



Ivester College of Health Sciences



**DEPARTMENT OF PHYSICAL  
THERAPY CLINICAL EDUCATION  
HANDBOOK 2023-2024**

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## Purpose of the Clinical Education Handbook

The information in this handbook is intended to provide each physical therapy student, Site Coordinator of Clinical Education (SCCE), and Clinical Instructor (CI) with information regarding the intent and expectations of the Brenau University Doctor of Physical Therapy (DPT) Program, including the expectation that all clinical education regulations will be upheld. This handbook includes information about the curriculum, rules, regulations, and policies governing and related to the clinical education component of the DPT Program at Brenau University. It also serves to disseminate clear information and guidelines for use in decision-making. This handbook is intended to supplement, not replace, the *Brenau University DPT Student Handbook* or any clinical affiliate's published policies or procedures. The student is expected to abide by policies established by the Program and each clinical affiliate – as well as legal, ethical, and professional standards established by governing bodies and the American Physical Therapy Association (APTA).

Questions related to the content of this manual should be directed to the Director of Clinical Education (DCE) or the Program Director.

## Contact Information

### Contact Information

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## CAPTE Accreditation Statement

The Department of Physical Therapy at Brenau University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call 678-971-1832 or email [twilson3@brenau.edu](mailto:twilson3@brenau.edu).

### Mission

The mission of the Brenau University Department of Physical Therapy is to challenge our students to live extraordinary lives through the implementation of our college's motto: "Thoughtful, Intentional, Strategic." We ready our students for success in today's healthcare arena through the application of an experiential learning approach that integrates clinical and didactic learning. Our students will be prepared to consistently practice with integrity and competence in a variety of settings. We will provide students with learning environments and opportunities dedicated to the student's individual development as well as the advancement of physical therapy practice. Our culture will engender excellence, scholarship, altruism, integrity, interdependence, and a sense of purpose in each of our students.

### PHYSICAL THERAPY DEPARTMENT PROGRAM GOALS

#### Goals

1. The Program will provide DPT students with early and intentional integrated learning experiences that will prepare them to consistently practice with integrity and competence in a variety of settings.
2. The Program will challenge students to live extraordinary lives of personal and professional development through an innovative, strategic, experiential, collaborative, and evidence-based educational approach.
3. The Program will promote an educational environment that supports diversity, inclusion, and belongingness.

#### Expected Student Outcomes

1. Students/Graduates will be highly competent in the evidence-based diagnosis and treatment of movement disorders and poised to move forward as autonomous practitioners and professionals of choice for movement disorders.
2. Students/Graduates will approach each patient compassionately and holistically, assessing and integrating the unique characteristics of every client they encounter, including the clients' physical and psychosocial status, values, preferences, and needs.
3. Students/Graduates will practice in a safe, legal and ethical physical manner consistent with established professional standards and ethics.
4. Students/Graduates will be independent problem-solvers and critical thinkers, evidenced in the classroom, clinical internships and routine delivery of care.
5. Students/Graduates will employ proficient interpersonal and communication skills necessary to be a caring and effective professional practitioner and leader.
6. Students/Graduates will function regularly and competently in service to the program and community.

## DPT Curriculum Overview

The curriculum is developed around five main areas: foundational science, applied clinical science (includes systems), professionalism, evidence-based practice, and clinical education. Additionally, curricular threads of critical thinking/problem solving, examination/evaluation, and intervention for complete systems (especially musculoskeletal, neuromuscular, and cardiopulmonary), the ICF model of disability, professionalism, and evidence-based practice are used as the foundation for integration with clinical education. Each curricular thread 1.) Parallels student expected outcomes and the 18 Clinical Performance Criteria of the CPI, 2.) Reoccurs throughout the didactic curriculum, and 3.) Are integrated with laboratory and part-time clinical experiences that lead to full-time clinical internships. The threads allow students to methodically develop the skills for clinical experiences. Integration and evaluation (formative and summative) allow faculty to identify students needing additional mentoring to prepare for the first full-time experience.

The clinical sciences have as their foundation a strong basis in the biological and physical sciences. A culture of clinical reasoning and critical thinking is established in the first semester and continues throughout the entire curriculum. A patient-centered clinical approach incorporating and integrating principles from the biologic and behavioral sciences occurs from day one. In this way physical therapy clinical practice is defined clearly to the student as a values-driven, scientifically-based profession. The students' professional persona is being shaped by ethics, decision-making, and critical thinking as they embark on attaining their clinical skills. The teaching philosophy across the faculty is to incorporate issues such as ethical dilemmas, reimbursement demands, cultural diversity, communications, etc. as students move through their clinical coursework. The application and demonstration of clinical decision-making skills occurs continuously throughout the program in each clinical course. Every clinical course throughout the program requires the student to apply clinical judgment to case studies and patient populations specific to that course. Finally, students gain advanced knowledge and skills to support selected roles in practice-based research; healthcare management, program development, and entrepreneurship; and continuing post-professional education.

## DPT Clinical Education

### Clinical Education Philosophy

Clinical education experiences are designed to allow students to use acquired knowledge, attitudes, psychomotor skills, and problem solving to attain professional competency. The clinical education opportunities at Brenau University are integral parts of the educational process that provide the student with opportunities to integrate clinical practice with basic science, physical therapy theories, and critical thinking. Expectations of initial and subsequent experiences are structured to build on previous knowledge. Our students are integrated into the clinic beginning in the second semester and are required to meet strict criteria for entering into the clinic - as evidenced by their performance in simulated and practical patient experiences. Please see the *Brenau DPT Student Handbook* for our current curriculum.

### Clinical Education Outcomes

The grading criteria, using the Clinical Internship Evaluation Tool (CIET), targets the skills to be mastered on the full-time clinical education internships. The grading criteria are clearly defined to allow students to work independently towards their expectations - utilizing the opportunities available at each respective clinical education site.

Professional competency for an entry-level physical therapist is defined as being effective, consistent, and safe with the skills defined as the minimum criteria. The skills required of an entry-level physical therapist involve evaluation and treatment of patients across a wide spectrum of ages, diagnoses, and health care settings. Sites for entry-level education are selected and maintained to meet the entry-level needs of the students. Specialization in a specific area is not an expectation or a desired outcome of entry-level education.

### Clinical Education Sites

Clinical education experiences provide the students with opportunities to practice and perform professional responsibilities with appropriate supervision, professional role modeling, and a variety of patients and learning experiences. These experiences require effective communication between clinical and academic faculty, written agreements between the academic institution and clinical centers outlining responsibilities of each party, and standardized education of clinical faculty. Clinical centers that demonstrate the aforementioned criteria are recruited and maintained. New clinical sites are developed according to the need for specific learning experiences and sufficient site numbers.

### Objectives of Clinical Education Courses

All academic and clinical coursework must be successfully completed in sequence. Failure to complete a course in sequence may cause a student to wait a full year before resuming the program. Preparation for clinical experiences includes successful completion of academic coursework as well as demonstration of professional behavior.

Professional behavior is critical for a successful transition from the classroom to the clinical setting. The faculty recognize the importance of this by incorporating the development and evaluation of professional behavior into each academic course.

Early Mobility Program



All students must attain developmentally appropriate levels of professionalism on Brenau University's Clinical Education Early Mobility Assessment Tool. See Appendix B. Students will use the Professional Behaviors Self-Assessment Tool to formally self-evaluate their professional behavior and interactions with peers, faculty, and clinicians.

The foundational clinical education coursework occurs in the second through fourth semesters - when students are assigned to our Early Mobility Team at Northeast Georgia Medical Center. During these semesters, students must meet course criteria at specified levels in order to successfully complete each course. The assessment tool utilized during Clinical Education I, II, and III focuses on professional behaviors and basic clinical skills. As the student progresses throughout the first three courses, the objectives advance according to the scale in Appendix B and based on skills learned from coursework each semester. Students will receive summative feedback utilizing the assessment tool at mid-term and final. At midterm those students with areas of needed improvement will meet with a faculty member to develop a clinical support plan to achieve the course criteria by the end of the semester. Students who are unable to achieve all criteria by the end of the semester will be supported clinically to work towards meeting those criteria.

### Clinical Education Placement Requirements

Students will not be placed in internship sites in which 1) they have been employed or are well-known by the staff, 2) there are family members in employment, or 3) they have a legal contract for future employment or a scholarship with an obligation for employment following graduation. Students are obligated to notify the DCE of any of the above situations. Students should be prepared for transportation, lodging, and food costs associated with all internships.

In addition to 144 hours of clinical exposure during the Early Mobility Program, each student will complete three full-time internships. These full-time internships will include, at a minimum, opportunities to manage adult and geriatric patients in inpatient and outpatient settings. Additionally, each student will have opportunities to demonstrate competence when managing patients with dysfunction in the four primary practice patterns: musculoskeletal, neuromuscular, cardiopulmonary, and integumentary. The DCE works closely with students to encourage diversity in learning experiences as related to patient lifespan and diagnoses. Through the combination of these experiences, the student is able to meet the requirements for graduation as outlined in the program goals and outcomes.

### Hardship Status for Internship Placement

As noted in each student's acceptance letter, all students should expect to be placed outside of the commutable area for full-time internships. Hardship status is utilized for students experiencing significant burdens - such as being a primary caregiver, requiring them to be placed in a specific location. Students who have a significant burden that imposes a hardship may apply for hardship status for internship placement. Financial burdens do not typically qualify as a hardship. However, students with extraordinary unforeseen financial burdens resulting in a hardship and disruption to their learning may apply to be considered for hardship status. If students have questions about the hardship policy, they should consult with the DCE for advisement.

#### HARDSHIP APPLICATION PROCESS

Students must submit a hardship application form to the DCE - who will discuss these requests with the Clinical Education Committee for review and decision-

making. The hardship application must include the student's name, the timeframe of hardship request, geographic need for placement, and specific reason for the request (nature of the hardship). The application must have enough details to allow for an informed decision by the committee. Incomplete applications will be returned to the student with a request for additional details.

#### APPLICATION TIMEFRAME

Students may apply for hardships at any time and are encouraged to apply as soon as they experience a hardship - if possible, at the beginning of the semester when the placement process occurs for the clinical education course.

#### HARDSHIP APPROVAL DEFINED

Approval of a hardship status allows students to be placed in the geographic location of need, but does not guarantee a specific site placement. Sites must meet clinical site requirements as stated above. Placement in the requested geographic location cannot be guaranteed. Placement must also meet the learning needs of the student and offer the variety of practice areas and settings required. Due to the time-sensitive nature of the internship placement process, decisions made by the Clinical Education Committee regarding hardship status are final. Students with concerns about these decisions may seek further guidance from the DCE and the Clinical Education Committee, but must understand that the matching process will proceed according to schedule.

#### Scheduling and Assignment of Students for Clinical Internships

Clinical Internships are scheduled 3-6 months prior to the date of the internship. Available placement slots are recruited from contracted sites for the following calendar year. Placement decisions are made in order to ensure each student is exposed to the four main practice areas: musculoskeletal, neuromuscular, integumentary, and cardiopulmonary in a variety of patient populations and settings. Clinical education experiences provide the student with opportunities to practice and perform professional responsibilities with appropriate supervision, professional role modeling, and a variety of patients and learning experiences. These experiences require effective communication between clinical and academic faculty, written agreements between the academic institution and clinical centers outlining responsibilities of each party, and standardized education of clinical faculty. Clinical centers that demonstrate the aforementioned criteria are recruited and maintained.

New clinical sites are developed according to the department's needs for learning experiences. Students must refrain from contacting any clinical site or clinician in an effort to secure or arrange a clinical internship. Any student engaging in efforts to bypass the internship placement process may be subject to disciplinary action.

Students should contact clinical sites only on the approval of the DCE and following confirmation of clinical placement at the facility. The DCE and/or ADCE makes the final placement decisions.

It is the student's responsibility to contact the SCCE and/or CI at their assigned site via email or phone six to eight weeks prior to the scheduled start date of the clinical experience. Students should confirm all site requirements - including health information, mandatory training, background checks, etc. - via communication directly with the site. Students must meet the site requirements within the timeframe identified by the site. Students who do not fulfill the site requirements in a timely fashion will be subject to disciplinary action up to and including possible dismissal from the program.

