

**School of Health Sciences**  
*Doctor of Physical Therapy Program*

# **Clinical Education Handbook**

*For Clinical Educators & Students*



**MOUNT ST. JOSEPH  
UNIVERSITY**

*Sixteenth Edition, Class of 2017  
April 2015*

## **PURPOSE OF THE CLINICAL EDUCATION HANDBOOK**

This CLINICAL EDUCATION HANDBOOK provides necessary information regarding policies, responsibilities, and expectations for clinical facilities and students associated with clinical education in the Doctor of Physical Therapy (DPT) program at Mount St. Joseph University (MSJ). Students are accountable and responsible for all information contained in this CLINICAL EDUCATION HANDBOOK.

In addition to the policies and procedures contained in this CLINICAL EDUCATION HANDBOOK, students are also responsible for policies and procedures outlined in the DPT STUDENT HANDBOOK, Mount St. Joseph University GRADUATE CATALOG ([registrar.msj.edu/graduate-catalog/](http://registrar.msj.edu/graduate-catalog/)) and the Mount St. Joseph University STUDENT HANDBOOK ([mymount.msj.edu/ICS/Info\\_and\\_Policies/Handbooks\\_and\\_Policies\\_for\\_Public\\_Viewing.jnz?portlet=Student\\_Handbook](http://mymount.msj.edu/ICS/Info_and_Policies/Handbooks_and_Policies_for_Public_Viewing.jnz?portlet=Student_Handbook)).

## **ACCREDITATION**

Mount St. Joseph University has been authorized to offer the Doctor of Physical Therapy (DPT) degree by the Ohio Board of Regents and Higher Learning Commission.

The DPT program at Mount St. Joseph University has been fully accredited by the Commission of Accreditation for Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA).

## **CHANGE NOTICE**

The School of Health Sciences reserves the right to make changes in policies, procedures, and regulations subsequent to the publication of this CLINICAL EDUCATION HANDBOOK. The CLINICAL EDUCATION HANDBOOK will be reviewed at least annually. Notice of changes, revisions, or any additions to the School of Health Sciences, DPT program CLINICAL EDUCATION HANDBOOK will be incorporated into clinical education syllabi, posted on the DPT clinical education website ([www.msj.edu/ptclined](http://www.msj.edu/ptclined)), or distributed to each clinical facility and student in writing by the Director of Clinical Education (DCE) of the DPT program. Each clinical facility and student is responsible for making the appropriate changes in their CLINICAL EDUCATION HANDBOOK.

# TABLE OF CONTENTS

<b>PURPOSE OF CLINICAL EDUCATION HANDBOOK</b>	i.
<b>TABLE OF CONTENTS</b>	ii.
<b>GLOSSARY OF TERMS</b>	iv.
<b>INSTITUTIONAL ORGANIZATION AND ACADEMIC STRUCTURE</b>	1
SECTION I: MOUNT ST. JOSEPH UNIVERSITY	1
SECTION II: THE SCHOOL OF HEALTH SCIENCES	1
SECTION III: THE PHYSICAL THERAPY PROGRAM	1
A. Program History	1
B. Program Mission	1
C. Philosophy	2
D. Curricular Themes	3
E. Program Learning Outcomes and Performance Indicators	3
F. Physical Therapy Academic Faculty	5
G. Curriculum – Doctor of Physical Therapy	6
H. Course Descriptions	7
<b>CLINICAL EDUCATION GENERAL INFORMATION</b>	13
SECTION I: CLINICAL PLACEMENTS	13
A. Introduction to Clinical Experience	13
B. Integrated Clinical Experiences and Patient Experiences	13
C. Terminal Clinical Internships	13
SECTION II: SELECTION OF CLINICAL EDUCATION SITES	13
A. Guidelines for Clinical Education Sites	13
B. Developing Clinical Education Partnerships	14
C. Terminating Clinical Education Partnerships	14
SECTION III: DECLARATION OF RESPONSIBILITIES	14
A. Responsibilities of the University	14
B. Responsibilities of the DCE/ADCE	15
C. Responsibilities of the Facility and CCCE	16
D. Responsibilities of the CI	16
E. Responsibilities of the Student	17
SECTION IV: GENERAL STUDENT POLICIES	19
A. Travel	19
B. Attendance	19
C. Dress Code	20
D. Equipment	22
E. Communication	22
F. Potential Health Risks/Accidental Exposure	22
G. Standard Precautions	22
<b>TERMINAL CLINICAL INTERNSHIPS</b>	23
SECTION I: PLANNING FOR TERMINAL CLINICAL INTERNSHIPS	23
A. Communication	23
B. Clinical Teaching Principles	24
C. Steps for Planning the Clinical Experience	25
SECTION II: GRADING FOR THE INTRODUCTION TO CLINICAL EXPERIENCE	25
A. Learning Objectives for the Introduction to Clinical Experience	25
B. Pass/Fail	26
C. Grading Criteria	26

<b>INTRODUCTION TO TERMINAL CLINICAL INTERNSHIPS (CONTINUED)</b>	
SECTION III: GRADING FOR TERMINAL CLINICAL INTERNSHIPS	26
A. Learning Objectives for Terminal Clinical Internships	26
B. Pass/Fail	27
C. The Physical Therapist Clinical Performance Instrument (PT CPI)	27
D. Grading Criteria	28
SECTION IV: FAILURE AND REMEDIATION OF THE INTRODUCTION TO CLINICAL EXPERIENCES AND TERMINAL CLINICAL INTERNSHIPS	30
<b>DOCUMENTS &amp; FORMS: CLINICAL SITES, CCCEs, AND CIs</b>	31
GUIDELINES FOR CLINICAL SITES, CCCEs, AND CIs	32
GUIDELINES FOR EFFECTIVE FORMATIVE EVALUATION	34
THE ONE MINUTE CLINICAL INSTRUCTOR	35
LEARNING STYLES	36
CLINICAL OCCURRENCE RECORD	38
CLINICAL LEARNING CONTRACT	39
<b>DOCUMENTS &amp; FORMS: CLINICAL SITES AND STUDENTS</b>	40
APTA CODE OF ETHICS FOR THE PHYSICAL THERAPIST	41
AMERICAN PHYSICAL THERAPY ASSOCIATION CORE VALUES	44
GENERIC ABILITIES	45
SUPERVISION	48
CLINICAL EDUCATION PLANNING FORM (Long-term)	50
CLINICAL EDUCATION PLANNING FORM	52
<b>DOCUMENTS &amp; FORMS: STUDENTS</b>	53
SUPPORT FOR STUDENTS WITH DISABILITIES	54
DPT MEDICAL HISTORY AND PHYSICAL FORM	55
MSJ DPT IMMUNIZATION RECORD	56
MSJ DPT MEDICAL TREATMENT CONSENT FORM	58
STUDENT AGREEMENT FOR CLINICAL EDUCATION	59
CLINICAL INTRODUCTION AND PLANNING FORM	60

## **GLOSSARY OF TERMS**

### ***Director of Clinical Education/Assistant Director of Clinical Education (DCE/ADCE)***

The DCE's primary function is to provide comprehensive planning and direction for the clinical education program. This direction takes place within the entry-level graduate degree curriculum in concert with the mission and goals of the academic institution, professional and regional accreditation standards, and generally accepted norms in higher education. The DCE coordinates the administration of the clinical education program, in association with the academic and clinical faculty and students. He/she also relates the students' clinical education to the curriculum and evaluates the students' progress integrating academic and clinical experiences. This individual serves as a liaison between the University and clinical affiliation sites and is responsible for clinical site selection, development, and evaluation. The DCE participates in curriculum development, implementation, and evaluation of the entry-level graduate degree program in physical therapy.

### ***Advanced Beginner Clinical Performance***

"A student who requires clinical supervision 75% -90% of the time with simple patients and 100% of the time with complex patients. At this level, the student demonstrates developing proficiency with simple tasks, but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor." (*APTA Physical Therapist Student Clinical Performance Instrument, (PT CPI)*)

### ***Advanced Intermediate Clinical Performance***

"A student who requires clinical supervision less than 25% of the time with new or complex patients and is independent with simple patients. At this level, the student is proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 75% of a full-time physical therapist's caseload." (*APTA Physical Therapist Student Clinical Performance Instrument, (PT CPI)*)

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

The CCCE is the individual at each clinical education facility who administers, manages, coordinates and arranges the clinical education of the physical therapy student and who communicates with the DCE and faculty at the educational institution. In addition, this person assesses the readiness of clinicians to serve as clinical instructors, develops clinical education resources and staffing at the facility, and supervises the instruction provided to students. This individual is responsible for ensuring student supervision and a well-rounded clinical experience.

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

The CI is the individual who is responsible for the direct instruction, supervision, and evaluation of the physical therapy student in the clinical education setting. The CI is also responsible for facilitating a well-planned clinical education learning experience.

### ***Clinical Education***

Clinical education is the method through which students are provided with clinically based, pre-planned learning activities. Clinical education provides "real life" learning experiences of short and long terms for the application of classroom knowledge and skills in the physical therapy clinical environment. This clinical education should require analytical thinking, problem solving, treatment design, and application on actual patients to ensure that the student is able to function comprehensively at the professional entry level.

### ***Entry Level Clinical Performance***

"A student who requires no guidance or clinical supervision with simple or complex patients. Consults with others and resolves unfamiliar or ambiguous situations. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 100% of a Terminal physical therapist's caseload in a cost effective manner." (*APTA Physical Therapist Student Clinical Performance Instrument, (PT CPI)*)

### ***Intermediate Clinical Performance***

"A student who requires clinical supervision less than 50% of the time with simple patients and 75% of the time with complex patients. At this level, the student is proficient with simple tasks and is developing the ability to perform skilled examinations, interventions, and clinical reasoning. The student is able to maintain 50% of a full-time physical therapist's caseload." (*APTA Physical Therapist Student Clinical Performance Instrument, (PT CPI)*)

# **INSTITUTIONAL ORGNIZATION AND ACADEMIC STRUCTURE**

## **SECTION I: MOUNT ST. JOSEPH UNIVERSITY**

### **UNIVERSITY MISSION**

Mount St. Joseph University is a Catholic academic community grounded in the spiritual values and vision of its founders, the Sisters of Charity. The university educates its students through interdisciplinary liberal arts and professional curricula emphasizing values, integrity, and social responsibility. Members of the Mount community embrace:

- excellence in academic endeavors;
- integration of life and learning;
- respect and concern for all persons;
- diversity of cultures and beliefs;
- service to others.

## **SECTION II: THE SCHOOL OF HEALTH SCIENCES**

### **SCHOOL MISSION**

The School of Health Sciences prepares students for professional careers in selected health disciplines including athletic training, nursing, and physical therapy. The School supports the integration of life and learning with the foundation of liberal arts and sciences and selected interdisciplinary courses, and also encourages the unique contributions of each program in the development of the individual student through stimulating didactic, clinical, community service, and leadership educational experiences.

## **SECTION III: THE PHYSICAL THERAPY PROGRAM**

### **A. PROGRAM HISTORY**

Following a careful analysis of regional employment needs, and in keeping with its long-standing tradition of health care education, Mount St. Joseph University began formal consideration of a physical therapy program in 1992. The program was introduced by enrolling its first undergraduate, pre-professional class in the fall of 1995. Initial curricular design called for a Bachelor of Science degree in Physical Therapy, but was subsequently authorized by the Ohio Board of Regents for the Master of Physical Therapy (MPT) degree in 1997. In October of 1999, the Commission on Accreditation in Physical Therapy Education (CAPTE) granted the MPT program full accreditation status. The Doctor of Physical Therapy (DPT) program was approved by the Higher Learning Commission and the Ohio Board of Regents in May of 2005, and enrolled the first DPT class in June of 2006. The MSJ DPT program has earned its CAPTE reaccreditation through 2024.

### **B. PROGRAM MISSION**

In keeping with the Mission of Mount St. Joseph University, the Department of Physical Therapy is committed to academic excellence in educating students for professional careers as physical therapists based upon a solid foundation of undergraduate liberal art and science degrees. The faculty will prepare students with essential knowledge and skills, and instill in them the duties, responsibilities and professional standards necessary to function and grow as individuals and as health care professionals in a complex, dynamic, and diverse society.

## C. PHILOSOPHY

Physical therapy encompasses the application of scientific principles in the art of correcting or enhancing function and preventing dysfunction by utilizing physical measures, therapeutic exercises, and rehabilitative procedures.

As in all health care fields, the scope of the profession is constantly changing in response to socioeconomic, cultural, and political influences as well as technological advances and research findings. Thus, individuals entering the field of physical therapy must be well educated with a sound liberal arts and science background as well as strong professional development, and must be self-motivated and goal-directed with a continual thirst for knowledge. As an individual functioning as an autonomous professional, the physical therapist must be people oriented and have a desire to be involved in promoting optimal quality of life while respecting the dignity of each person. Physical therapists must be culturally aware and able to respect individual values, beliefs, and behavioral differences that impact all aspects of patient and client management.

Physical therapists are expected to function as autonomous practitioners within the scope of practice defined by The Guide to Physical Therapist Practice (Phys Ther 81 (1), 2001) and individual regulatory agencies. Thus as students they obtain a strong science foundation and become educated with the depth of knowledge and skills to function with independent decision-making authority as:

- evaluators, diagnosticians and managers of patient and client interventions, including delegation and supervision of components of intervention to supportive personnel and referral to other practitioners
- educators of patients, clients, caregivers, other professionals, technical assistants, and consumers of health and prevention information
- advocates for the profession
- advocates for the patient/client
- critical contributors and consumers of research such that practice is evidence-based
- consultants that promote interventions for therapeutic care, prevention and health promotion
- independent owners and managers of physical therapy practices, capable of optimizing the economics of practice from the perspective of the client and society

The students, through successful completion of the demanding requirements for admission are assumed to be well qualified for the rigor of the curriculum and the responsibility of independent, direct-access practice. They are expected to be mature, self-directed, and motivated learners dedicated to becoming knowledgeable, ethical and caring autonomous physical therapy practitioners. They are entitled to an effective physical therapy education that will challenge them to think critically, set and achieve high personal and professional goals, and prepare them for service to their patients/clients, profession, and society.

The faculty members are the educators and mentors in the learning process by designing and revising the courses and educational experiences for student learning. They guide students in developing critical thinking and integrative competence. Recognizing individual differences between students in learning styles, each faculty member attempts to design meaningful experiences and adjust teaching strategies to meet the needs of each student, whether in the classroom, the laboratory, the clinic, or in tutorial sessions. The faculty members recognize the unique quality of the program and therefore assume the responsibility of assisting the student's acclimatization to this professional education process.

The intense, stimulating and challenging curriculum provides for academic self-enrichment and development of professional competencies, thus students are expected to develop attributes that are consistent with the APTA Core Values and compliment the practice of physical therapy. The unique emphasis on cultural sensitivity and reflective praxis learning opportunities that this program provides encourages development of values for the autonomous practitioner to be an advocate for patients and for the profession in order to influence societal and institutional structures that impact patient access to physical therapy and the practice of physical therapy itself.

#### **D. CURRICULAR THEMES**

The themes are reflective of the program's mission and philosophy and are threaded through the courses and clinical internships of the DPT program at Mount St. Joseph University.

- Patient/Client Management
- Professionalism
- Service
- Communication
- Critical Inquiry
- Education
- Practice Management

#### **E. PROGRAM LEARNING OUTCOMES AND PERFORMANCE INDICATORS**

Upon completion of the DPT program the graduate will demonstrate:

##### **1. Professionalism consistent with the decision-making authority and responsibilities of autonomous practice**

- 1.1 Integrate the values, practices, and behaviors of the physical therapy profession by accepting professional and social responsibilities consistent with an autonomous healthcare practitioner within the scope of physical therapy practice.
- 1.2 Exhibit sensitivity to differences in race, age, gender, socioeconomic status, and culture in all interactions with patients/clients, families, other health care providers, and colleagues.
- 1.3 Integrate the value of service to underserved communities, professional organizations, and political and societal organizations as a patient/client and professional advocate.
- 1.4 Utilize legal and ethical standards of practice by abiding with all federal, state, and institutional regulations and the *APTA Code of Ethics*. (See page 40).
- 1.5 Demonstrate effective verbal and non verbal communication skills, including documentation in all aspects of physical therapy service and professional interaction.
- 1.6 Use critical analysis and scholarly inquiry of current research to support clinical reasoning, judgment, and reflective evidence-based practice of physical therapy.
- 1.7 Manage professional development and lifelong learning by establishing realistic goals for personal and professional growth.



## **2. The knowledge, skills, and attitudes necessary for successful patient/client management**

- 2.1 Demonstrate ability to screen patients/clients to determine the need and appropriateness for physical therapy services within the scope of practice.
- 2.2 Demonstrate proficiency in physical therapy examination techniques and integration of the results of the evaluation with available scientific evidence to produce a physical therapy diagnosis, prognosis, and plan of care.
- 2.3 Demonstrate safe and proficient patient/client management while adapting to the needs and responses of the patient/client, including delegation of interventions to and supervision of support personnel and referral to other services as needed.
- 2.4 Apply effective instructional strategies and methods in all patient-care activities, health-care provider education, and public information dissemination.
- 2.5 Assess effectiveness of interventions using valid and reliable measures appropriate to the specific environment and patient/client population in order to improve quality of care.

## **3. The knowledge, skills, and attitudes necessary for successful practice management**

- 3.1 Integrate the role of consulting into the practice of physical therapy by recognizing needs and responding to societal, cultural and economic factors while promoting critical healthcare issues within the scope of physical therapy practice.
- 3.2 Manage resources in the best interest of sound patient/client care through fiscal responsibility, effective time management, and adherence to reimbursement guidelines within the limitations imposed by the socioeconomic, political, and cultural factors in the healthcare environment.

## F. PHYSICAL THERAPY ACADEMIC FACULTY

Jamie Bayliss Assistant Professor Director of Clinical Education	BS College of Mount St. Joseph MPT College of Mount St. Joseph DHS(c) University of Indianapolis
Lisa Dehner Full Professor	BS Northeastern University PhD Virginia Commonwealth University
Marsha Eifert-Mangine Associate Professor	BS Washington University in St. Louis MEd University of Cincinnati EdD University of Cincinnati
Karen Holtgreffe Associate Professor	BS Texas Woman's University MHS University of Indianapolis DHS University of Indianapolis
Michael Obert Instructor	BS St. Louis University MPT St. Louis University
Eric Schneider Instructor	BS College of Mount St. Joseph MPT College of Mount St. Joseph
Jean Shannon Assistant Professor Assistant Director of Clinical Education	BS St. Louis University DPT University of Kentucky
Rosanne Thomas Associate Professor Physical Therapy Department Chair	BS Finch University of Health Sciences MS Finch University of Health Sciences PhD Rosalind Franklin University

## G. CURRICULUM – DOCTOR OF PHYSICAL THERAPY

### YEAR 1

#### Summer:

BIO 526/526A	Human Gross Anatomy w/Lab	8 credit hours
PT 603	Surface Anatomy	1 credit hour
PT 661	Foundations of Critical Inquiry in Physical Therapy	2 credit hours

#### Fall:

PT 601	Foundational Science I	4 credit hours
PT 605/605A	Clinical Exercise Physiology w/Lab	3 credit hours
PT 608/608A	Biomechanics/Kinesiology w/Lab	4 credit hours
PT 624/624A	Neuroscience w/Lab	3 credit hours
PT 650	Professional Socialization I	2 credit hours

#### Spring:

PT 610/610A	Basic Patient Care Skills w/Lab	3 credit hours
PT 611/611A	Therapeutic Modalities w/Lab	3 credit hours
PT 612/612A	Basic Examination and Evaluation w/Lab	3 credit hours
PT 615/615A	Therapeutic Exercise w/Lab	3 credit hours
PT 651	Professional Socialization II	2 credit hours
PT 652	Professional Issues in Physical Therapy I	1 credit hour

### YEAR 2

#### Summer:

<b>PT 700</b>	<b>Introduction to Clinical Experience I</b>	<b>1 credit hour</b>
<b>PT 701</b>	<b>Introduction to Clinical Experience II</b>	<b>1 credit hour</b>
PT 702	Foundational Science II	3 credit hours
PT 762	Research in Physical Therapy I	3 credit hours
PT 770	Administration, Consultation & Management	3 credit hours

#### Fall:

PT 703	Foundational Science III	3 credit hours
PT 715/715A	Patient Management: Acute Care & Cardiopulmonary w/Lab	3 credit hours
PT 720/720A	Patient Management: Applied Orthopedics I w/Lab	6 credit hours
PT 722/722A	Patient Management: Neurological Rehabilitation I w/Lab	2 credit hours
PT 746	Patient Management: Lifespan I – Pediatrics	3 credit hours

#### Spring:

PT 721/721A	Patient Management: Applied Orthopedics II w/Lab	5 credit hours
PT 725/725A	Patient Management: Neurological Rehabilitation II w/Lab	4 credit hours
PT 745/745A	Patient Management: Special Topics w/Lab	3 credit hours
PT 747/747A	Patient Management: Lifespan II – Geriatrics w/Lab	4 credit hours
PT 754	Professional Issues in Physical Therapy II	1 credit hour

### YEAR 3

#### Summer:

PT 863	Research in Physical Therapy II	2 credit hours
PT 875/876	Electives/Independent Study in Physical Therapy	3 credit hours
PT 753	Health Care Policy	3 credit hours
<b>PT 881</b>	<b>Internship I (10 weeks)</b>	<b>5 credit hours</b>

#### Fall:

PT 855	Professional Issues in Physical Therapy III	1 credit hour
<b>PT 882</b>	<b>Internship II (10 weeks)</b>	<b>5 credit hours</b>

#### Spring:

<b>PT 883</b>	<b>Internship III (9 weeks)</b>	<b>5 credit hours</b>
<b>PT 884</b>	<b>Internship IV (9 weeks)</b>	<b>5 credit hours</b>
PT 857	Professional Issues in Physical Therapy IV	1 credit hour

## H. COURSE DESCRIPTIONS

**BIO 526/526A: Human Gross Anatomy w/Lab.** This course provides a complete study of the anatomy of the human body. This course is primarily designed for the Doctor of Physical Therapy Program, and therefore, places emphasis on integrating basic knowledge gained in prerequisite coursework with an in depth knowledge of the relationships of the skeletal, muscular, and peripheral vascular and nervous systems.

**PT 601: Foundational Science I.** This course is the first in a series of basic science courses for physical therapists that lay a foundation for the patient management courses. Students will review the etiology, pathogenesis, clinical manifestations and medical management for selected pathologies. Additional emphasis will be placed on the impact of pharmacology and medical imaging on physical therapy management. Specific course content will include mechanisms of cellular injury and repair, tissue healing, immunology, infection and other selected pathologies relevant to initial clinical experiences.

**PT 603: Surface Anatomy:** This course is an in-depth exploration of the human musculoskeletal and peripheral nervous systems. Both gross and surface anatomical features will be covered, including development of palpation skills to locate bony landmarks, muscles, tendons, joints, and ligaments on the living human body.

**PT 605/605A: Exercise Physiology w/Lab.** Principles of exercise physiology are presented including exercise testing and prescription for cardiovascular and pulmonary fitness including consultation for health and wellness amongst diverse populations most commonly seen by physical therapists. Normal and abnormal responses to exercise are examined. In addition, students will identify at risk populations and barriers to health, wellness, and exercise.

**PT 608/608A: Biomechanics and Kinesiology w/Lab.** This course is a study of the principles of musculoskeletal biomechanics and kinesiology including mechanical behavior and properties of bone, tendon, ligament, joint, cartilage, and skeletal muscle as applied to the human body. In this course, analysis of forces and identification of muscle functions involved in human movement, including normal posture and gait are modeled as a foundation for evaluation and therapeutic intervention. Students integrate foundational sciences with current scientific literature to substantiate biomechanical principles for clinical reasoning development.

**PT 610/610A: Basic Patient Care Skills w/Lab.** Students will begin to develop the critical thinking skills necessary to select and perform basic patient care skills on a varied patient population safely and effectively. The principles and application of basic patient care skills, including OSHA safe patient handling, infection control, body mechanics, positioning/draping, bed mobility, transfers, gait training and wheelchair measurement and mobility will be reviewed. Additionally, students will be introduced to patient care documentation based on the disablement and ICF models.

**PT 611/611A: Therapeutic Modalities w/Lab.** Students will integrate information from foundational course work into new material on the principles, theories and evidence for effective use of thermal, electrical, light and mechanical agents as they apply to the clinical practice of physical therapy in conjunction with other therapeutic interventions. Skills in safe and effective application of clinical modalities will be developed during laboratory sessions that emphasize clinical decision making and patient education. Students are introduced to leadership roles of a physical therapist through practice in delegation and supervision of the application of therapeutic modalities, complete and accurate documentation of services, and billing/coding.

**PT 612/612A: Basic Examination & Evaluation w/Lab.** The course introduces the student to the patient/client management concepts from *The Guide to Physical Therapist Practice, Ed 2*. Principles and application of systems review and basic examination techniques that are applicable to a variety of patient populations are learned. Emphasis is placed on differential diagnosis through clinical decision-making by integrating basic sciences of anatomy, physiology, kinesiology, and pathology with analysis and synthesis of subjective and objective patient data. The students learn upper and lower quarter screening examination techniques for musculoskeletal dysfunctions. Students develop examination skills on various patient populations in the classroom and clinic.

**PT 615/615A: Therapeutic Exercise w/Lab.** This course introduces theory and principles of therapeutic exercise and related techniques used in the management of patients/clients with movement dysfunctions and associated disabilities linked to impairments of muscle performance, joint ROM, muscle flexibility, and postural stability. Students learn evidence-based modes of therapeutic exercise, stretching, myofascial mobilization, aquatic therapy, resistance training, neuromuscular control training, and manual therapy techniques. Students learn safe application of therapeutic exercise by using biomechanical, kinesiological, and physiological concepts as they relate to stages of connective tissue healing following injury or surgery; and develop clinical reasoning skills in the prescription of therapeutic exercise on various patient populations treated in physical therapy.

**PT 624/624A: Neuroscience w/Lab.** Accelerated format course reviewing the functional anatomy and physiology of the human nervous system with lecture, problem-solving cases and laboratory experience. Gross anatomical structures and their function, including motor and sensory systems as well as higher cognitive regions, are discussed and correlated with clinical neurologic dysfunction. Emphasis is placed on those structures/functions of greatest importance to the successful practice of physical therapy.

**PT 650: Professional Socialization I.** This course is the first of a two semester series. The professional socialization series (PT 650 and PT651) introduces students to the profession of physical therapy. The history of the profession is explored and the role, scope and utilization of the physical therapist in today's health care system are investigated. Foundational principles such as communication, professionalism, and theories of rehabilitation are introduced. The ethical foundations of the profession are examined and a framework for solving ethical dilemmas is presented. This course expands the student's self-awareness in order to develop a foundation for personal and professional growth.

**PT 651: Professional Socialization II.** This course is a continuation of Professional Socialization I. The professional socialization series (PT 650 and PT651) introduces students to the profession of physical therapy. This course introduces issues in power negotiation/ distribution, culture of disability, cultural competency, healthcare team models, and advocacy. This course expands the student's self-awareness, social awareness, and healthcare policy awareness in order to develop a foundation for effective interactions with diverse patient groups.

**PT 652: Professional Issues in Physical Therapy I.** This course precedes the first clinical experience. It provides for the introduction and discussion of policies, procedures, expectations, and issues relevant to clinical education. Emphasis is placed on professionalism, the role of the student in the clinic, documentation, feedback, supervision, delegation, and methods of evaluation. Students are introduced to the regulations of state practice acts, and are certified in the regulations of the Health Insurance Portability and Accountability Act (HIPAA), the Occupational Safety and Health Administration (OSHA), and Cardiopulmonary Resuscitation (CPR) .

**PT 661: Foundations of Critical Inquiry in Physical Therapy.** This course is the first in a series of courses designed to foster the utilization of and production of research literature into the practice of physical therapy. The course explores the continuum of research, as well as the categorization of clinical research into levels of evidence. Students are introduced to evidence based physical therapy practice and the concepts of clinical research methodology and measurement. Concepts of reliability, validity, sampling, and research design are explored. Ability to critically appraise literature relevant to the practice of physical therapy is introduced in this course and fostered throughout the remainder of the professional curriculum.

**PT 700: Introduction to Clinical Experience I.** Terminal (37+ hours per week) clinical assignment that provides the student with opportunities for supervised application of basic clinical skills including, but not limited to objective tests and measures, mobility and gait training, therapeutic exercise, modalities, documentation, and professional communication. Students will have supervised direct interaction and practice with patients, healthcare providers, and personnel in beginning the assimilation into the clinical environment.

**PT 701: Introduction to Clinical Experience II.** Terminal (37+ hours per week) clinical assignment that provides the student with opportunities for supervised application of basic clinical skills including, but not limited to objective tests and measures, mobility and gait training, therapeutic exercise, modalities, documentation, and professional communication. Students will have supervised direct interaction and practice with patients, healthcare providers, and personnel in beginning the assimilation into the clinical environment in a different setting from Introduction to Clinical Experience I.

**PT 702: Foundational Science II.** This course is the second in a series of basic science courses for physical therapists that lay a foundation for the patient management courses. Students will review the etiology, pathogenesis, clinical manifestations and medical management for selected pathologies. Additional emphasis will be placed on the impact of pharmacology and medical imaging on physical therapy management. Specific course content will include selected pathologies relevant to the musculoskeletal system and acute care.

**PT 703: Foundational Science III.** This course is the third in a series of basic science courses for physical therapists that lay a foundation for the patient management courses. Students will review the etiology, pathogenesis, clinical manifestations and medical management for selected pathologies. Additional emphasis will be placed on the impact of pharmacology and medical imaging on physical therapy management. Specific course content will include selected pathologies relevant to pediatric and neurologic rehabilitation settings.

**PT 715/715A: Patient Management: Acute Care & Cardiopulmonary w/Lab.** Examination, evaluation, treatment interventions, and discharge planning for patients treated in the acute care setting, including the intensive care unit. Emphasis is placed upon synthesis, analysis, and integration of subjective and objective patient data, including integration of data from ECG, laboratory values, and pulmonary function tests for evidence based clinical decision making. This course covers common patient diagnoses seen in acute care.

**PT 720/720A: Patient Management: Applied Orthopedics I w/Lab.** A regional approach to examination, evaluation, treatment planning, therapeutic exercise, and manual therapy intervention techniques for common musculoskeletal conditions of the cervical spine, TMJ, thoracic spine and the upper extremities is studied. Emphasis is placed on clinical decision-making by integrating basic sciences of anatomy, physiology, kinesiology, and pathology with analysis and synthesis of current outcomes research on effectiveness of therapeutic exercise and manual therapy interventions. Students advance skills in screening, systems review, differential diagnosis, and patient/client management within the scope of physical therapy practice.

**PT 721/721A: Patient Management: Applied Orthopedics II w/Lab.** Examination, evaluation, treatment planning, therapeutic exercise, and manual therapy intervention techniques for common musculoskeletal conditions of the lumbar spine, sacroiliac joint, and the lower extremities are studied. Emphasis is placed on clinical decision-making by integrating basic sciences of anatomy, physiology, kinesiology, and pathology with analysis and synthesis of current outcomes research on effectiveness of therapeutic exercise and manual therapy interventions. Students advance skills in screening, systems review, differential diagnosis, and patient/client management within the scope of physical therapy practice.

**PT 722/722A: Patient Management: Neurological Rehabilitation I w/lab.** This course is the first of two courses that reviews the fundamentals of neuroscience as relates to neurologic function/dysfunction, including motor control and motor learning, normal/abnormal control of movement, clinical presentation and medical management of common neurologic diagnoses, as well as evaluation and intervention techniques for patients with neurological dysfunction requiring physical therapy intervention. Emphasis is placed upon the analysis of subjective and objective patient data and current research to evaluate, diagnose, and develop a physical therapy plan of care as relates to simple neurological diagnoses.

**PT 725/725A: Patient Management: Neurological Rehabilitation II w/lab.** This course is the second of two courses that reviews the fundamentals of neuroscience as relates to neurologic function/dysfunction, including motor control and motor learning, normal/abnormal control of movement, clinical presentation and medical management of common neurologic diagnoses, as well as evaluation and intervention techniques for patients with neurological dysfunction requiring physical therapy intervention. Emphasis is placed upon the analysis of subjective and objective patient data and current research to evaluate, diagnose, and develop a physical therapy plan of care as relates to complex neurological diagnoses.

**PT 745/745A: Patient Management: Special Topics w/Lab.** This course focuses on both knowledge and related skills needed for working with special populations. The topical areas include, but are not limited to women's and men's health, orthotics and prosthetics, work hardening, vestibular rehab, lymphedema, wounds and burns with an emphasis on a multidisciplinary approach to examination, evaluation, and intervention.

**PT 746: Patient Management: Lifespan I – Pediatric Conditions.** This course introduces students to normal developmental changes that occur from birth to adolescence, and reviews the physical therapy management (examination, evaluation, diagnosis, prognosis, intervention and documentation) of the pediatric patient. Emphasis is placed upon the integration of subjective and objective patient and caregiver data with current research and patient and care giver preferences for effective clinical decision making for a pediatric population.

**PT 747/747A: Patient Management: Lifespan II – Geriatric conditions w/Lab.** This course reviews the physical therapy management (examination, evaluation, diagnosis, prognosis, intervention and documentation) of older adults. Emphasis is placed upon the integration of subjective and objective patient data with current research and patient/client preferences for effective clinical decision making for an older adult population. Screening for medical disease and physical therapy management of the medically complex patient will also be addressed.

**PT 753: Health Care Policy.** This interdisciplinary course explores health care systems in the United States from a historical, political, economic, social, and financial perspective. Delivery of health care, health care policies, financing of health care, and health care reform will be discussed with an emphasis on the leadership role the health care professional can take in affecting the health care system. Areas of exploration include: cost containment, managed care, social justice issues, quality assurance, legislative and regulatory controls, long-term care, and ethical/legal issues.

**PT 754: Professional Issues in Physical Therapy II.** This course serves as a review of clinical education policies, procedures, expectations, and issues prior to the first clinical internship. This course is also designed as a seminar for the discussion and application of theories, principles, duties, codes of ethics, laws, and decision-making models impacting the various facets and ethical issues impacting physical therapy practice.

**PT 762: Research in Physical Therapy I.** This course is the second in a series of courses designed to foster the utilization of research literature into the practice of physical therapy. The course will expand upon the concepts of evidenced based physical therapy practice and clinical research methodology and measurement including specific design types, analysis, and reporting.

**PT 770: Administration, Consultation and Management.** Concepts in administration and management as they apply to the delivery of physical therapy services in health care facilities and organizations are explored, including basic administrative concepts of communication, planning and decision making, budgeting, fiscal management (including billing and coding), and marketing applied to the implementation of clinical services.

**PT 855: Professional Issues in Physical Therapy III.** This course prepares students for their ensuing practice as entry-level professionals. Topics include the clinical education requirements for the final internships, consulting, political issues, involvement in the American Physical Therapy Association (APTA), licensure, resume writing, interviewing skills, personal finance, and one's role as a clinical educator.

**PT 857: Professional Issues in Physical Therapy IV** This course prepares students for their ensuing practice as entry-level professionals. Topics include the clinical education requirements for the final internships and provide a means for exploring interprofessional health care collaboration within in clinical education and the physical therapy profession. The students will utilize exposure to and experience with interprofessional health care practice to enhance professional growth and interprofessional collaboration.

**PT 863: Research in Physical Therapy II.** This course is the third in a series of courses designed to foster the utilization of research literature into the practice of physical therapy. This course will expand upon the previous courses with emphasis placed on the synthesis of research for clinical decision making, including applying the principles of evidence based practice to a specific clinical question.

**PT 875: Elective Seminars in Physical Therapy.** Exploration of advanced and novel topics in Physical Therapy.

**PT 876: Independent Studies in Physical Therapy.** This course allows for the exploration of special topics or experiences of interest to individual students to enrich specific courses or expand on experiences requiring in-depth study. Students, under the supervision of the physical therapy faculty, identify an area of study, establish objectives, and agree to a learning contract for credits earned.

**PT 881: Internship I.** Terminal (37+ hours per week) clinical assignment that provides the intern with opportunities for supervised examination, evaluation, program planning, discharge planning, and intervention for patients requiring physical therapy in an assigned practice setting. Students experience opportunities for interaction with health-care providers and personnel at all levels of management. