information from unauthorized sources to his/her CI or the CI's supervisor.
- 5. Do not photocopy any part of a medical record without seeking written permission, and follow institutional policies for doing so.**
6. Communicate any questions about confidentiality with his/her CI and seek help in finding out how this confidentiality is best maintained.
7. Learn and follow the procedures established at his/her facility to meet HIPAA requirements.

Universal Precautions and Bloodborne Pathogens Competency

Universal Precautions and bloodborne pathogens training will be required prior to the first clinical experience and will be provided by the School as part of PDPT 500 *Professional Practices in Physical Therapy*. These competencies must be updated annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and changes in technology that eliminate or reduce exposure. Universal Precautions and bloodborne pathogens training must be completed and documented prior to entering the clinical site.

Universal Precautions and Bloodborne Pathogens Policy

All students will function in the clinical setting under OSHA standards and follow Universal Precautions in the clinical area.

This policy is designed to minimize the risk of exposure or transmission of blood borne pathogens. The practice of “Universal Precautions” is observed to prevent contact with blood and other potentially infectious materials. Appropriate barrier protection should be used when contact with blood or other body fluids are anticipated. The precautions are designed to protect you and the patient. Every individual is considered to be at risk for potential contamination. Latex or vinyl gloves should be worn whenever blood, body fluids, mucous membranes, or non-intact skin is handled or when coming in contact with items or surfaces soiled with blood or body fluids. Gloves should be changed and hands washed after each contact. Gowns, masks, and eye protection should be used if there is the potential for splashing of fluids.

Students who are exposed to blood-borne pathogens must:

1. Immediately report the exposure to their instructor and/or clinical preceptor.
2. Implement normal first-aid procedures. Wash the exposed site with warm water and soap. Flush exposed mucous membranes with water.
3. Seek immediate assistance from a health care provider, either in the facility or at the GFU student health center.
4. File report of exposure according to clinical agency policy where the exposure occurred.
5. Notify and file report with the Director or the DCE.

Criminal Background Check

Students may be required to undergo a criminal background check prior to beginning a clinical internship if directed by the clinical site. Students assume financial responsibility for obtaining the background check.

Drug Screens

Students may be required, prior to beginning a clinical internship, to receive a drug screen. This may be a urinalysis or blood test. If a site requires such a test, the student must comply and assume financial responsibility.

Determination of Student Readiness for Clinical Experiences

Prior to visiting the Facility, the student must demonstrate readiness both with satisfactory understanding of material presented in class and satisfactory practice application in the lab work. Faculty determines the readiness of a student. The student/intern is required to complete each clinical affiliation in sequence before progressing to the next.

Student Liability Insurance

The following coverage is maintained by George Fox University, Oregon, covering their staff and students:

<u>Coverage</u>	<u>Limits of Liability</u>
Professional Liability Including staff and students	\$1,000,000 per occurrence \$3,000,000 per year
General Liability Premises	\$1,000,000 per occurrence \$2,000,000 per year
Auto Non-Owned & Hired Liability	\$1,000,000 Combined Single Limit
Excess Liability	\$6,000,000 per year
Workers Compensation	Statutory, Not including students

STUDENTS MAY CHOOSE TO PURCHASE ADDITIONAL LIABILITY INSURANCE



George Fox University Graduate Department of Physical Therapy **Clinical Internship Policy Understanding**

Student Prerequisites

I will maintain current proof of:

Immunizations:

TB

Tetanus

MMR

Hepatitis B or declination

Varicella

Other immunizations required by a specific clinic

Health Insurance

HIPAA training

CPR for Health Professionals

Universal Precautions and bloodborne pathogens competency

I will submit to a background check as required by the clinical site

I will submit to a drug screen as required by the clinical site

Student Responsibilities

I will inform the patient of my status as a student/intern and I understand the patient's right to refuse.

I will practice to protect the rights, safety, and privacy of patients, clients, other individuals, and the clinic.

I will abide by the dress code policy and use personal protective equipment as appropriate.

I understand the importance of arriving at the clinic on time and as scheduled by the Clinical Instructor. This may include weekends or holidays in cooperation with the clinic's operation schedule. Work ours are not to exceed 40 hours/week.

I have reviewed the above Student Prerequisites and Policies related to behaviors in the clinic and agree to abide by them.

Signature

Date

Students who believe that they are being treated unfairly should contact the DCE or Department Director.



George Fox University Graduate Department of Physical Therapy Immunization Record

Name: _____ DOB: _____ Date: _____

Instructions: Immunizations are important both for your health as well as the health and safety of your patients. You have been asked to submit the University Health Center’s “Health History Form” prior to beginning your first semester of coursework at GFU. The “Physical Therapy Student Immunization Form” is a separate, required form that asks for similar information. The two forms may appear duplicative in some respects, but it is important that you complete all necessary information below. **Once this form is complete, submit it and all required documentation to the DCE.**

Required Immunization:	Ways to Meet the Requirement: <i>(Check one for each immunization)</i>	Notes About the Immunization:
MMR (Measles/Mumps/Rubella)	___ Received 2 measles immunizations: <i>(Please read notes to the right)</i> 1st dose: ____/____/____ Mo. Day Year 2nd dose: ____/____/____ Mo. Day Year ___ Received 2 MMR immunizations: 1st dose: ____/____/____ Mo. Day Year 2nd dose: ____/____/____ Mo. Day Year ___ Age Exemption (acceptable only if born before January 1, 1957)	<ul style="list-style-type: none"> ·Attach documentation/proof to this form. Proof requires a document from a healthcare provider with health provider’s name, facility name, patient’s name, and dates of immunizations. ·Oregon law requires that all full-time students born on or after January 1, 1957 must have two doses of the measles vaccine – OR – two doses of the MMR vaccine on or after the first birthday. ·There should be a minimum of 30 days between doses. ·If you have received one measles and one MMR injection, you must get one more injection of <i>either</i> the measles vaccine or the MMR vaccine.
Hepatitis B	___ Received series of immunizations: <i>(Please read notes to the right)</i> 1st dose: ____/____/____ Mo. Day Year 2nd dose: ____/____/____ Mo. Day Year 3rd dose: ____/____/____ Mo. Day Year	<ul style="list-style-type: none"> ☑Attach documentation/proof to this form. Proof requires a document from a healthcare provider with health provider’s name, facility name, patient’s name, and dates of immunizations. ☑☑PT students must have at least the first two Hepatitis B immunizations before beginning clinical experiences. Students must get their third dose approximately 6 months after their second dose. We recommend that the three doses be received in intervals of initial, 1 month and 6 months. Intervals greater than these are also acceptable.

<p>Diphtheria/Tetanus (DT)</p> <p>-or-</p> <p>Tetanus/Diphtheria/Pertussis (Tdap)</p>	<p><input type="checkbox"/> Received DT immunization on: ____/____/____ Mo. Day Year</p> <p>-----</p> <p><input type="checkbox"/> Received Tdap immunization on: ____/____/____ Mo. Day Year</p>	<p><input checked="" type="checkbox"/> Attach documentation/proof to this form. Proof requires a document from a healthcare provider with health provider's name, facility name, patient's name, and dates of immunizations. <input checked="" type="checkbox"/> Must be within the last 10 years.</p>
<p>Tuberculosis (TB)</p>	<p><input type="checkbox"/> Received Initial Two-Step Tuberculin Skin Test (TST)</p> <p>1st test given: ____/____/____ Mo. Day Year 1st test read: ____/____/____ Mo. Day Year</p> <p>2nd test given: ____/____/____ Mo. Day Year 2nd test read: ____/____/____ Mo. Day Year</p> <p><input type="checkbox"/> Negative <input type="checkbox"/> Positive</p>	<p><input checked="" type="checkbox"/> Attach documentation/proof to this form. Proof requires a document from a healthcare provider with health provider's name, facility name, patient's name, and dates of immunizations. <input checked="" type="checkbox"/> PT students must have an Initial Two-Step TST completed not more than three months prior to the due date of this form. <input checked="" type="checkbox"/> Procedure for Two-Step TST:</p> <ol style="list-style-type: none"> 1. Have 1st TB test placed on forearm. 2. Have 1st TB test read 48-72 hours later (not earlier than or later than). 3. Have steps 1 & 2 repeated for 2nd test 1-3 weeks later. <p><input checked="" type="checkbox"/> If the student has a positive TST result, he/she must submit documentation that a healthcare provider has completed a review of his/her current health (see the DON immunization guidelines for details). <input checked="" type="checkbox"/> A QuantiFERON-TB Gold Test will be accepted in place of a TST skin test.</p>
<p>Varicella (Chickenpox)</p>	<p><input type="checkbox"/> Received two immunizations: 1st dose: ____/____/____ Mo. Day Year 2nd dose: ____/____/____ Mo. Day Year</p> <p>-----</p> <p><input type="checkbox"/> Had blood titer drawn: Date: ____/____/____ Mo. Day Year <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p>	<p><input checked="" type="checkbox"/> Attach documentation/proof to this form. Proof requires a document from a healthcare provider with health provider's name, facility name, patient's name, and dates of immunizations. <input checked="" type="checkbox"/> In compliance with the CDC's recommendation (June 2007), students who have not had the disease must receive two Varicella immunizations.</p>
<p>Influenza (Flu Shot)</p>	<p><input type="checkbox"/> Most recently received flu shot: Date: ____/____/____ Mo. Day Year</p>	<p><input checked="" type="checkbox"/> Submission of documentation/proof to the Department of Physical Therapy will be required. <input checked="" type="checkbox"/> Required for all PT students <input checked="" type="checkbox"/> Flu shots are only available in October/November each year. The PT Department will provide students with information about how to complete this immunization requirement. <input checked="" type="checkbox"/> Must be updated annually throughout the PT program.</p>

I verify that the information on this form is true and accurate to the best of my knowledge.

Student's Signature: _____ Date: _____

Student's Name (Please Print): _____

Direct all questions regarding this form and compliance with the immunization guidelines to the DCE (pshew@georgefox.edu or 503-554-2453).

It is important for each student to maintain his/her own personal health record.

Each student should keep a copy of all documentation for his/her own records.

Student/Intern Policies

Student Mistreatment

Students who believe that they are being treated unfairly or who have any concerns should contact the Department Director or the DCE at 503-554-2453.

Privacy Rights of Student

Students have the right to privacy under FERPA and the Buckley Amendment. Only when a student signs a release form can the School share information about health, disabilities, need for reasonable accommodations, and class standing. The student has the right to withhold this information from the clinic with the understanding that that this might jeopardize their ability to progress in the clinical setting and therefore may negatively affect the outcome and grade. The student is required to fulfill all duties outlined by the program guidelines as presented by the clinical instructor.

Information about academic standing is not shared with the clinical education faculty at the site as this is considered confidential information and can only be provided to the site by the student or, in special circumstances, by the DCE with written permission of the student.

A student must submit to a drug screen, criminal background check, or other testing required by a facility. It is the student's responsibility to be sure all of the requirements are completed prior to beginning each clinical experience. Failure to do so may delay the start of that clinical affiliation. Students should be aware that information obtained from the criminal background check could jeopardize their ability to complete a scheduled clinical experience and/or impact eligibility for licensing as a physical therapist. Any information obtained during this testing will be sent to the site if the student consents to this. The clinical site requesting the test will determine if a test is positive or negative based on its facility policies.

Occurrence Reports

Any student involved in an incident with potential injury to self or others must comply with the facility's policies in reporting the incident. Also, the student needs to notify the student health center (if they are the subject of the incident) and the DCE.

Students are not eligible for worker's compensation benefits.

Student Contact with Patient

Informed Consent

When in clinic, a student must wear his/her name badge, indicating that he/she is a student/intern of George Fox University's Graduate Department of Physical Therapy. Students must identify themselves as students/interns. **All patients have the right to refuse care provided by a physical therapy student.** Any refusal or declination must be honored by the CI and student. Students must not misrepresent themselves as physical therapists.

Practices to Protect Individuals' Rights, Safety, Dignity, and Privacy

Necessary practices to protect the rights, safety, dignity, and privacy of patients, clients, other individuals, and the Facility:

1. Students must comply with all state and federal laws associated with patient rights and protected health information (HIPAA).
2. Students must comply with the specific clinic's policies and procedures regarding patient rights, privacy, protected health information, and safety of the patient.
3. Use of patient images requires a written consent from the patient which should include the intended purpose for the image.
4. Students will conduct themselves in such a manner to protect the safety and dignity of patients, family members, and others.
5. Students will not copy non-protected health information or materials for use outside the Facility without the express consent of the clinical instructor and department supervisor.

Dress Code

The facility dress code is to be the guide for the intern; however, general guidelines for students' dress and appearance when functioning in a professional capacity in clinical experiences and otherwise when clinical attire is requested by faculty:

1. Students are expected to be meticulous regarding personal hygiene.
 - a. The following are to be clean in clinical situations: uniforms, shoes, shoe laces, socks, hair, and skin.
 - b. Nails are to be kept short and clean. Clear nail polish may be worn if in good condition. Artificial nails are not permitted.
 - c. The use of deodorants and mouthwash is encouraged.
 - d. Fragrances are not to be worn.
2. Hair is to be arranged neatly and secured with hairpins, plain clips, or rubber bands so that it will stay out of eyes and working area. Hair may not be dyed in unnatural colors such as blue, pink, or purple. Beards are to be neatly trimmed and not longer than two inches.
3. Jewelry is limited to a watch, a plain wedding band, and one set of "post" type earrings that may be worn in the earlobes.
4. For patient and personal safety, students are to keep jewelry at a minimum. Earrings cannot dangle entangled with a patient. Because all jewelry (watches, rings, pins, bracelets, etc.) accumulate dirt and micro-organisms, they should not be worn. In particular, rings and other jewelry with stones should be removed during patient care because of the risk of hurting the patient.
5. Visible tattoos must be covered.
6. Students are never to chew gum in clinical situations.
7. A white lab coat is not always required. If a student uses a lab coat, it must be long sleeved and must not be longer than thigh length. The coat must have pockets.
 - a. An APTA patch may be applied to the lab coats. The patches are available from the DCE. Each patch is to be sewn on to the left arm sleeve near the shoulder.
8. Men are expected to wear dress shirts and slacks. Ties may be required in some clinics. Women are expected to wear business dress shirts or blouses and skirts or slacks. Clothing is to be clean and professional in appearance. Clothing must not be sheer. Clothing must be of a length and style to protect the student's modesty during treatment activity in a variety of positions that the student may need to assume during the course of treatments.

9. Socks must match shoes. Women may wear hose.
10. Shoes must be close-toed and close-heeled. Athletic shoes are acceptable in some clinics.
11. ID: A School of Physical Therapy photo ID badge must always be worn and be readily available as part of the uniform. The School of Physical Therapy will provide this ID badge to you shortly after you begin classes. Replacement ID badges can be ordered from the Administrative Assistant of the School of Physical Therapy at a cost to the student of \$10.00.

In some clinical areas, the dress requirements may vary. Before entering any clinical area, students must clarify with faculty the requirements specific to that area. Students are expected to comply with the dress requirements of the clinical agency to which they are assigned for clinical experience.

Protective Equipment

Students will use personal protective equipment (eyewear, masks, gowns, gloves) as prescribed by the policy of the agency to which they are assigned. It is generally expected that the agency will provide this equipment for students. If this is not possible then Student will provide such equipment as recommended by the Agency's policy.

Professional Demeanor

Communication

It is a goal and priority of this department to establish, support, and maintain close partnerships with each clinical education site. The DCE conducts or supervises a mid-term site visit, telephone call, or Skype call during every Clinical Experience. The DCE or designated faculty member completes the visit or call. It occurs generally near the mid-point of the experience and is intended to ascertain how the experience has gone to date inclusive of student strengths, goals, and specific areas in need of development. Prior to the visit/call, communication from the PT department to the student/CI/CCCE is made to set up a convenient time and mode of communication. If problems are identified during the visit/call, discussions at that time and as warranted throughout the remainder of the Clinical Experience may ensue with the CI/CCCE/student. There will be written documentation of the mid-term visit/call and any further discussions. This documentation can include any problems identified and any action steps created for remediation. If the CI/CCCE or student have concerns or questions about any aspect of the clinical experience, communication with the DCE is essential as soon as possible. The DCE should be notified even if all parties feel that the problem may be resolved by the end of the clinical experience. The DCE makes every effort to be available to do a site visit should a problem situation arise or become otherwise unmanageable. Site visits for remediation of problem situations take precedence over all other scheduled visits. The DCE is available for communication with all parties involved in clinical education at any time via e-mail or phone with information that is provided to the student and clinical site/staff. If the DCE is not available, the George Fox Physical Therapy program director or other identified faculty will be available for communication. Student information is shared with the CCCE at each clinical facility prior to each Clinical Experience. It is mailed to the clinical site approximately 1 month prior to the start of the Clinical Experience. This information includes, but is not limited to: student data form, health verification form, HIPAA certificate (as required), copy of CPR certification card, and liability insurance form.

Attendance, Promptness, Disruption of Clinic

Students/interns must be prepared to begin clinic at the times and dates agreed upon with the CI and follow the hours and patterns of operation of the clinic or CI. For example, some students may be assigned five 8-hour

days/week, while others are assigned four 10-hour days. Should your clinical instructor work weekends, it is expected that you do also. This information must be provided to the CCE on the Contact Information form within 48 hours of the first day a student is in a new center. The University, College and School calendars are suspended during Clinical Education. That is, the students follow the holiday and operation hours of the center(s) in which they are assigned, rather than that of the University. Although some clinic circumstances may require longer hours, **students are expected to participate in clinical education at least 40 hours/week**. Note that many centers may work hours beyond 40 hours per week. Be aware that additional hours (approximately 10-20 per week) are required outside scheduled clinical education time to prepare for patient/client care. If the clinical center provides coverage on holidays, students may be assigned holiday coverage. The student is to be offered “compensatory time off,” consistent with the staff policies and procedures of the clinical center for any weekend and holiday coverage. We encourage that the time off be used within the week of this extra coverage so the student is not overly taxed. Students may accumulate the time off and use it to shorten the length of the clinical education experience. Students are to be prompt out of respect for both the CI and patients.

Illness Requiring Loss of Clinic Hours

The student is required to contact the CI and the DCE immediately if he/she will be unable to participate in his/her clinical experience due to illness. A course of remediation will be determined by mutual agreement of the School and the Facility.

All absences, either expected or unexpected, are to be brought to the attention of the DCE in order to facilitate makeup clinic time. Students are discouraged from expected absences as excessive amounts of absences affect the *Professional Behaviors results on the APTAs web based CPI*. *It is the student’s responsibility to initiate conversations with the CI and DCE related to missed clinic time.*

Medical Emergency or Injury

In the case of medical emergency or injury during a clinical affiliation, students are instructed to follow clinic protocol. This may require notification of 911. Students are then required to contact the DCE.

Additional Expenses

Students are responsible for providing their own **transportation** to all clinical experiences. It is not a requirement but it is strongly recommended that the student have access to a car in order to ensure timeliness of reporting to clinical experiences. Some clinic sites may be at great distances requiring additional costs for airfare. Additionally, students are responsible to make and pay for their own **housing and living arrangements**. Costs for housing and living expenses may total up to \$3000 for the program. This may be higher or lower depending on students’ ability to make arrangements.

Other expenses may be related to a specific clinical site (i.e. - additional drug screening or background check).

Clinical Site Visits

The DCE or another faculty member may visit the facility near the midway point of the affiliation. An intern may not receive a site visit during every internship.

1. The visit will consist of an informal discussion with the clinical instructor, the intern, and possibly the Center Coordinator of Clinical Education (CCCE) to review the internship site, the intern's performance, and the clinical education experience.
2. During the midpoint assessment conference with the DCE, CI, and student, the DCE will ask, as part of the interview, if there are concerns related to academic regulations, policies, and procedures. Essentially, the clinical instructor will know if the student is not upholding the academic regulations as found in the clinical handbook, and it is his/her responsibility to inform the DCE or program director. In addition, if the student feels like the clinical instructor is not upholding the academic regulations, it is his/her responsibility to contact the DCE or program director.
3. Corrective actions between the student and clinical site may include counseling at the point of contact; counseling at the site between the student, CI, and or CCCE; development of a written educational action plan agreed upon by the student and CI/CCCE; or reassignment of the student to an alternate clinical site.
4. If any problems or questions occur during the affiliation, consult the academic coordinator. **DO NOT** wait until the clinical visit or assume things will improve. Problem areas often can be easily handled without wasting valuable clinical time.



George Fox University Graduate Department of Physical Therapy Clinical Site Mid-Point and Follow-Up Evaluation Form

Clinical Facility Name: _____

Type of Facility: Acute Outpatient Rehabilitation Specialty

CCCE: _____ Present? Y N

CI: _____ Present? Y N

1. _____ At least one year of clinical experience.
2. _____ Demonstrates competency in the area of practice in which he/she is providing clinical instruction as well as in legal and ethical practice.
3. _____ Demonstrates effective communication skills.
4. _____ Demonstrates effective behavior, conduct, and skill in interpersonal relationships.
5. _____ Demonstrates effective instructional and supervisory skills.
6. _____ Has completed the APTA web based CPI instruction and demonstrates skill in completing the performance evaluation.

Student: _____ Present? Y N

Type of Communication (circle one): Telephone / Site visit

Faculty Name: _____

	Midpoint	Follow- up
	Date	Date
Red Flag Safety Professional Behavior Accountability Communication Clinical Reasoning		
Patient Care Screening Examination/Evaluation Diagnosis/Prognosis Plan of Care Procedural Interventions Educational Interventions Outcomes Assessment		

General Cultural Competence Professional Development Documentation Financial Resources Direction and Supervision		
Direct to CI/CCCE Communication with student Weekly goals Overall performance Student Demonstrating progress GFU to assist with site development?		
Direct to the Student Communication with CI Overall performance in clinic Addressing student's needs		
COMMENTS:		
Academic Preparation		
Follow Up Needed?		
Clinical Site Development Needed?		
Educational Philosophy Issues?		
Additional Comments		



George Fox University Graduate Department of Physical Therapy Initial Clinical Site Evaluation Form

Facility

Name: _____

Date: _____

Location: _____

Type of Facility: Acute Outpatient Rehabilitation Specialty

Is the site certified or accredited? Yes / No

Patient Population Age Distribution

Age	%
0-12	
13-21	
22-65	
Over 65	

Support of Clinical Education:

Philosophy toward students?

Support of CIs (adjusted case load):

Clinical Instructor training?

Learning Opportunities:

Clinic Specialties:

Health providers at the site: PT PTA RN PSYCH RN OTR COTA SLP MSW ATC MD

Other:

Other School Affiliations?

School		PT/PTA

CCCE

Name: _____ Years of Experience: _____

Is the CCCE credentialed? Yes / No

How do you select your Clinical Instructors (years of experience, volunteer, clinical skills)? _____

How do you evaluate your CIs (student, CCCE, supervisor)? _____

Clinical Instructor (CI)

Clinical Instructor	CCCE Recommend	Highest earned degree	Years of Clinical Experience	Years of teaching experience	APTA CREDENTIALLED
					Yes/ No
					Yes/ No
					Yes/ No
					Yes/ No
					Yes/ No

Additional comments:

Staff Development

How often do PTs attend continuing education courses?

Supported by facility? Funding: Yes/No Release Time: Yes/No

In-service training policy?

Are students encouraged to attend?

Post-professional study assistance?

Average length of employment:

Encouraged to be active in APTA/OPTA/other?

Evaluator Comments

The philosophy, administration, staff, and learning opportunities of this facility is compatible with George Fox University Graduate Department of Physical Therapy. YES / NO

I **recommend / do not recommend** this site for these reasons: _____

Comments: _____

Completed By: _____

Clinical Teaching and Learning

In setting appropriate expectations for intern performance, it is helpful to remember that just a portion of the overall education can be learned in the academic setting. The rest can only be taught and learned in the clinic. Instructional sequencing is a process whereby the student/intern is guided through a series of progressively more complex tasks and cognitive situations. This sequencing begins in the classroom/lab and culminates in the clinic.

Academic Setting Learning Opportunities:

- 1.Theory/didactics
- 2.Visualization
- 3.Demonstration by instructor on a student
- 4.Practice on classmates
- 5.Observe instructor demonstrate on a patient in class

Clinical Setting Learning Opportunities:

- 1.Intern observes clinician evaluate and treat
- 2.Intern explains theoretical knowledge to clinician.
- 3.Intern demonstrates evaluation and treatment on clinician
- 4.Intern evaluates and treats while clinician supervises and gives feedback
- 5.Intern evaluates and treats needing help to begin or complete task
- 6.Intern evaluates and treats without direct supervision/feedback to clinician
- 7.Intern independently/completely evaluates and treats

Clinical Instructor Policies

Reference Manual for CCCE

<http://www.apta.org/Educators/Clinical/EducatorDevelopment/>

Clinical Instructor Preparedness

STUDENT ASSIGNMENTS TO A CI ARE MADE BY THE CCCE.

The Clinical Instructor:

1. Must have at least one year of clinical experience.
2. Must demonstrate competency in the area of practice in which he/she is providing clinical instruction as well as in legal and ethical practice.
3. Must demonstrate effective communication skills.
4. Must demonstrate effective behavior, conduct, and skill in interpersonal relationships.
5. Must demonstrate effective instructional and supervisory skills.
6. Must have completed the APTA web-based CPI instruction and demonstrate skill by having completed the performance evaluation.

Rights and Privileges of the CI

Clinical Instructors have the right to:

1. Access and review the Curriculum of the Department of Physical Therapy and communicate their thoughts regarding the strengths and weaknesses of the curriculum with the Director or DCE.
2. Request professional development assistance in order to improve their clinical education skills.
3. Communicate with the School's DCE regarding specific concerns related to student/intern performance in treatment skills, clinical reasoning, communication, ethics, or behavior.
4. Utilize the School's access to literature and research through the School library's digital resource database in order to enhance the clinical education experience.

Responsibilities of a Clinical Instructor

1. The Clinical Instructor, as a physical therapist, is ultimately responsible for the care of the patient. The physical therapist must adhere to the laws and regulations governing the practice of physical therapy to ensure supportive personnel are supervised as required by the laws and regulations.
2. After reviewing the student's strengths and weaknesses, the Clinical Instructor is to establish clear, fair, and achievable goals for the clinical affiliation and discuss these with the student. By doing this, the clinical instructor reduces misunderstandings regarding expectations. Additionally, a clear platform for discussion between the CI and the student/intern will be established.
3. The Clinical Instructor is responsible to the student to provide oversight and a clinical experience in accordance with the student's current educational level. They are responsible to model contemporary physical therapy practice consistent with the APTA Code of Ethics, Standards of Practice, and Guide to Physical Therapy; to provide ongoing feedback regarding the student's performance; and to provide progressively more challenging learning opportunities.
4. In providing feedback, remember:
 - a. Compare initial and final performance. Has the student made **major** gains in performance?
 - b. Tell the student what it takes to be successful. What a student is expected to do to be successful should not be a secret.
 - c. Utilize weekly planning forms to guide learning and focus on clinical education objectives.
5. The Clinical Instructor is responsible to the program to identify "red flag" items and report them as necessary; to communicate with the DCE as necessary; and to complete the APTA CPI at midpoint and upon completion of the clinical experience.
6. The CI must communicate with the DCE as appropriate, especially related to students' professional behavior, excessive tardiness, or absences. The CI must use his/her professional judgment in distinguishing between advising (recommending, suggesting) in order to improve weaknesses in student performance and referring for professional counseling when a student has serious problems that disrupt his/her ability to function successfully in the clinical environment.

Effectiveness of a Clinical Instructor

Is strongly influenced by DCE and CCCE collaboration through:

1. Direct contact by visits or telephone conversations.
2. Review of the midterm and end-point CPI's.
3. Review of the performance evaluations (student, CI, and self assessment).

4. Ability to note and report “Red Flag” areas (Safety, Professional Behavior, Accountability, Communication, Clinical Reasoning) and to assist in establishing a plan of action to correct these concerns.
5. Ability to provide student with progressively more complex learning experiences based upon the student’s current skill level.
6. Ability to provide students with clear instruction and expectations. Cl’s should stress behaviors that can help the student improve.
7. Ability to provide feedback to the students on their progress related to expectations.
8. Ability to complete the CPI in a timely manner.

Supervision of Students/Interns

Physical therapy students must be supervised by an on-site, licensed physical therapist with a minimum of one year of clinical experience. The student cannot provide physical therapy services if a supervising therapist is not on-site and available for consultation. If a student is assigned to a small clinic with only one therapist, the student cannot provide physical therapy services without the therapist on-site as may occur if the therapist calls in sick or has a meeting away from the clinic.

1. Per the Oregon Physical Therapy Licensing Board, **“At all times, a supervising physical therapist must provide on-site supervision of an SPT or SPTA who provides treatment to a patient” and “for purposes of this rule ‘on-site supervision’ means that at all times the supervising physical therapist is in the same building and immediately available to provide in person direction, assistance, advice or instruction to the student. Documentation by a student physical therapist (SPT) shall be authenticated on the same day by the student and by a supervising physical therapist. A SPT’s documentation must be completed pursuant to OAR 848-010-0110.”**

A complete list of current rules provided by the Oregon Physical Therapy Licensing Board is found in the appendix.

2. In the event that there is no supervising therapist available on-site at any time that a student is scheduled to be in the clinic, alternative arrangements must be made for the student’s clinical hours. Options may include observation of another professional discipline, assignment to another clinic for the day, or “make-up” days after the assignment.
3. Students can receive instruction from physical therapy assistants. However, the patient’s care must be directed by the supervising physical therapist and the physical therapist must be on-site and immediately available for consultation.
4. **The Center for Medicare and Medicaid Services provides clear guidelines for supervision of students.** The APTA has provided a chart to assist in understanding payment for treatment involving student aid: <https://www.apta.org/APTALogin.aspx?RedirectTo=http://www.apta.org/Payment/Medicare/Supervision>.
5. **Students/Interns must make continual progress during clinical education.**
6. **Remember, the care and safety of the patient is ultimately the responsibility of the physical therapist.**

Counseling Students

We encourage all participants in the clinical education process to support the right of individuals to open and confidential communication in order to maximize the learning potential of all involved. Should problems arise during a clinical education experience, we recommend the following steps:

1. As soon as a problem is identified, it should be discussed only between the people involved.
2. If either person feels other intervention is needed or if they are not able to deal directly with one another, either person or both should speak with the Center Coordinator of Clinical Education.

3. If the problem cannot be resolved at this level, the Center Coordinator of Clinical Education or Student should contact the Academic Coordinator of Clinical Education.
4. If a student brings a problem directly to the Academic Coordinator of Clinical Education, the student will be advised to follow the steps as outlined above.

It is understood that some smaller departments and private practices may not have both a clinical instructor and a Center Coordinator of Clinical Education, but the steps should remain essentially the same. In addition, we acknowledge the need for directors and/or unit supervisors to be notified of any major problems.

Reporting to CCCE/DCE

The DCE serves as the liaison between the School and the Facility and as such must be made aware of anything “out of the ordinary” which might affect the student’s clinical education. It is imperative that the DCE be contacted:

1. To report an illness and the need for a “sick day.”
2. To report an emergency requiring time off from the clinical assignment.
3. To report failure of a special clearance requirement (background check, health clearance, etc.).
4. To report any breach of the state’s practice act.
5. To report any breach of the APTA’s Code of Ethics.
6. To request a travel day (to travel to an immediate clinical placement greater than 400 miles away).
7. To request an alteration in the clinical schedule (time off, shifted hours, etc.).
8. To request a medical leave of absence.

Red Flag Concerns

Red flag concerns related to any of the APTA CPI “Red Flag” criteria must be brought to the attention of the CCCE and DCE.

Evaluating Student/Intern Performance

Purposes and Timing of Evaluations

From the APTA Clinical Instructor Education and Credentialing Program:

1. Purposes of Evaluation
 - a. To determine how students are changing
 - b. To identify additional learning needed for mastery
 - c. To provide feedback for students regarding performance in cognitive, psychomotor, and affective domains.
 - d. To evaluate the overall effectiveness of a clinical course
 - e. To determine whether a student is competent in a procedure
 - f. To evaluate final achievement of objectives
 - g. To gather data for determining grades
 - h. To assist the student in developing self-assessment skills

2. Timing of Evaluation
 - a. Begin at once (as soon as the student starts the clinical experience)
 - b. Continue throughout the experience
 - c. Evaluate all aspects of student performance so there are no surprises at midterm or at the end of the clinical experience

Weekly Student Goal Setting

Students at George Fox University's Graduate Department of Physical Therapy typically learn best by setting reasonable and achievable goals. It is strongly recommended the CI and Student set one or two goals each week that are specific to the setting and student ability.

Effective Feedback

Optimally, feedback sessions should be conducted with the understanding that the CI and intern are working as allies with common goals. Some general characteristics of effective feedback include:

1. Specific
2. Individualized
3. Goal related
4. Remedial
5. Collegial
6. Positive
7. Descriptive rather than judgmental
8. Supportive
9. Well-timed and expected (private vs. public)
10. Based on first-hand observations
11. Fair and honest
12. Constructive

Formative/Summative Evaluations

The purpose of the formative evaluation is to provide objective information to the intern so as to help him or her to value changing behavior in order to reach a desired goal. Summative evaluation, on the other hand, relays the CI's judgment on how well the intern has performed with respect to the performance goal. Both types of evaluations have an appropriate role in the internship but formative feedback seems to be most effective in the daily setting.

The formative assessment is like a mirror in that the giver is simply reflecting back his or her observations of another person's behavior.

Summary (from the APTA Clinical Instructor Education and Credentialing Program):

1. Formative Evaluation
 - a. Used to provide feedback *during* the clinical experience
 - b. Used to further or *modify* behavior

- c. Is provided *during* a specific learning experience
 - d. Critical audience is internal (the student)
 - e. Is predictive of **Summative** results
2. Summative Evaluation
- a. Used to summarize performance outcomes
 - b. Used for grading or certification
 - c. Is provided at the end of a clinical experience
 - d. Critical audience is external (the academic program and the student)
 - e. Sets the standard for formative feedback

Grading

The DCE will assign a grade of “pass, fail or incomplete” to the clinical education experience based upon the final APTA web-based CPI completed by the CI and student as well as input from the agency CCCE as appropriate. This grade will be determined using the following as a guidelines for determining a passing grade:

1. PDPT 580 Beginner to intermediate in all criteria.
2. PDPT 680 / 681 Advanced beginner to advanced intermediate in all five of the critical “red flag” criteria *and* advanced beginner to advanced intermediate in 12 of the remaining criteria.
3. PDPT 780 Advanced Intermediate to entry level in all criteria.
4. PDPT 781 Entry level in all criteria.
5. PDPT 782 Entry level to above entry level in all criteria.

A grade of Incomplete will be assigned for students unable to complete a clinical experience and will be converted to “Pass or Fail” based on completion of this experience or an alternate clinical experience as determined by the DCE.

Failure of a Clinical Experience

Should a student fail a clinic experience (PDPT 580, PDPT 680, or PDPT 681) they must remediate the failed clinical experience before progressing on to the next more advanced clinical experience.

1. Remediation programs are designed and implemented on a case-by-case basis and are determined by the circumstances that led to the failure. The results of the CPI will be used in determining remediation for a “Fail” grade by the DCE.
2. The DCE and director will determine if remediation is appropriate and arrange alternate clinical experience as necessary.
3. A maximum of ONE internship may be repeated during the three-year course.
4. Failure and repeating of more than two clinical internships will result in dismissal from the School of Physical Therapy.

Evaluations

APTA Assessments

CPI Training Instructions

Getting Started with the APTA Learning Center for PT CPI Course Participants:

APTA Members/Current or Former APTA Customers

1. Login to www.apta.org.

Enter your username and password and select "click here to continue":

(<https://www.apta.org/APTALogin.aspx>).

Under <https://www.apta.org/apta/profile/MyProfile.aspx> make note of the email address associated with your apta.org account. You will need to use the same address to verify your training completion in PT CPI Web.

Important! It is essential that you do not purchase or register for courses in the APTA Learning Center using more than one account number. If you've forgotten your password or were at one time an APTA member, go to <http://www.apta.org/APTA/ForgotMyPassword/ForgotMyPasswordGetEmail.aspx> to have it emailed to you OR contact 800/999-2782, ext 3395 for assistance.

2. Set up your computer.

Enable pop-ups for <http://www.apta.org> and <http://learningcenter.apta.org>. (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how:

<http://learningcenter.apta.org/oh.aspx#q1>).

3. "Purchase" the free PT CPI online course.

To access the PT CPI online course, go to http://learningcenter.apta.org/free_membercourses.aspx (this is the "Free Member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. Take the PT CPI online course.

After purchasing the course, go to **My Courses** (http://learningcenter.apta.org/My_Courses.aspx) within the APTA Learning Center.

5. Print CEU certificate.

Claim credit and print your 0.2 CEU certificate through My Courses (http://learningcenter.apta.org/My_Courses.aspx) at the APTA Learning Center.

6. Access the PT CPI Web site.

To access PT CPI Web 2.0, please click <https://cpi2.amsapps.com>.

The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the "I forgot or do not have a password" link to establish a password. *The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the APTA Web site.*

New Customers/Never Been an APTA Member

1. Create an account at www.apta.org.

Register at **apta.org**: <https://www.apta.org/APTALogin.aspx>. Complete the required information and write down your username and password.

Please make a note of the e-mail address that you use when completing this registration information as you will need to use the same email address to verify your training completion in PT CPI Web.

2. Set up your computer.

Enable pop-ups for <http://www.apta.org> and <http://learningcenter.apta.org>. (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: <http://learningcenter.apta.org/ohr.aspx#q1>).

Important! You are now ready to purchase the free online course.

3. "Purchase" the free PT CPI online course.

To access the PT CPI online course, go to http://learningcenter.apta.org/free_membercourses.aspx (this is the "Free member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. Take the PT CPI online course.

After purchasing the course, go to **My Courses** (http://learningcenter.apta.org/My_Courses.aspx) within the APTA Learning Center.

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The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the "I forgot or do not have a password" link to establish a password. *The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the APTA Web site.*

Assessment Links

Clinical Performance Instrument.....	http://www.apta.org/PTCPI/Web/
Student Assessment of Clinical Experience.....	http://www.apta.org/Educators/Assessments/
Student Assessment of DCE.....	http://www.apta.org/Educators/Assessments/DCE/DCE/
Faculty Assessment of DCE.....	http://www.apta.org/Educators/Assessments/DCE/DCE/
CI/CCCE Assessment of DCE.....	http://www.apta.org/Educators/Assessments/DCE/DCE/
DCE Self Assessment.....	http://www.apta.org/Educators/Assessments/DCE/DCE/
Guidelines and Self Assessment for Clinical Sites ...	http://www.apta.org/Educators/Clinical/SiteDevelopment/



George Fox University Graduate Department of Physical Therapy Student Affiliation Agreement

_____ to _____

This Student Affiliation Agreement ("Agreement") is entered into this ____ day of _____ (the "Effective Date"), between George Fox University ("School") and _____ ("Facility"), located at _____.

The Facility is willing to provide educational experience to students of the School in accordance with the terms of this Agreement. The School desires to use the Facility as an opportunity for its students to obtain clinical learning experience as required by their curriculum. Students are not and shall not be considered employees of the Facility.

The consideration for this Agreement is the mutual promises contained in this Agreement and the mutual benefits expected from entering into this Agreement.

1. Responsibilities of the School

- 1.1. **Preparation.** Ensure that the student is knowledgeable concerning and has made preparations for:
 - 1.1.1. Transportation needed to fulfill responsibilities at the Facility.
 - 1.1.2. Room and board during the time of clinical assignment (if applicable).
 - 1.1.3. Scheduling arrival at and departure from the Facility.
- 1.2. **Scheduling.** School shall notify facility of specific student assignments no less than ten (10) working days in advance of the students' arrival, however:
 - 1.2.1. A Student may be assigned with shorter notice in emergency circumstances. The Facility reserves the right to accept or reject such assignments.
 - 1.2.2. A Student assignment may be canceled with shorter notice for academic or other good cause, with or without replacement by another student.
- 1.3. **Student Experiences.** It shall be the responsibility of the academic coordinator of clinical education of the School, after consultation with Facility, to help plan the educational program for student experiences.
- 1.4. **Program Description.** The School will provide the Facility with an annual announcement or description of the program, curriculum, and objectives to be achieved at the Facility.
- 1.5. **Student Compliance.** The School will instruct students to abide by the policies of the Facility while using Facility facilities, including policies related to confidentiality of patient information. School will instruct students not to copy or remove confidential information from Facility premises. Students will be expected to conduct themselves in a professional manner; their attire as well as their appearance will conform to the accepted standards of the Facility. The School will assure that students are educated regarding universal precautions, blood-borne pathogens, and other appropriate OSHA standards prior to coming to the Facility. The School will ensure that each student shall sign and deliver to the Facility a copy of the "Confidentiality Understanding," attached hereto as Attachment A and incorporated herein by this reference, prior to the beginning of the clinical education.
- 1.6. **HIPAA.** The School shall ensure that students are trained on HIPAA rules and regulations.
- 1.7. **Student Qualifications.** The School will assign to the Facility only those students who have satisfactorily completed the prerequisite didactic portion of the School's curriculum and who have evidence of completion of a CPR course based on American Heart Association or American Red Cross guidelines and related to the age group(s) with whom they will be working.

- 1.8. **Student Health.** Inform students and enforce the requirements that students shall meet the health-related criteria as required of the Facility personnel, including any medical examinations, tests, and immunizations.
2. **Responsibilities of the Facility**
 - 2.1. **Clinical Instruction.** The Facility shall provide a suitable experience for students as prescribed by the School's curriculum and in accordance with any written objectives provided by the School to the Facility. Students will be assigned to the Facility upon the mutual agreement of the Facility and the School. The Facility will inform appropriate personnel about the role of students and provide identification or security clearances, where appropriate. The Facility retains full responsibility for the care of its patients. Students will receive no monetary compensation under terms of this Agreement and are not deemed an employee under Worker's Compensation statutes.
 - 2.2. **Facility Personnel.** The Facility will designate appropriate personnel to coordinate the student's learning experience. This will involve planning between responsible School faculty and designated Facility personnel for the assignment of students to specific clinical cases and experiences, including selected conferences, clinics, courses and programs conducted under the instruction of the Facility. The Facility will designate and submit in writing to the School the name, professional credentials, and academic credentials of a person to be responsible for the Student Affiliation Program.
 - 2.3. **Inspection.** Facility will permit the inspection of clinical and related facilities, upon reasonable request, by the School or agencies charged with responsibility for accreditation of the School.
 - 2.4. **Exclusion of Students.** The Facility reserves the right to terminate the continuation of any student who is not complying with applicable Facility policies, procedures, or directions from Facility personnel or physicians involved in the Student Affiliation Program; who is deemed by the Facility not to have adequate qualifications or ability to continue in the program; whose health does not warrant a continuation at the Facility; or whose conduct interferes with the proper operation of the Facility.
 - 2.5. **Emergency Care.** The Facility shall provide necessary emergency care or first aid required by an accident occurring at the Facility for students participating under the terms of this Agreement, and except as herein provided, the Facility shall have no obligation to furnish medical or surgical care to any student. The student bears responsibility for the cost of such care as well as any follow-up care.
 - 2.6. **Regulations.** The Facility will provide the student with access to the written regulations that will govern the student's activities while at the Facility.
 - 2.7. **Records and Reports.** The Facility will maintain records and reports on each student's performance as specified by each program and provide an evaluation to the School on forms provided by the School.
3. **Insurance**
 - 3.1. The School shall maintain, in the amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate, professional and general liability insurance for itself and for those students participating in the Student Affiliation Program and shall name the Facility as an additional insured with respect to any risks that are the responsibility of the School or its students under the terms of this Agreement.
 - 3.2. The Facility shall maintain, in the amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate, professional and general liability insurance and shall name the School as an additional insured with respect to any risks that are the responsibility of the Facility under the terms of this Agreement.
4. **Indemnity**
 - 4.1. The School agrees to indemnify and hold harmless the Facility, its affiliates, officers, directors, agents, employees, and representatives ("Indemnified Parties," jointly and severally) from and against any and all liabilities or related costs (including reasonable attorney fees) arising out of or in connection with this Agreement, incurred by the negligent or intentional acts, omissions, or willful misconduct of the School, its employees, or agents, including students and faculty.
 - 4.2. The Facility agrees to indemnify and hold harmless the School, its affiliates, officers, directors, agents, employees, and representatives ("Indemnified Parties," jointly and severally) from and against any and all liabilities or related costs (including reasonable attorney fees) arising out of or in connection with this Agreement, incurred by the negligent or intentional acts, omissions, or willful misconduct of the Facility, its employees, or agents.

5. FERPA Re-Disclosure

5.1. Both parties recognize that they are bound to comply with the Family Educational Rights and Privacy Act (FERPA) in their handling of education records of any students who may be enrolled in any program related to this Agreement. It is also understood and recognized that employees and agents of each party will need to have access to the educational records maintained by the other party in properly administering any duties and obligations to students. It is agreed that each party shall thoroughly orient their employees and agents of their obligations under the Family Educational Rights and Privacy Act and shall maintain their practices in strict accordance with the requirements of that act. Neither party shall be permitted to authorize any further disclosure of educational records of students to persons or entities not a party to this Agreement without first having received permission of the other party and having obtained assurances that the other party has fully complied with the provisions of the Family Education Rights and Privacy Act. Any permitted re-disclosure to persons or entities not a party to this Agreement shall be under the condition that no further disclosure by such party shall be permitted. Each party agrees to save, indemnify, and hold harmless the other party and their officers, employees, and agents from any liability, damages, claims, actions, causes of actions, demands, judgments, or awards of whatsoever kind or nature, arising out of any failure by the other party or its officers, employees, or agents to abide by the Family Education Rights and Privacy Act or its implementing regulations.

6. Term and Termination

6.1. **Term.** This Agreement will be in effect beginning _____ and ending _____. This Agreement may be renewed for an additional five (5) year term upon the written agreement of both the Facility and the School.

6.2. **Termination.** Either party may terminate this Agreement at any time by giving 30 days written notice of termination to the other party. If the Facility terminates this Agreement by giving such notice to the School, students currently participating in the Student Affiliation Program at Facility will be allowed to complete the program.

7. Nondiscrimination

7.1. The Facility and the School agree that neither will discriminate in the performance of this Agreement against any individual on the basis of age, sex, race, color, national origin, or physical handicap unless such is a bona fide occupational criteria. The Facility and the School agree that neither shall tolerate any acts of sexual harassment.

8. Non-Assignability

8.1. Neither party may assign the rights or the duties of this Agreement without the prior written approval of the other party.

9. Notices

9.1. When required by the terms of this Agreement, the parties shall give notice by personal delivery or by Certified Mail, return receipt requested, postage prepaid, and addressed as indicated below:

To School: George Fox University
414 N. Meridian, Box 6029
Newberg, OR 97312
Attention: CFO

To Facility: _____

Attention: _____

IN WITNESS WHEREOF, the parties have signed this Agreement on the date written:

GEORGE FOX UNIVERSITY
By: Theodore E. Allen
Its: EVP Finance & Operations, CFO
Date: _____

By: _____
Its: _____
Date: _____