Students are required to complete their student profile in Exxat detailing their learning style, clinical and professional strengths and areas for improvement, goals for the clinical experience, and other important information. The purpose of the student information form is to prepare the clinical instructor and site to facilitate the learning experience. Students must update and share their student profile form with their clinical instructor or the SCCE prior to each clinical experience.

Students with documented disability needs must meet with the DCE to discuss the needs specific to each clinical placement and provide consent for the DCE to contact the SCCE to arrange for any requested accommodation. Students who are not requesting accommodations are encouraged to meet with the DCE to discuss their situation in a good faith effort to avoid misunderstandings regarding the student's abilities and needs.

Reassignment of student clinical placement is only considered in the event of cancellation by the site. Cancellations occur due to site or staffing changes which are not under the program's control; therefore, students must be aware of the possible need to reassign placement. In this event, the SCCE should contact the DCE as soon as possible to allow for alternate planning for student placement. The DCE will work with the student to secure placement that will meet the program requirements.

### Clinic Attire

Students are required to wear an appropriate identification badge depending on the policies of the clinical facility. Clinic attire is considered business casual (collared shirts and slacks). Hospital attire for the Early Mobility Program consists of gray scrubs and tennis shoes. Some clinics may have more specific dress code requirements. It is the student's responsibility to inquire about and abide by all clinic requirements - including dress code. As a representative of our program, students must be appropriately dressed for all clinic visits - regardless of the purpose of the visit.

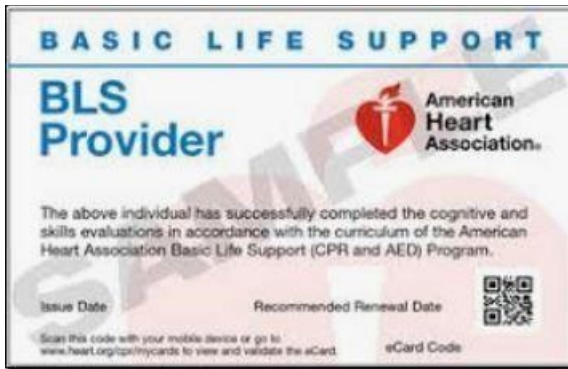
Clean, professional closed-toe & closed-heel shoes are required (no sandals).

No jewelry except a watch; small, conservative, and non-distracting earrings; or wedding or engagement rings are to be worn when in the clinic. No facial jewelry is allowed in the clinical setting. Rings should be removed and secured in a pocket in instances where they may cause discomfort to the patient. Excessive perfume or cologne is unacceptable. Even small amounts may be prohibited in the clinic - as it can be offensive/irritating to patients with allergies/sensitivities.

### Medical and Legal Requirements

All DPT students are required to meet the DPT immunization requirements for admission as defined in the *Brenau University DPT Student Handbook*. Prior to participation in clinical internships, all students must show current proof of the following:

- HIPAA Training
- HIV/Blood borne Pathogen Training
- CPR/BLS Healthcare Provider certification completed with an American Heart Association Training Center (see example below). It is suggested that students use [Executive CPR](http://executivecpr.com) <executivecpr.com>.



- Health insurance including major medical (hospitalization)
- Annual 2-step Tuberculosis screening
- Annual flu vaccine
- Hepatitis B
- MMR (measles, mumps, and rubella)
- Tdap (tetanus, diphtheria, and pertussis)
- Varicella (chicken pox)
- COVID 19 - please refer to Ivester College of Health Sciences (ICHS) policies
  
- Annual Background Check
- Annual 11-Panel Drug Screening

Individual Clinical Site may require additional vaccinations, background check, and/or drug screen. It is the student's responsibility to meet each requirement by the recommended completion date prior to the rotation. Below are examples of additional types of requirements:

- Fingerprinting
- Additional vaccines such as Tetanus
- Facemask fit testing
- Other requirements as stated by the individual clinical site

<b>Immunization Requirements</b>	
Measles, mumps, rubella (MMR)	2-dose series (at least 4 weeks apart)
Hepatitis B	2-dose series (at least 4 weeks apart) OR 3-dose series (minimum 16 weeks, maximum 6 months apart)
Varicella-zoster	2-dose series (4 to 8 weeks apart); 3-dose series (takes approximately 6 months); OR Positive titer for serological evidence. <i>History of disease is NOT sufficient evidence of immunity</i>
Diphtheria, Tetanus, & Pertussis	1-dose Tdap (or DTap if administered before age 7). Tdap booster every 10 years - Pertussis is required by healthcare organizations working with at-risk populations, such as pediatrics and geriatrics.

PPD for Tuberculin testing- Annual	Additional documentation required for positive PPD tests. 2 Step PPD test may be required by some clinical agencies, therefore, the DPT program requires a 2 Step PPD test annually. See Exxat for document guidelines.
Influenza Vaccine- Annual	1 dose any influenza vaccine appropriate for age and health status annually. See Exxat for document guidelines. **Do not get before September 1**
COVID 19	2-dose Pfizer vaccine (4 weeks apart) 2-dose Moderna vaccine (4 weeks apart) 1-dose Johnson & Johnson Vaccine

If you are seeking medical or religious exemption for ANY vaccination, please refer back to the Ivester College of Health Sciences policy.

### COVID-19 Vaccination and PPE Provision

Based on current conditions and guidance from our clinical agencies and public health officials, Brenau University now requires ALL STUDENTS in clinical programs in the Ivester College of Health Sciences either to be fully vaccinated against COVID-19 or to have been approved for a medical or religious exemption. Fully vaccinated means two doses of either the Moderna or Pfizer COVID-19 vaccine or a single dose of Johnson & Johnson.

This will allow Brenau to: 1) comply with the requirements of our clinical partners; 2) facilitate students' ability to meet applicable program and licensure requirements; and 3) meet accreditation requirements.

The vaccine requirement applies to all students in the programs listed below. Brenau students subject to this requirement must either be fully vaccinated or have received an approved exemption by the March 17 deadline to continue in their academic program.

- Bachelor of Science in Nursing
- Master of Science in Nursing
- Post-Masters Certificate in Nursing
- Doctor of Nursing Practice
- Master of Science Occupational Therapy
- Occupational Therapy Doctorate (all tracks)
- Doctor of Physical Therapy Program
- Master of Science in Clinical Counseling Psychology
- Master of Science in Physician Assistant Studies

Other health science programs that do not have clinical experiences are not subject to the requirement.

Brenau's exemption process will be overseen by the Brenau Institutional Review Board (IRB) c/o the Graduate Dean for evaluation and decision. Failure to follow the specified procedures will lead to a denial or termination of the exemption.

Please contact Dr. Gale Starich with questions.

Physical Therapy students must also meet the vaccination/PPE requirements set by the individual clinical education site. For any site requiring PPE that is not supplied, the Program will assume the cost.

Students are required to review internship site documents such as the Clinical Site Information Form (CSIF) and posted reports from prior students, as well as contact the Site Coordinator of Clinical Education (SCCE) at each site to prepare appropriately for each clinical placement.

Students must link proof of coverage/completion of all medical and legal requirements in Exxat and keep this up to date throughout full time clinical experiences. Students who fail to comply with these requirements are subject to disciplinary action.

# Clinical Education Policies

## Required Essential Functions

Physical therapy students must meet the essential functions and technical standards required of the majority of physical therapy positions unless they have special considerations that the University is able to accommodate under the “reasonable accommodations” of the Americans with Disabilities Act (ADA). These requirements are necessary for both the clinical portion of academic courses and clinical internships. The requirements are as designated below:

### COMMUNICATION SKILLS

Students must be able to communicate effectively with faculty, peers, coworkers, clients, patients, and other members of the healthcare team. Effective communication includes the ability to receive, interpret, utilize, and disseminate information via verbal, non-verbal, and written communication in a manner that is comprehensible by colleagues, clients, and laypersons. It is required that students communicate in the English language at a level consistent with competent professional practice - verbally and in writing (manual and computer). Students must demonstrate the ability to sensitively and effectively communicate with individuals with disabilities and/or from different social and cultural backgrounds.

### OBSERVATION SKILLS

Students must be able to accurately observe the client’s or patient’s activity and behavior during examinations and interventions - as well as status changes such as skin temperature and/or color, heart rate, facial expression, muscle tone, breath sounds, and breathing rate or pattern. Students must also be able to accurately observe and interpret demonstrations in the classroom, projected slides or overheads, x-rays, and monitor dials on equipment.

## PSYCHOMOTOR SKILL

Students must be able to develop proficiency in motor skills required for accurate examination, evaluation, and intervention techniques. The student must demonstrate adequate locomotor ability to allow them to physically maneuver to and from and within the classroom, lab, and clinical settings in a timely manner. This includes the ability to quickly respond in emergency situations such as preventing a patient's fall. Students must be able to safely and effectively manipulate or maneuver another person's body and/or body parts to perform examination and intervention techniques and emergency procedures (e.g., transfers, gait training, positioning, mobilization, exercise, cardiopulmonary resuscitation, use of tools such as goniometer, blood pressure cuff, stethoscope, etc.). Students must be able to perform physical therapy examination and intervention procedures in a manner that is consistent with the American Physical Therapy Association's (APTA) *Code of Ethics and Guidelines for Professional Practice*.

Students must be able to perform the physical demands required by the majority of clinical settings in which physical therapists practice. These physical demands include the ability to:

- ✓ **Continuously** (67-100% of workday) utilize gross and fine motor hand coordination with repetitive motions such as simple and firm grasp tasks requiring manual dexterity.
- ✓ **Frequently** (34%-66% of workday) stand, walk, climb stairs, reach, squat, twist, bend, and lift and carry items up to 30 pounds for a distance of at least 30 feet. Also, must be able to exert push/pull forces up to 24 pounds for distances up to 50 feet.
- ✓ **Occasionally** (up to 33% of workday) kneel, crawl, and reach above shoulder level -as well as lift and carry items between 10 and 40 pounds for a distance of at least 30 feet. Also must be able to exert push/pull forces of up to 30 pounds for distances up to 50 feet.

## COGNITIVE/INTELLECTUAL SKILLS

Students must be able to measure, calculate, reason, analyze, synthesize, and apply large amounts of information in a short period of time. Students must be able to understand and apply principles, theory, and research to physical therapy practice. Students must demonstrate the ability to think critically and problem-solve. Students must have the ability to accurately self-assess and reflect on their own performance.

## BEHAVIORAL/AFFECTIVE SKILLS

Students must possess and demonstrate a level of emotional health and maturity that allows the full use of their intellectual capabilities, the use of good judgment, and the ability to effectively handle physically, emotionally, or intellectually stressful situations. This includes the ability to adjust and adapt to changing situations or uncertainty in the academic or clinical environment. Students must also demonstrate a commitment to working with individuals with physical and cognitive deficits from a variety of age groups, cultures, and socioeconomic statuses without bias.

Students should refer to the *Brenau DPT Student Handbook* for the policy on Essential Functions and how to seek accommodations.

*Accommodations for Students with Disabilities – Section 104 and the Americans with Disabilities Act*  
Brenau University and the Department of Physical Therapy is committed to complying with all applicable requirements of the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of



1973, and other applicable federal and state laws. Brenau does not discriminate in violation of these laws in its programs and services available to all admitted students.

The Learning Center assists qualified students with disabilities in obtaining a variety of services, as directed by the University's Disabilities Service Provider. The University's Compliance Officer coordinates the University's efforts in complying with federal, state, and local laws such as Section 504 and ADA, Title IX of the Education Amendments of 1972, and Title VI of the Civil Rights Act of 1964.

#### The University Compliance

Officer: Dr. David Barnett, *C.F.O. Executive Vice President*  
Brenau University  
500 Washington St SE  
Gainesville, GA 30501-3697  
(phone) 770-531-3116

#### The Disabilities Services Provider (DSP)

Kelley Brock-Simmons  
University 530 Washington St  
Gainesville, GA 30501-3697  
(phone) 770-534-6134

Eligibility for services is determined by the DSP, and individuals must self-identify and provide proper documentation as outlined by the DSP. After eligibility is approved, students meet with an assigned coordinator to develop an individualized service plan that identifies appropriate accommodations and services.

Note: It is the student's responsibility to notify and provide documentation to each instructor regarding the requested accommodations. Documentation should be provided prior to any testing or assignments to enable the instructor to implement or coordinate requested accommodations.

#### Accident/Incident Reports

Students who are involved in or witness an accident/incident while participating in clinical internship activities must follow the clinical site's policy on completing reports/forms/documents related to the accident/incident. As soon as possible, or at maximum of within 24 hours of the accident /incident, students must also contact the DCE to receive direction for follow-up procedures. Students should also complete an Accident Reporting Form in Exxat providing the following details on the form:

- Name of student:
- Date/time/location of incident/accident
- Names of other individuals involved and their role, e.g., (patient, visitor, clinical instructor, etc.)
- Brief description of what occurred
- Contact phone # and email for student and clinical instructor

The student will be contacted by the DCE (or another school representative) to confirm receipt of this report and provide further direction as needed.

Pursuant to contractual agreements with clinical internship sites, students are not eligible for employee benefits including worker's compensation. For minor injuries, first aid should be administered onsite. For more serious injuries, emergency response should be instigated.

#### BLOODBORNE PATHOGEN EXPOSURE

- All students will follow procedures for Standard Precautions in all health care settings.

- Students will inquire and obtain the facility's procedure on exposure to communicable diseases and bloodborne pathogens prior to patient contact.
- Students will clarify the policy with their immediate supervisor (Clinical Instructor) or SCCE (Site Coordinator of Clinical Education). The students should determine:
  - a) Quickest way to contact immediate supervisor or next in chain of command
  - b) Phone Number of Infection Control Nurse
  - c) Location of Employee Health
  - d) Location of Emergency Room

In the event of exposure to a communicable disease and/or bloodborne pathogen, students should:

- Report the incident to the immediate supervisor (or next in chain of command) – who should contact an Infection Control nurse. If the student is having difficulty contacting the immediate supervisor or the next in chain of command, the student may contact the Infection Control nurse and explain the circumstances. Exposure risk will be determined by the Infection Control nurse, and the student will be directed to either Employee Health or an Emergency Room if significant exposure is determined.
- Contact the DCE (this should occur as soon as possible so that DCE may assist the student)

### FERPA

FERPA (Family Educational Rights and Privacy) requires that SCCEs and CIs do not release or reveal any personal or identifiable information to any parties about the student without the student's written permission. Students have the right to:

- Inspect and review their educational records
- Privacy of their educational records
- Challenge the accuracy of their educational records
- Report violations of FERPA to the Department of Education

### Attendance

Early Mobility Program at Northeast Georgia Hospital (Clinical Education I, II, III):

Students are expected to attend the Early Mobility Program during their scheduled time. All absences will be required to be made up at the discretion of the lead professor for the course.

Unexpected Absences:

- Notify your clinical instructor and faculty member by 9am the morning of the unexpected absence.
- Record your absence in Exxat
- Illness greater than two consecutive days will require a note from a physician or Student Services.
- Illness before or after a holiday will require a note from a physician or Student Services.

Planned Absences:

Students will follow the policy stated in their Brenau DPT Student Handbook and notify faculty of any planned absences by the end of the first week of classes. This includes the personal day off form signed and completed by involved faculty and advisor as per the DPT Student Handbook.

Students are expected to work the same schedule as their Clinical Instructor (CI). Brenau University holidays do not apply to clinical internships. Decisions to allow a student a day off for a special event in exchange for an additional or weekend day are at the discretion of the CI. Credit for clinical education is based on a minimum average of 40 hours/week. Students should notify the DCE if they are subjected to excessive work hours or work hours less than the required amount. Students should be given an alternate day off during the week if they are required to work a weekend day outside of an ordinary 5-day work schedule. Due to the nature of varying CI work schedules, if a student is unsure they are meeting the requirement they should notify the DCE.

#### *Missed Time Due to Illness/Injury/Death in the Family, Etc.*

Rescheduling of missed days as a result of illness, injury, or death in the family is REQUIRED for greater than 2 days and recommended for 2 or less. The final decision is at the discretion of the CI in consultation with the DCE. Students should contact the DCE and/or clinical education specialist (in addition to their CI) for any missed clinical days. For scheduled missed clinic time, students must receive pre-approval from the CI as well as the DCE.

Rescheduling of ALL missed days NOT a result of illness, injury, or death in the family is REQUIRED. Examples include, but are not limited to, weddings or vacations.

#### **DOCUMENTATION OF MISSED TIME**

All students participating in Clinical Education I-VI must document any missed days and make-up days in Exxat - regardless of the reason missed.

#### **Communication**

All students are required to have a Brenau email address for use with academic coursework and responsibilities. It is departmental policy that students cannot forward email received to their Brenau email address to a personal account. Our policy supersedes any university policy in this matter and Brenau email should not be forwarded to another account. These policies exist to improve communication between faculty, staff, and students.

It is the responsibility of the student to check email on a daily basis - both when in the academic program and while on internships.

All clinical education courses are managed through Canvas. Students are required to regularly check Canvas for assignment details and other vital course information during all of their clinical experiences.

#### **Clinical Education Records**

The purpose of this policy is to ensure the student maintains and updates their required clinical education records in Exxat in a timely and efficient manner as requested by the Clinical Education team. This policy is meant to ensure that administrative time for the clinical education team is focused on preparing the student for the clinic - and not on the task of notifying students with incomplete records.

Students will be provided with a clinical education tracking chart with a timeline in order to assist them in the goal of self-management of their clinical education records. This tracking chart will be posted in Canvas and provided as an addendum (Appendix G) in this handbook. The clinical education team is available to assist students in obtaining the appropriate records in the most effective manner.

## Procedure

- Students will be required to obtain the tracking grid from Canvas or the handbook.
- Late assignments will be tracked in Canvas. Each student will be given 24 hours after the posted due date to complete or initiate requirement completion, or the assignment will be considered “missed”.
- Students must notify the clinical education team of any issues causing the inability to complete the assignment 1 week prior to the due date to receive an option of extension or assistance to complete.

Consequences for not maintaining clinical education records will result in delaying the start of a clinical education experience and potentially receiving an incomplete for the course and a delayed graduation.

## Unsatisfactory Clinical Performance

Early Mobility Program at Northeast Georgia Hospital (Clinical Education I, II, III)

The assessment tool utilized during Clinical Education I, II, and III (PT 980, PT 981, and PT982) will be focused on professional behaviors and basic clinical skills. See Appendix B. Students will receive formative and summative feedback utilizing the assessment tool at mid-term and final. At mid-term those students who are not satisfactorily progressing will meet with a faculty member to develop a Clinical Support Plan (a plan between the lead professor of the course, the student, and the clinical instructor for individualized mentoring in the area of deficiency) to achieve the course criteria by the end of the semester. Students who are unable to achieve all criteria by the end of the semester will receive an incomplete and continue to work with the lead professor to correct deficiencies with a formalized contractual clinical support plan addressing those individual deficiencies. If deficiencies are severe and clinical support is required for multiple midterms and finals or if progression is not noted after clinical support is provided, dismissal from the program will be considered. Students will have written assignments associated with clinical education II & III (PT981 & PT982). They will also have a competency form of core skills for acute care therapists that will be tracked each semester. The expectation at the end of 3 semesters of Early Mobility coursework is that at least 75% of the core competencies will be achieved at the beginner level.

Full-time Clinical Internships (Clinical Education IV, V, VI)

If a student’s performance at mid-term either in skill level or professional behaviors is deemed unsatisfactory and the CI answers “no” to “Is the student performing at a level that is satisfactory for his/her current level of education” on the CIET, the student may be placed on probation.

Behaviors during the internship that compromise the safety of the patient or others can also result in the student being placed on probation. The DCE will notify the student and the program Chair of the student’s probationary status. In order to address the deficient skills, the student may either stay at this internship for the remaining time or will be removed from the clinic - depending upon the circumstances. A Learning Contract will be developed between the DCE, the student, and clinical instructor to address the areas of deficiency. The contract will have clearly stated attainable goals with deadline dates associated with each goal. The following actions may occur:

- The student remains in the same internship to meet the requirements of the internship.
  - A learning contract will be developed between the student, the CI, and the DCE.

- Remediation through paper and/or video cases and/or one-to-one discussions may occur with the DCE or appropriate faculty based on the student's deficiencies.
- The student must correct the deficient behaviors or skills to the required level by the end of the internship in order to pass the internship.

*\*Additional time may be added to the internship.*

- The student is removed from the clinic and is placed in another clinic.
  - A learning contract will be developed between the student and the DCE.
  - Remediation through paper and/or video cases and/or one-to-one discussions may occur with the DCE or appropriate faculty based on the student's deficiencies.
  - This placement may require the student to complete only the remaining weeks of the internship or require an additional full-time clinical experience. Either placement may delay the student's graduation date.
- The student is removed from the clinic and brought back to the DPT program for remediation.
  - A learning contract will be developed between the student and the DCE.
  - Learning experiences may include but are not limited to: review of coursework, testing, competency development and assessment, clinic observation, and/or time spent with supervision of faculty in the pro bono clinic and/or the faculty practice.
  - If the student successfully completes the remediation according to the contract, they will have an opportunity to repeat the internship at a site determined by the DCE and will receive a grade of "I" until the internship is completed. If the remediation is not completed satisfactorily in the time period designated, the student will not have the opportunity to repeat the internship and the student will receive a grade of "F" and will be dismissed from the program.

Students will be allowed one - and only one - such situation regarding internships. If the student is not performing satisfactorily on a subsequent internship at any point in time, the student will receive an "F" and will be dismissed from the program.

Appeals to decisions regarding a grade assigned in a clinical education course should follow the procedure that applies to all other courses. This due process procedure is outlined in the Brenau University DPT Student Handbook.

## Clinical Feedback and Outcomes

### Student Performance

#### *Early Mobility Program (Clinical Education I, II, III)*

The Early Mobility Program Assessment Tool is a combination of the Professional Development Tool and an assessment of basic clinical skills. The tool will be utilized by clinical instructors at mid-term and final assessments as a summative assessment of the student's performance at mid-term and final. Clinical instructors should expect students to perform at a Beginner Performance level by the end of the first semester of the Early Mobility Program and progress to Entry Level by the end of the Early Mobility Program phase. In addition, throughout these three semesters a competency will be completed at each semester end with an expected performance of Beginner Level on at least 75% of these core competencies. These assessment tools are available in Exxat and CANVAS for review by each student.

COURSE	EARLY MOBILITY PROGRAM ASSESSMENT TOOL
Clinical Education I	Beginner
Clinical Education II	Intermediate
Clinical Education III	Entry Level
COURSE	COMPETENCY FORM
End of all 3 Semesters of Early Mobility	75% core competencies at Beginner Level

#### *Full-time Internships (Clinical Education IV, V, VI)*

The Clinical Internship Evaluation Tool (CIET) is utilized by the student and clinical instructor to assess and provide feedback regarding the student's progress toward entry-level skill as a physical therapist. The student's ability to manage patient problems is expected to increase in terms of the complexity, consistency, quality, and efficiency of physical therapy services provided over the course of clinical experiences. The level of guidance and assistance provided by the clinical instructor should gradually decrease with the expectation that the student is ultimately capable of independently functioning in a safe and effective manner at the conclusion of the final clinical experience.

COURSE	CIET EXPECTATION
Clinical Education IV	Advanced Beginner
Clinical Education V	Intermediate to Advanced Intermediate
Clinical Education VI	Entry Level to Beyond Entry Level

Students should meet with the CI during the first week to discuss the student's preferred learning style and type of feedback. It is recommended that CIs provide daily verbal feedback and weekly written feedback regarding student progress. Students are also encouraged to perform weekly self-assessments and documentation of goals. The DCE or a core faculty member will also review student and CI comments on the CIET at mid-term to assess student performance.

#### Clinical Education Faculty

The APTA's Clinical Instructor Evaluation is utilized by students to assess and provide feedback to clinical education faculty at the mid-term and final week of each clinical experience.

The DCE or a core faculty member initiates communication with the clinical education faculty via email within the first two weeks of the clinical experience to provide support and answer questions or address concerns as needed. The DCE assesses performance of the clinical education faculty through student evaluations of CIs and mid-term interviews with students and CIs. CIs and CCCEs are routinely interviewed to identify areas of development needed. Students are counseled to provide clear and objective feedback to CIs regarding expectations for clinical supervision.

#### Academic Preparation

Students and clinical faculty are interviewed or surveyed to ascertain their opinions regarding the academic preparation of students. This is addressed at mid-term, and students and clinical education faculty are surveyed to provide feedback regarding student preparedness at the completion of each

clinical experience.

## Clinical Faculty Privileges

Clinical Faculty are invited to participate in feedback regarding the performance of the DCE and the program curriculum. Clinical education faculty are also afforded the opportunity to attend department-sponsored continuing education activities and request specific feedback and assistance with development of clinical teaching and skills.

## Rights and Responsibilities of Academic Institution, Clinical Education Center, & Student

1. Rights and responsibilities of the Department of Physical Therapy, Ivester College of Health Sciences, Brenau University:
  - a. To assign to clinical education centers those students who have satisfactorily completed the pre-clinical phase of their physical therapy education and prior supervised clinical education experiences.
  - b. To select clinical centers that will provide good environments for learning and adequate supervision and guidance of students.
  - c. To maintain effective communication between the school and the clinic to facilitate realistic and optimal pursuance of clinical education. Means of communication includes regular correspondence, telephone conversations, clinical visits, educational in-services, and consultative meetings.
  - d. To offer educational opportunities to the clinical instructors for their continued improvement in clinical knowledge, supervision, and teaching.
  - e. To share with the clinical instructors the general responsibilities for planning, executing, and evaluating the clinical education program. To share with students the general responsibilities for preparation for and active involvement in seeking educational experiences. The School's faculty accepts the final responsibility for clinical education.
  - f. To adhere to formal conditions for agreement written in the contract.
  - g. To assign the final course grade (Pass or Fail) for the clinical education experience based on the assessment of the student's performance as determined by a review of the completed Clinical Internship Evaluation Tool (CIET) and discussion with the student and clinical instructor.
2. Rights and responsibilities of the Clinical Education Center
  - a. To provide medical and physical therapy direction by qualified personnel.
  - b. To provide guidance and supervision of students by qualified physical therapists.
  - c. To orient the student(s) to the physical therapy department, specific types of patients unfamiliar to students, and a review of methods, policies, and procedures peculiar to the institution - such as appropriate dress, working hours, patient schedules, record-keeping, and approaches to physical therapy interventions.
  - d. To provide a variety of educational experiences for the student in regard to types of patients (age, gender, diagnosis) - including examination, evaluation, and intervention methods used. Educational experiences should be appropriate for the setting and consistent with the student's grading criteria/level of education.
  - e. To involve students in record-keeping, medical record documentation, educational sessions, and supervisory opportunities as appropriate for the student's level of education.



- f. To guide and supervise the student(s) in their activities according to individual needs and abilities.
  - g. To provide feedback to the student by performing ongoing informal evaluations of performance. To discuss concerns with the DCE as early as possible in the internship.
  - h. To formally evaluate the performance of the student using the CIET at least twice (midterm and final) during the affiliation. To discuss with the student the results of these evaluations.
  - i. To encourage professional growth of staff and students.
  - j. To share with the School faculty the general responsibilities for planning, executing, and evaluating the clinical education program.
  - k. To adhere to formal conditions for agreement written in the contract.
3. Rights and responsibilities of the Student Physical Therapist
- a. To review, understand, and comply with any policies and procedures of the assigned facility before reporting to the assigned site. This will include all information provided to the School and/or material sent to the student by the facility.
  - b. To comply with all federal and state laws and regulations regarding the practice of physical therapy. Comply with all department regulations of the clinical facility and the School - inclusive of but not limited to hours, attendance, dress code, record-keeping, use of non-protected health information, and safety regulations.
  - c. To review and comply with all medical and liability requirements required of the School and the facility. This includes PPD, immunizations (MMR & Hepatitis B), CPR, liability, current health insurance and hospitalization, and any additional requirements of the facility (e.g. 3 month PPD, recent medical exam, first aid class, background check, fingerprinting, etc.). To produce all documents upon the facility's request.
  - d. To understand the objectives and grading criteria of the Clinical Education Experience(s) provided by the School. To seek additional assistance when clarification of criteria is needed.
  - e. To avail oneself of learning experiences offered by each facility and its personnel. To seek and utilize those experiences to meet grading criteria. To request additional experiences to meet grading criteria.
  - f. To request guidance and assistance when needed. Students are encouraged to use the appropriate chain of command when seeking assistance. Students are encouraged to contact the DCE or appropriate ADCE when they have difficulties seeking guidance or assistance in the clinical setting.
  - g. To review, understand, and properly utilize the evaluation tool for clinical education (CIET). To request clarification and guidance about the tool before the clinical internship. To answer questions the CI may have about the school's individual tool (CIET).
  - h. To discuss performance evaluations with their CI(s) and to improve performance by the acceptance of just criticism.
  - i. To demonstrate interest in and loyalty to the clinical education facility.
  - j. To maintain a high level of performance and ethical conduct befitting a professional physical therapy student.
  - k. To complete and submit all paperwork and assignments required by the School for satisfactory completion of internships.

### Patients' Right to Refuse Treatment

Students are required to wear a school or facility name badge identifying them as a student and introduce themselves as such when working with a patient/client. Patients have the risk-free right to refuse treatment/participation in student training.

## Appendices

## Appendix A: Standard Contract Template

**MEMORANDUM OF UNDERSTANDING FOR CLINICAL EXPERIENCE**  
**between**  
**BRENAU UNIVERSITY, INC.**  
**and**  
**CLINICAL AFFILIATE**

THIS AGREEMENT (the “Agreement”), effective September 22, 2020, is between BRENAU UNIVERSITY, INC., referred to as the “University,” and **CLINICAL AFFILIATE (Located at Address, City, State, Zip)** referred to as the “Facility.”

Students enrolled in education programs offered by the University are required to participate in one or more clinical experiences. The term “clinical” includes instructional experiences which may be called “fieldwork,” “clinical rotation,” “clinical field experience,” “practicum,” or “internship.” The term “Instructor” shall include “Fieldwork Educators,” “Preceptors,” “Clinical Instructors” and “Clinical Educators”.

The University and the Facility wish to enter into an Agreement by which students enrolled in the programs listed in Exhibit A (attached) may participate in a clinical experience at the Facility.

### **A. PURPOSE**

To further the following objectives of the parties hereto, the University may send to Facility students enrolled in one of the Programs outlined in Exhibit A who desire to receive instruction and clinical experience in the designated field: (1) to provide clinical experience in terms of patient and related instruction for such students; (2) to improve the overall health sciences educational program by providing opportunities for learning experiences that will progress the student in performance; and (3) to establish and operate a clinical educational program of high quality.

### **B. GENERAL UNDERSTANDING**

#### **1. Placement and Evaluation of Students**

Placement of each student from one of the programs at the University is subject to the following:

- a. The appropriate department head at the Facility and applicable University Program Contact and/or Clinical Contact (Exhibit A) agree to the placement of specific program students within a specified department and shall agree in writing via email as to the specific arrangements (number of students accepted, starting date, duration of the experience). Contact information for the appropriate representatives of the Facility will be included in Part 2 of Exhibit C.
- b. The University will furnish the Facility/Preceptor with written objectives for each student clinical experience as well as clear guidelines and processes for securing feedback on the students’ performance from the preceptors/(site) clinical faculty. The academic faculty will utilize this feedback to fulfill the responsibility of the final evaluation of the student’s success.

- c. All student participants must be mutually acceptable to both parties and either party may withdraw any student from a clinical experience based on perceived lack of competency on the part of the student, the student's failure to comply with the rules and policies of the Facility or University, or for any other reason wherein either party reasonably believes that it is not in its best interest for the student to continue.

A meeting or conference will be promptly held between the Facility and the University Program representatives to resolve any problems or to develop any improvements in the operation of the clinical.

- d. There shall be no discrimination on the basis of race, national origin, religion, creed, sex, gender, age, veterans/national guard/reserve status or disability in either the selection of students for participation in, or as to any aspect of, the clinical experience. With respect to disability, the disability must not be such as would, even with reasonable accommodation, in and of itself preclude the student's effective participation in the clinical experience.
- e. Both the University and Facility agree to comply with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended and regulations promoted thereunder, governing the privacy of student records.
- f. Both the University and Facility understand and agree that this Agreement is subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Privacy Regulations 45 C.F.R. Parts 160 and 164 issued under said Act, and the federal regulations issued thereunder as it relates to the confidentiality of all medical, health (including mental health), financial and social information of particular clients or patients.

## **2. Student supervision**

Supervision for students in the College of Health Sciences will be take place using one of the following models:

- a. Students will be supervised by a qualified University faculty member (hereinafter referred to as "Faculty") who will accompany students to the Facility and will be responsible for direct supervision of the clinical experience. Such a faculty member will plan for and direct each student experience subject to agreement of the Facility's department head.
- b. Students will be supervised by a licensed Instructor in the designated department in the Facility who will have immediate responsibility for the day-to-day supervision of the student's clinical experience. The Instructor will evaluate the student, but the University will assign the student's final grade for the clinical experience.
- c. Instructor agrees that the students are not to replace staff, and are not to render service except as identified for educational value and as part of the supervised clinical experience program. Any such direct contact between a student and a patient shall be under the proximate supervision of a qualified member of Instructor's staff. Instructor shall at all times remain responsible for patient care.

## C. FACILITY RESPONSIBILITIES

1. The Facility will provide the University Program with a written description of the clinical experience being offered.
2. Prior to the initiation of a clinical experience, the Facility will advise the University of any additional health or insurance requirements beyond the Brenau University requirements listed below, including those outlined in Exhibit B. The Facility will outline these additional requirements in Part 1 of Exhibit C.
  - a. Documentation of a clear background check and drug screen report completed through Advantage Students.
  - b. Basic Life Saver (BLS) for the Healthcare Provider (CPR & AED)
  - c. Evidence of immunity to measles as demonstrated by: (1) laboratory evidence (blood titer) of immunity to measles; or (2) documentation of two doses of live measles vaccine on or after first birthday.
  - d. Evidence of immunity to mumps as demonstrated by: (1) laboratory evidence (blood titer) of immunity to mumps; or (2) documentation of two doses of live mumps vaccine on or after first birthday.
  - e. Evidence of immunity to rubella as demonstrated by: (1) laboratory evidence (blood titer) of immunity to rubella; or (2) documentation of two doses of live rubella vaccine on or after first birthday.
  - f. Documentation of hepatitis B vaccines or evidence of immunity through laboratory evidence (blood titer).
  - g. Evidence of immunity to Varicella as demonstrated by: (1) documented history of disease; (2) laboratory evidence (blood titer); or (3) documentation of two vaccines.
  - h. Documentation of a current Tetanus-Diphtheria booster within the last 10 years.
  - i. Documentation of most recent physical examination.
  - j. Evidence of the absence of tuberculosis as demonstrated annually by a negative two-step TB skin test. In the event that the test is positive, students will be required to provide documentation of a negative chest x-ray and/or completion of Signs & Symptoms form (attached).
  - k. The Facility will provide an updated site addendum to the University in the event that new sites are added or acquired.
3. Facility/Instructor shall orient students to its applicable rules, regulations, policies and procedures, to include security and personal safety measures. University shall inform students

that they must comply with Facility's/Instructor's policies and procedures, as well as any health or other requirements.

#### **D. UNIVERSITY PROGRAM RESPONSIBILITIES**

1. The University will assume responsibility for assuring continuing compliance with the educational standards established by the University Program's professional accreditation body.
2. The University Program will establish and maintain ongoing communication with the Facility. Such communication may include, but will not be limited to, projected needs, curriculum description, course outlines, policies and procedures, and onsite visits, when feasible.
3. The University will notify the Facility, at a time mutually agreed upon, of its planned student assignment, including the name of the student, level of academic preparation, and the length and dates of the clinical experience.
4. The University will refer to the Facility only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum that is applicable to the clinical experience.
5. The University will inform the student of the Facility's requirements for acceptance, e.g. health screening, additional background check, orientation, etc.
6. The University will ensure the student has met the Facility's requirements relating to health, safety, and liability insurance.
7. The University will provide the assigned student with the information about the Facility and will advise the student regarding existing rules and regulations.
8. The University will provide the Instructor appropriate forms to be used in evaluating the performance of the assigned student.
9. Prior to initiation of the clinical experience, the University will have the student provide any confidential information as may be required by the Facility or deemed necessary for the training and guidance of the student.
10. The University will be responsible for assigning final grades for the clinical experience.

#### **E. TERMS OF THE AGREEMENT**

1. The Agreement shall be in effect for a term of five (5) years, unless either party terminates this Agreement by providing thirty (30) days prior written notice. Upon notice of termination, if the facility is currently providing students a clinical experience, the agreement shall not terminate until all existing students complete their current clinical experience at the facility.
2. This Agreement may be revised or modified by written amendment when both parties are in agreement of such amendment.

3. Facility shall maintain liability insurance in an amount that is commercially reasonable. University shall maintain commercial general liability insurance in an amount of no less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate. University shall maintain professional liability insurance coverage for itself and the students in an amount no less than \$1,000,000 per claim and \$3,000,000 annual aggregate. Each party shall provide at least thirty (30) days prior written notice to the other of cancellation, reduction or other material change in said coverage.
4. University agrees to indemnify and hold harmless the Facility for damages to persons or property due to the actions or inactions of students and faculty assigned to the Facility, and all expenses incurred by the Facility as a result of any such claims, including attorneys' fees and court costs. The Facility agrees to indemnify and hold harmless University against all claims for damages to persons or property due to the actions or inactions of the Facility, its representatives, agents or employees, and all expenses incurred by University as a result of any such claims, including attorneys' fees and court costs.
5. Preceptor shall provide (when appropriate) or make arrangements for first aid or emergency medical care for students injured or who become ill during the clinical experience at the student's cost. In no event shall the Facility/Instructor or University be responsible for the costs of care rendered the student. Students shall maintain health insurance throughout the duration of their clinical experience.
6. This Agreement in no way creates an employment or agency relationship between the students of the University and the Facility. The parties to this Agreement are independent contractors and the parties agree and stipulate that this Agreement in no way creates a partnership, agency, or joint venture between or among the parties.
7. This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia.
8. The parties consent to the exclusive jurisdiction and venue of the Superior Court of Hall County, Georgia for the adjudication of all disputes between the parties which arise from this Agreement, and the parties waive any objections or defenses to jurisdiction or venue in any proceedings before such Court.

In witness whereof, the parties hereto have caused this Agreement to be executed by their respective duly authorized representatives.

**BRENAU UNIVERSITY**

**CLINICAL AFFILIATE**

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

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

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

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

Name: Dr. Gale H. Starich, PhD, FACN

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



*Title:* Dean, Sidney O. Smith Jr. Graduate School and *Title:* \_\_\_\_\_  
Ivester College of Health Sciences

## Exhibit A

### Brenau University Programs and Contract/Clinical Contacts

<u>Nursing</u>	
<u>Contracts</u> Deborah Rhodes Clinical Contract & Admissions Assistant <a href="mailto:drhodes@brenau.edu">drhodes@brenau.edu</a> Phone: (770) 534-6260 Fax: (770) 538-4666	<u>Clinicals</u> Pete Keys, FAHRMM Director of Clinical Coordination <a href="mailto:pkeys1@brenau.edu">pkeys1@brenau.edu</a> Phone: (770) 297-5461
Physical Address: 1001 Chestnut Street, Gainesville, GA 30501 Mailing Address: 500 Washington Street SE, Gainesville, GA 30501	
<u>Occupational Therapy</u>	
Donisha Jones CPL Manager/Fieldwork Program Specialist <a href="mailto:djones23@brenau.edu">djones23@brenau.edu</a> Phone: (770) 599-7351 Fax: (678)707-5015	
Physical Address: 1001 Chestnut Street, Gainesville, GA 30501 Mailing Address: 500 Washington Street SE, Gainesville, GA 30501	
<u>Physical Therapy</u>	
Heidi Neal DPT Clinical Education Specialist & Pre-PT Advisor <a href="mailto:hneal1@brenau.edu">hneal1@brenau.edu</a> Phone: (678) 971-1837	
Physical Address: 301 Main Street SW., Gainesville, GA 30501-6963 Mailing Address: 500 Washington Street SE, Gainesville, GA 30501	
<u>Physician Assistant</u>	
Shannon Parris Clinical Support Coordinator <a href="mailto:sparris@brenau.edu">sparris@brenau.edu</a> Phone: (770) 534-6106	
Physical Address: 301 Main Street SW, Gainesville, GA 30501-6963 Mailing Address: 500 Washington Street SE, Campus Box #33, Gainesville, GA 30501	

## Exhibit B

### Program Specific Requirements

#### Nursing:

- Two-Step TB Test

#### Occupational Therapy:

- American Occupational Therapy Association (AOTA) Membership
- Georgia Occupational Therapy (GOTA) or other state organization Membership

#### Physical Therapy:

- Physical Exam is NOT required by the Physical Therapy Program

#### Physician Assistant:

- Advanced Cardiovascular Life Support (ACLS)
- Influenza vaccine annually

# Exhibit C

## Additional Facility Requirements and Facility Contact Information

### Part 1. Additional Facility Requirements

Please add any additional facility requirements to those listed in section C2 of the agreement or input N/A

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### Part 2. Facility Contact Information

<u>Contracts</u>	<u>Clinicals</u>
Name	Name
Title	Title
Email	Email
Phone:	Phone:
Fax:	Fax:
Physical Address:	Physical Address:
Mailing Address:	Mailing Address:

## Appendix B: Evaluation Tools for Early Mobility

### Clinical Education Early Mobility Assessment Tool:

As the student progresses from Clinical Education I to Clinical Education III they are expected to demonstrate competence in the basic professional and psychomotor skills as described in their Clinical Education learning objectives.

The main focus of the Clinical Education learning experience will be to:

Demonstrate Entry level performance for the Professional Behaviors

Demonstrate consistency in basic psychomotor skills learned in previous semesters and practice more advance skills from courses this semester including Musculoskeletal Disorders II and Motor Control/Ther Ex II

Incorporate classroom learning from Pathophysiology through weekly assignments

Advance clinical decision making skills. They should think like a PT!

Employ clinical judgment and newly forming evaluative skills during patient interactions.

. Entry Level defined with respect to professional behaviors

A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.

At this level, the student is consistently proficient and skilled in simple and complex tasks within the scope of professional behaviors.

Consults with others and resolves unfamiliar or ambiguous situations.

The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner

It is important as an evaluator to apply the level of "entry-level" performance only to the context of the student's performance at the hospital and with the knowledge that they are not performing "skilled" physical therapy, but basic clinical skills. They should appear to be a trained physical therapy or nurse technician.

The idea of entry level performance applies to the behaviors in the Professional Behavior tool used within our evaluation tool

Further criteria for expected performance is explained in the different sections of the evaluation tool.

Evaluation frequency and expectations:

Formative feedback:

Clinical instructors will provide the students with formative feedback in regards to their performance on a weekly basis and document student progress through the use of E-value as needed.

Summative feedback:

A formal evaluation using the below assessment tool will be conducted at mid-term and the end of the 12 week course. The due dates and expectations are as follows:

Mid term

The mid-term evaluation is to determine if there are any “red flag” behaviors that need remediation as indicated in the evaluation tool. The student is expected to show progress towards intermediate level performance. Utilizing the above definitions of progression from a novice to a beginner can help determine if the student is progressing. Please see examples of red flag behavior listed with each element of the student evaluation tool.

\*Comments only need to be made if red flags are noted / “not progressing” is marked.

Final

Clinical Instructors will be expected to complete a formal evaluation for all students on their teams.

The following scale will be used the final assessment:

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Clinical instructors are not expected to “pass” or “fail” a student. This is the responsibility of the course instructors based on the feedback of clinical instructors, student’s response to remediation and the student’s achievement of the stated criteria.

1. **Critical Thinking** - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

<p><b>Beginning Level:</b>          Raises relevant questions          Considers all available information          Articulates ideas          Understands the scientific method          States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)          Recognizes holes in knowledge base          Demonstrates acceptance of limited knowledge and experience in knowledge base</p> <p><b>Red Flags:</b>          Unable to present rationale for or against a specific clinical decision ie. Type of transfer, ROM activity etc.          Inability to verbalize various principles of clinical tasks (positioning, skin protection etc.)          Exhibits "tunnel vision" in thinking process/inflexible thought process</p>	<p><b>Intermediate Level:</b>          Able to identify the main patient problem after reviewing the medical record          Utilizes classroom knowledge, research evidence, and clinical experience to formulate new ideas. Seeks alternative ideas.          Formulates alternative hypotheses          Critiques hypotheses and ideas at a level consistent with knowledge base          Acknowledges presence of contradictions.          Able to identify abnormal lab values and modify mobility plan based on findings.</p> <p><b>Red Flags:</b>          Ignores or demonstrates lack of awareness of contraindications and precautions and unable to explain implications of poor adherence          Unable to develop alternative mobility plans based on patient presentation ie. Abnormal lab values, vitals, patient refusal          Difficulty synthesizing information from previous learning experiences in novel situations</p>	<p><b>Entry Level:</b>          Distinguishes relevant from irrelevant patient data          Readily formulates and critiques alternative hypotheses and ideas          Infers applicability of information across populations          Exhibits openness to contradictory ideas          Identifies appropriate measures and determines effectiveness of applied solutions efficiently          Justifies solutions selected</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0

Comments (if not progressing):

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:



**2. Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

<p><b>Beginning Level:</b>                  Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting                  Recognizes impact of non-verbal communication in self and others                  Recognizes the verbal and non-verbal characteristics that portray confidence                  Utilizes electronic communication appropriately</p> <p><b>Red Flags:</b>                  Exhibits inappropriate tone of voice with patients (arrogant, too loud or too soft)                  Makes infrequent eye contact with patient                  Unable to communicate in a concise, instructional manner with patients                  Unable to adjust communication style based on patient characteristics                  Does not exhibit good listening behavior                  Unable to direct a patient interview in an effective manner (close ended questions, poor listening skills)                  Inconsistent use of laymen's terms</p>	<p><b>Intermediate Level:</b>                  Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences                  Restates, reflects and clarifies message(s)                  Communicates collaboratively with both individuals and team                  Communicates important patient information to CI and/or nurse                  Collects necessary information from all pertinent individuals in the patient/client management process                  Provides effective education (verbal, non-verbal, written and electronic) Able to clearly and accurately communicate patient safety concerns                  Demonstrates ability to pose questions without judging/critical tone  <b>Red Flags:</b>                  Exhibits inappropriate tone of voice with patients (arrogant, too loud or too soft)                  Makes infrequent eye contact with patient                  Unable to communicate in a concise, instructional manner with patients and staff                  Unable to adjust communication style based on patient characteristics                  Does not exhibit good listening behavior                  Unable to direct a patient interview in an effective manner (close ended questions, poor listening skills)                  Inconsistent use of laymen's terms                  Makes inappropriate comments or jokes with patients and/or team members and staff</p>	<p><b>Entry Level:</b>                  Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups                  Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing                  Maintains open and constructive communication                  Utilizes communication technology effectively and efficiently</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
<i>Comments (if not progressing):</i>	

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0
<i>Comments:</i>					

<p><b>Beginning Level:</b>  Recognizes problems  States problems clearly  Describes known solutions to problems  Identifies resources needed to develop solutions  Uses technology to search for and locate resources  Identifies possible solutions and probable outcomes</p> <p><b>Red Flags:</b>  Unable to recognize basic clinical problems such as: faulty equipment, patient conditions that might limit mobility(continence, wounds, lines, other precautions)  Does not seek out additional resources or knowledge from clinical instructors or faculty to assist with problem solving  Unable to identify signs of distress in a patient  Does not report patient problems to instructor or nursing  Unable to distinguish important, urgent patient problems from more trivial patient problem</p>	<p><b>Intermediate Level:</b>  Prioritizes problems  Identifies contributors to problems  Consults with others to clarify problems  Appropriately seeks input or guidance  Prioritizes resources (analysis and critique of resources)  Considers consequences of possible solutions  Able to solve simple clinical problems with no cueing ie. Responding to unstable vitals and/or s/s of distress</p> <p><b>Red Flags:</b>  Unable to recognize basic clinical problems such as: faulty equipment, patient conditions that might limit mobility(continence, wounds, lines, other precautions)  Does not seek out additional resources or knowledge from clinical instructors or faculty to assist with problem solving  Unable to identify signs of distress in a patient  Does not report patient problems to instructor or nursing  Unable to distinguish important, urgent patient problems from more trivial patient problem</p>	<p><b>Entry Level:</b>  Independently locates, prioritizes and uses resources to solve problems  Accepts responsibility for implementing solutions  Implements solutions  Reassesses solutions  Evaluates outcomes  Modifies solutions based on the outcome and current evidence  Evaluates generalizability of current evidence to a particular problem</p>
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<b>Midterm Scoring</b>	
<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
Comments (if not progressing):	

<b>Final Scoring</b>					
Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0
Comments:					

4. Interpersonal Skills – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

<p><b>Beginning Level:</b>  Maintains professional demeanor in all interactions  Demonstrates interest in patients as individuals  Communicates with others in a respectful and confident manner  Respects differences in personality, lifestyle and learning styles during interactions with all persons  Maintains confidentiality in all interactions  Recognizes the emotions and bias that one brings to all professional interactions</p> <p><b>Red Flags:</b>  Shows apathy or disinterest during patient and staff interactions  Frequently impolite to patients, staff and others.  Inconsistent use of AIDET when interacting with patients  Acknowledge  Introduce  Duration  Explain  Thank  Does not show general respect for fellow students, and hospital staff in various roles  Unable to recognize their own biases in patient interactions</p>	<p><b>Intermediate Level:</b>  Recognizes the non-verbal communication and emotions that others bring to professional interactions  Establishes trust  Seeks to gain input from others  Respects role of others  Accommodates differences in learning styles as appropriate  Demonstrates empathetic skills to increase understanding of patient presentation</p> <p><b>Red Flags:</b>  Shows apathy or disinterest during patient and staff interactions  Frequently impolite to patients, staff and others.  Does not show general respect for fellow students, and hospital staff in various roles  Unable to recognize their own biases in patient interactions  Unable to adjust interaction based on the needs of patient or staff  Demonstrates lack of empathy or compassion for patients and staff</p>	<p><b>Entry Level:</b>  Demonstrates active listening skills and reflects back to original concern to determine course of action  Responds effectively to unexpected situations  Demonstrates ability to build partnerships  Applies conflict management strategies when dealing with challenging interactions  Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
<i>Comments (if not progressing):</i>	

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:

5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

<p><b>Beginning Level:</b>          Demonstrates punctuality          Provides a safe and secure environment for patients          Assumes responsibility for actions          Follows through on commitments          Articulates limitations and readiness to learn          Abides by all policies of academic program and clinical facility</p> <p><b>Red Flags:</b>          Routinely shows up late          Does not follow through on clinical assignments ie. Getting linens for a room, staying with a patient to ensure safety, following through with nursing regarding a patient problem.          Disregards policy and procedures          Unable to identify mistakes and/or take ownership of mistakes          Frequently blames others of for mistakes</p>	<p><b>Intermediate Level:</b>          Displays awareness of and sensitivity to diverse populations          Completes projects without prompting          Delegates tasks as needed          Collaborates with team members, patients and families          Able to independently manage and prioritize early mobility task assignments</p> <p><b>Red Flags:</b>          Routinely shows up late          Does not follow through on clinical assignments ie. Getting linens for a room, staying with a patient to ensure safety, following through with nursing regarding a patient problem.          Disregards policy and procedures          Unable to identify mistakes and/or take ownership of mistakes          Frequently blames others of for mistakes</p>	<p><b>Entry Level:</b>          Educates patients as consumers of health care services          Encourages patient accountability          Directs patients to other health care professionals as needed          Acts as a patient advocate          Promotes evidence-based practice in health care settings          Accepts responsibility for implementing solutions          Demonstrates accountability for all decisions and behaviors in academic and clinical settings</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0

*Comments (if not progressing):*

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:

6. Professionalism – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

<p><b>Beginning Level:</b>                  Abides by all aspects of the academic program honor code and the APTA Code of Ethics                  Demonstrates awareness of state licensure regulations                  Projects professional image                  Attends professional meetings                  Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</p> <p><b>Red Flags:</b>                  Demonstrates disrespect towards patients, families, staff and/or classmates                  Unable to recognize ethical issues or cultural biases                  Projects poor professional image                  Does not abide by the academic code of honor</p>	<p><b>Intermediate Level:</b>                  Identifies positive professional role models within the academic and clinical settings                  Acts on moral commitment during all academic and clinical activities                  Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making                  Discusses societal expectations of the profession</p> <p><b>Red Flags:</b>                  Demonstrates disrespect towards patients, families, staff and/or classmates                  Unable to recognize ethical issues or cultural biases                  Projects poor professional image                  Does not abide by the academic code of honor</p>	<p><b>Entry Level:</b>                  Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary                  Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity                  Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development                  Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices                  Discusses role of physical therapy within the healthcare system and in population health                  Demonstrates leadership in collaboration with both individuals and groups</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
<i>Comments (if not progressing):</i>	

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:

**7. Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

<p><i>Beginning Level:</i>                  Demonstrates active listening skills                  Assesses own performance                  Actively seeks feedback from appropriate sources                  Demonstrates receptive behavior and positive attitude toward feedback                  Incorporates specific feedback into behaviors                  Maintains two-way communication without defensiveness</p> <p><i>Red Flags:</i>                  Demonstrates defensiveness when receiving feedback                  Ignores feedback                  Inconsistently seeks out feedback                  Inconsistent ability to incorporate feedback into behavior                  Reacts in a personal manner to feedback</p>	<p><i>Intermediate Level:</i>                  Critiques own performance accurately                  Responds effectively to constructive feedback                  Utilizes feedback when establishing professional and patient related goals                  Develops and implements a plan of action in response to feedback                  Provides constructive and timely feedback to team members and instructors.                  Able to provide patients with effective feedback to optimize mobility skills.</p> <p><i>Red Flags:</i>                  Demonstrates defensiveness when receiving feedback                  Ignores feedback                  Inconsistently seeks out feedback                  Inconsistent ability to incorporate feedback into behavior                  Reacts in a personal manner to feedback                  Lacks ability to adjust feedback to optimize patient mobility</p>	<p><i>Entry Level:</i>                  Independently engages in a continual process of self-evaluation of skills, knowledge and abilities                  Seeks feedback from patients/clients and peers/mentors                  Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities                  Uses multiple approaches when responding to feedback                  Reconciles differences with sensitivity                  Modifies feedback given to patients/clients according to their learning styles</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
<i>Comments (if not progressing):</i>	

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:

**8. Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

<p><b>Beginning Level:</b> Comes prepared for the day's activities/responsibilities Identifies resource limitations (i.e. information, time, experience) Determines when and how much help/assistance is needed Accesses current evidence in a timely manner Verbalizes productivity standards and identifies barriers to meeting productivity standards Self-identifies and initiates learning opportunities during unscheduled time</p> <p><b>Red Flags:</b> Unable to generate activity ideas during downtime Consistently unprepared ie. Forgetting equipment Poor initiation or pursuit of learning opportunities</p>	<p><b>Intermediate Level:</b> Utilizes effective methods of searching for evidence for practice decisions Shares knowledge and collaborates with Early Mobility team to prioritize patient mobilization needs. Discusses and implements strategies for increasing efficiency. Identifies need for and seeks referrals to other disciplines or in-house PT. Utilizes available resources effectively including nursing staff, medical record, and family members. Assists with maintaining record of patient interactions during clinic time</p> <p><b>Red Flags:</b> Unable to generate activity ideas during downtime Consistently unprepared ie. Forgetting equipment Poor initiation or pursuit of learning opportunities Unable to prioritize patient needs Does not actively observe when able during patient mobility tasks</p>	<p><b>Entry Level:</b> Uses current best evidence Collaborates with members of the team to maximize the impact of treatment available Has the ability to set boundaries, negotiate, compromise, and set realistic expectations Gathers data and effectively interprets and assimilates the data to determine plan of care Utilizes community resources in discharge planning Adjusts plans, schedule etc. as patient needs and circumstances dictate Meets productivity standards of facility while providing quality care and completing non-productive work activities</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
<i>Comments (if not progressing):</i>	

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:

9. **Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

<p><b>Beginning Level:</b>          Recognizes own stressors          Recognizes distress or problems in others          Seeks assistance as needed          Maintains professional demeanor in all situations</p> <p><b>Red Flags:</b>          Frequently discusses personal stressors on the floor          Demonstrates poor control of emotions or stress when interacting with patients          Unable to recognize own stressors</p>	<p><b>Intermediate Level:</b>          Actively employs stress management techniques          Reconciles inconsistencies in the educational process          Maintains balance between professional and personal life          Accepts constructive feedback and clarifies expectations          Establishes outlets to cope with stressors          Manages emotional barriers in relation to difficult patient situations</p> <p><b>Red Flags:</b>          Frequently discusses personal stressors on the floor          Demonstrates poor control of emotions or stress when interacting with patients          Unable to recognize own stressors</p>	<p><b>Entry Level:</b>          Demonstrates appropriate affective responses in all situations          Responds calmly to urgent situations with reflection and debriefing as needed          Prioritizes multiple commitments          Reconciles inconsistencies within professional, personal and work/life environments          Demonstrates ability to defuse potential stressors with self and others</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0

*Comments (if not progressing):*

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:



10. Commitment to Learning – The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

<p><i>Beginning Level:</i>          Prioritizes information needs          Analyzes and subdivides large questions into components          Identifies own learning needs based on previous experiences          Welcomes and/or seeks new learning opportunities          Seeks out professional literature          Plans and presents an in-service, research or cases studies</p> <p><i>Red Flags:</i>          Unable to identify learning needs          Does not seek out new knowledge          Does not seek out new learning opportunities          Unable to identify sources of learning          Unable to apply new learning</p>	<p><i>Intermediate Level:</i>          Researches and studies areas where own knowledge base is lacking in order to augment learning and practice          Applies new information and re-evaluates performance          Accepts that there may be more than one answer to a problem          Recognizes the need to and is able to verify solutions to problems          Engaging and participating in discussions/learning process</p> <p><i>Red Flags:</i>          Unable to identify learning needs          Does not seek out new knowledge          Does not seek out new learning opportunities          Unable to identify sources of learning          Unable to apply new learning          Exhibits lack of engagement in learning experiences at NGHS          Does not ask questions</p>	<p><i>Entry Level:</i>          Respectfully questions conventional wisdom          Formulates and re-evaluates position based on available evidence          Demonstrates confidence in sharing new knowledge with all staff levels          Modifies programs and treatments based on newly-learned skills and considerations          Consults with other health professionals and physical therapists for treatment ideas</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
<i>Comments (if not progressing):</i>	

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0
<i>Comments:</i>					

11. <u>Safety</u> - Demonstrates safe behaviors >95% of the time.		
<p><b>Beginning Level:</b> Practices in a safe manner that minimizes the risk to patient, self, and others. Exhibits safe behavior with patients by use of gait belt for all transfer and gait activities. Demonstrates safe behavior as evidenced by applying wheel locks and/or brakes on wheelchairs, chairs, hospital beds and assistive devices if applicable. Guards patients appropriately during transfer and gait activities.</p> <p><b>Red Flags:</b> Inconsistent use of gait belt Inconsistent in securing bed, bedrails, applying wheel locks on wheelchairs Unsafe technique during mobility activities Attempts required supervision activities unsupervised Ignores patient precautions and contraindications</p>	<p><b>Intermediate Level:</b> Practices in a safe manner that minimizes the risk to patient, self, and others. Demonstrates consistency and automaticity in use of safe practices during all mobility tasks ie. Use of gait belt, wheel locks, guarding etc. Demonstrate the ability to recognize and follow precautions and contraindications during patient mobility activities</p> <p><b>Red Flags:</b> Inconsistent use of gait belt Inconsistent in securing bed, bedrails, applying wheel locks on wheelchairs Unsafe technique during mobility activities Attempts required supervision activities unsupervised Ignores patient precautions and contraindications</p>	<p><b>Entry Level:</b> Establishes and maintains safe working environment. Recognizes physiological and psychological changes in patients* and adjusts patient interventions* accordingly. Demonstrates awareness of contraindications and precautions of patient intervention. Ensures the safety of self, patient, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations, etc). Requests assistance when necessary Uses acceptable techniques for safe handling of patients (eg, body mechanics, guarding, level of assistance, etc.). Demonstrates knowledge of facility safety policies and procedures.</p>

**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
<i>Comments (if not progressing):</i>	

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:

12. Transfers - Selects, utilizes, teaches and demonstrates correct transfer technique for a variety of patient diagnoses.

<p><b>Beginning Level:</b>                  Demonstrates proper body mechanics during transfers Selects appropriate transfer technique based on patient ability, diagnosis and precautions                  Assist and instructs patient in bed mobility                  Utilizes lift equipment for dependent transfers when appropriate                  Prepares environment for transfer</p> <p><b>Red Flags:</b>                  Poor selection of transfer technique                  Pattern of poor body mechanics during transfers                  Inability to sequence transfers appropriately                  Consistently Ineffective in teaching of transfer technique to patient                  Demonstrates inattention to environment or poor preparation prior to transfer</p>	<p><b>Intermediate Level:</b>                  Demonstrates proper body mechanics during transfers Selects appropriate transfer technique based on patient ability, diagnosis and precautions                  Assist and instructs patient in bed mobility                  Utilizes lift equipment for dependent transfers when appropriate                  Prepares environment for transfer                  Seeks further instruction for complex transfers                  Able to independently verbalize transfer technique in preparation for complex transfers.                  Perform basic screen for transfer readiness when appropriate ie. Patient status change, lack of patient information</p> <p><b>Red Flags:</b>                  Poor selection of transfer technique                  Pattern of poor body mechanics during transfers                  Inability to sequence transfers appropriately                  Ineffective in teaching of transfer technique to patient                  Demonstrates inattention to environment or poor preparation prior to transfer                  Does not perform a basic screen when appropriate</p>	<p><b>Entry Level:</b>                  Able to transfer complex clients with and without use of lifts as indicated                  Utilizes a variety of techniques for transfers                  Completes screen of readiness and appropriateness for transfer type without cues                  Verbalizes clinical justification and suggestions for others for transfer ease                  Educates patient/family in appropriate transfer skills</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
<i>Comments (if not progressing):</i>	

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:

13. Positioning and Draping: Applies appropriate positioning of trunk, head and extremities to allow for support, comfort, and alignment and pressure relief when appropriate. Applies draping techniques to maintain patient dignity and comfort.

<p><b>Beginning Level:</b> Applies appropriate positioning of patient in supine, prone, side lying and sitting Maintains proper support, alignment and pressure relief as required. Appropriately drapes patients recognizing patient dignity needs</p> <p><b>Red Flags:</b> Inconsistent in following basic positioning principles Frequently forgets to drape patient Inattention to patient dignity Unable to recognize need for positioning patient Inconsistent in providing effective pressure relief</p>	<p><b>Intermediate Level:</b> Consistently applies appropriate positioning of patient in supine, prone, side lying and sitting Maintains proper support, alignment and pressure relief as required utilizing appropriate equipment including positioning splints, wedges, and pillows Appropriately drapes patients recognizing patient dignity needs</p> <p><b>Red Flags:</b> Inconsistent in following basic positioning principles Frequently forgets to drape patient Inattention to patient dignity Unable to recognize need for positioning patient Inconsistent in providing effective pressure relief</p>	<p><b>Entry Level:</b> Identifies and corrects positioning problems and suggests improved ways to protect client Selects variety of positioning aids to assist in appropriate client protection Consistently protects client dignity independently Consistent pressure relief education to client and family</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
<i>Comments (if not progressing):</i>	

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:

14. Vitals: Accurately assesses and reports vital signs for all age groups. Recognizes and/or describes factors that can alter an individual's vital signs

<p><b>Beginning Level:</b> Utilizes proper technique for blood pressure: checks for brachial pulse, positions cuff correctly, identifies need for different size cuff, uses stethoscope correctly Able to correctly take and record pulse and identify alternate areas to take pulse if unable to access radial pulse. Takes vitals in a reasonable amount of time (&lt;=5 minutes) Recognize and/or describes factors that can alter an individual's vital signs.</p> <p><b>Red Flags:</b> Takes increased amount of time (&gt;5min) to take vitals Demonstrates poor technique with inaccurate vital readings Unable to recognize abnormal vital signs Does not report abnormal findings to clinical instructor</p>	<p><b>Intermediate Level:</b> Utilizes proper technique for obtaining blood pressure, pulse, temperature and oxygen saturation Able to identify need for manual blood pressure based on patient presentation Able to adjust method of obtaining vitals based on patient presentation Takes vitals in a reasonable amount of time (&lt;=5 minutes) Recognize abnormal vital signs and physical signs and symptoms Recognizes and/or describes factors that can alter an individual's vital signs Able to describe normal/abnormal vital sign responses to activity. Able to identify vital signs which may indicate a contraindication for mobility task or need for close monitoring or modification of task. Reports abnormal vital signs to nurse</p> <p><b>Red Flags:</b> Takes increased amount of time (&gt;5min) to take vitals Demonstrates poor technique with inaccurate vital readings Unable to recognize abnormal vital signs Does not report abnormal findings to clinical instructor or nurse Does not adjust mobility task based on abnormal findings Unable to recognize need for different method of obtaining vitals</p>	<p><b>Entry Level:</b> Consistent correct monitoring of vital signs Appropriate selection of vital signs to monitor based on patient presentation Completes vital sign monitoring effectively and efficiently Adjusts activities based on client response with regards to vital signs Consistent uses vital sign response / hemodynamic stability parameters to clinically justify intervention adjustments</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
<i>Comments (if not progressing):</i>	

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:

15. Skin Checks: Performs a thorough skin check and focuses on areas of body at risk for skin breakdown and reports findings

<p><b>Beginning Level:</b> Able to identify areas at risk for skin breakdown in supine, side lying, prone and sitting Identifies areas of skin breakdown and reports to clinical instructor</p> <p><b>Red Flags:</b> Incomplete performance of skin checks Demonstrates decreased awareness of skin integrity problems Unable to identify skin breakdown</p>	<p><b>Intermediate Level:</b> Able to identify areas at risk for skin breakdown in supine, side lying, prone and sitting Independently and accurately performs a skin check Identifies areas of skin breakdown and reports to clinical instructor Able to accurately identify stage I and II pressure sores</p> <p><b>Red Flags:</b> Incomplete performance of skin checks Demonstrates decreased awareness of skin integrity problems Unable to identify skin breakdown Does not notify nursing or CI when skin breakdown is observed</p>	<p><b>Entry Level:</b> Identifies areas of skin breakdown and reports with appropriate suggestion to nursing staff Accurately identifies wound type and staging as appropriate Educates clients regarding risk for skin breakdown, signs and symptoms to monitor</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0

Comments (if not progressing):

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:

16. <u>Gait</u> : Selects, describes, performs and teaches the appropriate gait patterns using assistive devices		
<p><b>Beginning Level:</b>  Able to utilize and teach the following gait patterns: 2-point, modified 2-point, 4-point, 3-point, and modified 3-point  Safely and effectively guards during gait activities</p> <p><b>Red Flags:</b>  Inconsistent in use of gait belt during gait training  Ineffective in teaching patient correct gait pattern  Unable to select correct gait pattern  Ignores precautions/contraindications  Does not adjust assistive devices appropriately</p>	<p><b>Intermediate Level:</b>  Perform basic screen for gait readiness when appropriate ie. Patient status change, lack of patient information  Able to recognize unsteady gait and need for assistance and/or assistive device  Able to select and instruct patient in appropriate gait pattern based on patient presentation  Safely and effectively guards during gait activities  Recognizes and responds to signs/symptoms of patient distress during gait activities ie. Pain, onset of gait abnormality, signs of fatigue.</p> <p><b>Red Flags:</b>  Inconsistent in use of gait belt during gait training  Ineffective in teaching patient correct gait pattern  Unable to select correct gait pattern  Ignores precautions/contraindications  Does not use and/or adjust assistive devices appropriately  Does not respond to s/s of patient distress during gait activities</p>	<p><b>Entry Level:</b>  Completes observational gait analysis without cues  Recommends, selects, fits, and educates clients on most appropriate gait assistive devices  Selects appropriate patterns for gait training  Select appropriate facilitatory activities to normalize gait patterns</p>

**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
<i>Comments (if not progressing):</i>	

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:

17. **Range of motion:** Performs passive, active, and active assisted range of motion exercises following basic principles of alignment, support, stability, and control.

<p><b>Beginning Level:</b>          Demonstrates effective communication with patient during ROM activity          Able to identify pain, discomfort and adjust technique accordingly          Follows precautions and contraindications</p> <p><b>Red Flags:</b>          Consistently demonstrates ineffective technique          Does not make eye contact with patient or respond to signs/symptoms of pain and discomfort          Does not follow precautions or contraindications Inattentive to lines, environment</p>	<p><b>Intermediate Level:</b>          Maintains alignment, support, stability and control during ROM          Demonstrates effective communication with patient during ROM activity          Able to identify pain, discomfort and adjust ROM technique accordingly          Follows precautions and contraindications          Able to identify ROM limitations and end feels</p> <p><b>Red Flags:</b>          Consistently demonstrates ineffective technique          Does not make eye contact with patient or respond to signs/symptoms of pain and discomfort          Does not follow precautions or contraindications          Inattentive to lines, environment</p>	<p><b>Entry Level:</b>          Independent with selection of ROM activities based on client presentation and needs          Adjusts ROM activities as needed based on client response          Engaged in ROM activities in skilled ways with good clinical justifications</p>
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**Midterm Scoring**

<i>Not Progressing</i>	<i>Progressing</i>
0.0	1.0
<i>Comments (if not progressing):</i>	

**Final Scoring**

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

Comments:



Midterms Summative Comments:

For FINAL

Overall Rating of Student Based on ALL Professional Behaviors Assessed

Novice	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
1.0	2.0	3.0	4.0	5.0	6.0

SUMMATIVE Comments:

Readiness for Advancement to Full-time Clinical Rotation:

Needs Remediation	Ready with Some Reservation	Ready for Next Semester Advancement	Exceeds Expectation for Advancement
1.0	2.0	3.0	4.0

PT980, PT981, PT982 Core Competency Form

Student Name:

PT980 Fall		PT 981 Spring		PT 982 Summer	
Dates		Dates		Dates	
CI		CI		CI	
Unit		Unit		Unit	
Competency Objectives	Novice (1)	Beginner (2)	Intermediate (3)	Entry-Level (4)	Post Entry-Level (5)
<b>Communication</b>					
Receives clearance to mobilize patient from nurse, face to face when possible					
Obtains pertinent information from nurse					
Communicates plan to team clearly					
Instructs patient in task					
Provides feedback and corrective cues to patient					
Performs a subjective history sufficient for assisting in determination of discharge recommendation					
Reports any concerns to CI and nurse as appropriate					
Completes handoff communication to care provider for patient (PCT, nurse, etc)					
<b>Medical Screening/Chart Review</b>					
Identifies and recalls main admitting diagnosis prior to working with patient					
Identifies contraindications or need for precaution with activity					
Selects appropriate monitoring needs given diagnosis and needed precautions					
Identifies information to assist in determining prior and current function/mobility status					
Identifies living situation for determination of discharge plans					

Exam and Intervention Planning					
Reasonably anticipates mobility assist level based on clinical diagnosis and description from chart/nurse/PCT					
Lists necessary components of evaluation to identify impairments that would necessitate skilled intervention and aide in making discharge recs as a PT					
Recognizes and recommends when a simple screen of cognition, strength, and mobility are needed to determine appropriate activity for patient					
Designs to team mobility plan preparation following chart review process					
Develops appropriate plan for intervention based on identification of impairments described in PT documentation					
Patient Interactions					
Introduces self/team to patient and explains role of mobility team, offering services to patient					
Sets up room properly for safe mobility and upon exit					
Manages lines and tubes appropriately					
Provides patient with appropriate assistance and supervision					
Delegates assistance needs to partner/team					
Adjusts plan/activity appropriately according to patient response					

Appendix C: Student Assessment of Clinical Instructor and  
Site

*Completed at the end of the rotation*

A. PT Student Assessment of the Clinical Instruction						
Using a scale (1-5) below, rate how clinical instruction was provided during this clinical experience at both the midterm and final evaluations.						
<i>(Question 1 of 5 - Mandatory )</i>						
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2.	The clinical education site had written objectives for this learning experience.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3.	The clinical education site's objectives for this learning experience were clearly communicated.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4.	There was an opportunity for student input into the objectives for this learning experience.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5.	The CI provided constructive feedback on student performance.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6.	The CI provided timely feedback on student performance.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.	The CI demonstrated skill in active listening.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
8.	The CI provided clear and concise communication.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
9.	The CI communicated in an open and non-threatening manner.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
10.	The CI taught in an interactive manner that encouraged problem solving.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
11.	There was a clear understanding to whom you were directly responsible and accountable.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
12.	The supervising CI was accessible when needed.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
13.	The CI clearly explained your student responsibilities.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
14.	The CI provided responsibilities that were within your scope of knowledge and skills.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

15.	The CI facilitated patient-therapist and therapist-student relationships.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
16.	Time was available with the CI to discuss patient/client management.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
17.	The CI served as a positive role model in physical therapy practice.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
18.	The CI skillfully used the clinical environment for planned and unplanned learning experiences.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
19.	The CI integrated knowledge of various learning styles into student clinical teaching.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
20.	The CI made the formal evaluation process constructive.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
21.	The CI encouraged the student to self-assess.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?  
*(Question 2 of 5 - Mandatory )*

	Yes	No
Midterm Evaluation :	<input type="radio"/>	<input type="radio"/>
Final Evaluation :	<input type="radio"/>	<input type="radio"/>

*(Question 3 of 5 )*

If there were inconsistencies, how were they discussed and managed (midterm)?

If there were inconsistencies, how were they discussed and managed (final)?

*(Question 4 of 5 - Mandatory )*

What did your CI(s) do well to contribute to your learning (midterm)?

What did your CI(s) do well to contribute to your learning (final)?

*(Question 5 of 5 - Mandatory )*

What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning (midterm)?

What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning (final)?

**B. PT Student Assessment of the Clinical Site**

*Question 1 of 17*

	Y	N
Did you receive information from the clinical instructor or site prior to your		
Did you receive a detailed orientation when you arrived?		

*Question 2 of 17*

What else could have been provided during the orientation?

**Patient/Client Management and the Practice Environment**

During this clinical experience, describe the frequency of time spent in each of the following areas.

*Question 3 of 17 -*

	Ne	Ra	Occasion	Of
--	----	----	----------	----

	1	2	3	4
Musculoskeletal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neuromuscular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiopulmonary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integumentary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (GI, GU, Renal, Metabolic, Endocrine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Patient Lifespan**

(Question 4 of 17 - Mandatory )

	Never	Rarely	Occasionally	Often
	1	2	3	4
0-12 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13-21 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22-65 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
over 65 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Continuum of Care**

(Question 5 of 17 - Mandatory )

	Never	Rarely	Occasionally	Often
	1	2	3	4
Critical care, ICU, Acute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SNF/ECF/Sub-acute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ambulatory/Outpatient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health/Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness/Fitness/Industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*.

**Components of Care**

(Question 6 of 17 - Mandatory )

	Never	Rarely	Occasionally	Often
	1	2	3	4
Examination - Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Examination - History taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examination - Systems review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examination - Tests and measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prognosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outcomes Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth?

**Environment**

(Question 7 of 17 - Mandatory )

	Never	Rarely	Occasionally	Often
	1	2	3	4
Providing a helpful and supportive attitude for your role as a PT student.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing effective role models for problem solving, communication, and teamwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrating high morale and harmonious working relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being sensitive to individual differences (ie, race, age, ethnicity, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using evidence to support clinical practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being involved in district, state, regional, and/or national professional activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 8 of 17)

<p>What suggestions, relative to the items in the above question, could you offer to improve the environment for professional practice and growth?</p>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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Were there other students at this clinical facility during your clinical experience? (Check all that apply): *(Question 9 of 17 - Mandatory)*

Selection	Option
<input type="checkbox"/>	Physical therapist students
<input type="checkbox"/>	Physical therapist assistant students
<input type="checkbox"/>	Students from other disciplines or service departments (please capture additional details below)
<input type="checkbox"/>	No students

*(Question 10 of 17)*

Other disciplines or service departments represented by other student at the site (if you selected the option above)

Identify the ratio of students to CIs for your clinical experience: *(Question 11 of 17 - Mandatory)*

Selection	Option
<input type="checkbox"/>	1 student to 1 CI
<input type="checkbox"/>	1 student to greater than 1 CI
<input type="checkbox"/>	1 CI to greater than 1 student, Describe below

*(Question 12 of 17)*

Describe the 1 CI to greater than 1 student experience (if selected above):

*(Question 13 of 17 - Mandatory)*

How did the clinical supervision ratio (1 student to 1 CI, 1 student to greater than 1 CI, or 1 CI to greater than 1 student) influence your learning experience?

In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply) *(Question 14 of 17 - Mandatory)*

Selection	Option
<input type="checkbox"/>	Attended in-services/educational programs
<input type="checkbox"/>	Presented an in-service
<input type="checkbox"/>	Attended special clinics
<input type="checkbox"/>	Attended team meetings/conferences/grand rounds
<input type="checkbox"/>	Directed and supervised physical therapist assistants and other disciplines to provide patient/client care (please specify below)
<input type="checkbox"/>	Participated in opportunities to provide consultation
<input type="checkbox"/>	Participated in service learning
<input type="checkbox"/>	Participated in wellness/health promotion/screening programs
<input type="checkbox"/>	Performed systematic data collection as part of an investigative study
<input type="checkbox"/>	Other; Please specify below

(Question 15 of 17)

Please provide a description of the disciplines represented in collaborative care (if selected above)

Please provide a description of other learning experiences (if selected above)

Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

**Overall Summary Appraisal**

Overall, how would you assess this clinical experience? (Question 16 of 17 - Mandatory)

	Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
	Time well spent; would recommend this clinical education site to another student.
	Some good learning experiences; student program needs further development
	Student clinical education program is not adequately developed at this time.

(Question 17 of 17 - Mandatory )

What specific qualities or skills do you believe a physical therapist student should have to function successfully at this site?

If, during this clinical education experience, were there gaps in your academic preparation? If so, please explain.

What suggestions would you offer to future physical therapist students to improve this clinical education experience?

What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*?

What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT** button below. Once submitted, evaluations are no longer available for you to make further changes.

## Appendix D: Clinical Education Courses & Objectives

Course	Timeframe	Objectives
PT 980 Clinical Education I	15 weeks 2 <sup>nd</sup> semester, Fall (Year 1) Partial day visits to acute care	Students will demonstrate a level of skill consistent with the “Beginner” Stage in all areas of the Early Mobility Program Assessment Tool
PT 981 Clinical Education II	15 weeks 3 <sup>rd</sup> Semester, Spring (Year 1) Partial day visits to acute care	Students will demonstrate a level of skill consistent with the “Intermediate” Stage in all areas of the Early Mobility Program Assessment Tool
PT 982 Clinical Education III	15 weeks 4 <sup>th</sup> Semester, Summer (Year 2) Partial day visits to acute care, long-term care, wellness settings	Students will demonstrate a level of skill consistent with the “Entry-Level” in all areas of the Early Mobility Program Assessment Tool

PT 983 Clinical Education IV	6 weeks 5 <sup>th</sup> semester, Fall (Year 2) First full-time internship (240 hours)	Safe and effective performance of clinical skills in a full time internship in an acute, outpatient orthopedic or, geriatric clinical setting. Minima CIET ratings Beginner for all criteria.
PT 985 Clinical Education V	12 weeks 8 <sup>th</sup> semester, Summer (Year 2) Second full-time internship (480 hours)	Safe and effective performance of clinical skills in a full time internship in an acute, outpatient orthopedic or, geriatric, pediatric, sports, or neurologic clinical setting..
PT 987 Clinical Education VI	12 weeks 9 <sup>th</sup> semester, Spring (Year 3) Third, and final, full-time internship (480 hours)	Safe and effective performance of clinical skills in a full time internship in an acute, outpatient orthopedic or, geriatric, pediatric, sports, or neurologic clinical setting..

## Appendix E: Clinical Education Tracking Chart

<b>For All Clinical Education Courses</b>		
	<b>Due Date</b>	<b>Completed</b>
	<i>(Please note that these dates may be different for 2020 due to Covid 19 Pandemic)</i>	
Hepatitis B Vaccine	August 1st of initial admission year	
MMR	August 1st of initial admission year	
Varicella	August 1st of initial admission year	
Tdap	August 1st of initial admission year	
COVID 19 Vaccination	July 31st of initial admission year	
*CPR certification (BLS Provider) *completed with an American Heart Association Training Center	August 1st every other year	
TB test	August 1st annually	
Flu Shot	September 1 <sup>st</sup> annually	
Register and Load required documents in Exxat	As needed or requested.	
Required Signature Pages <ul style="list-style-type: none"> <li>● DPT Student Affirmation of Receipt and Review of the Clinical Education Handbook</li> <li>● Acknowledgement of Essential Functions</li> <li>● Student Statement of Informed Consent</li> </ul>	August 1 <sup>st</sup> annually	
HIPAA	August 1 <sup>st</sup> of initial admission year 60 days prior to initial assessment expiration of 2 <sup>nd</sup> year	
Bloodborne Pathogen	August 1 <sup>st</sup> of initial admission year 60 days prior to assessment expiration of 2 <sup>nd</sup> year	
OSHA	August 1 <sup>st</sup> of initial admission year 60 days prior to assessment expiration of 2 <sup>nd</sup> year	
Proof of Health Insurance	August 1 <sup>st</sup> annually	
<b>Early Mobility Program</b>	<b>Due Date</b>	<b>Completed</b>

Complete Acemapp Requirements / Registration	August 1 <sup>st</sup> of initial admission year	
Onboarding Certificate for NGHS	August 1 <sup>st</sup> of initial admission year	

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*DPT Student Affirmation of Receipt and Review of the Clinical  
Education Handbook*

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*2023-2024 DPT Program Year*

I, \_\_\_\_\_, have received my personal copy of the **2023-2024** "Student Handbook".

**Print Name Above**

This handbook has been reviewed by me and I understand and am prepared to abide by these policies and procedures.

I understand that if any changes and/or additions are made to this handbook or any other policies and procedures that affect the Classes of 2023-2024 that I will be notified either in writing or via email.

\_\_\_\_\_  
**Printed Name**

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

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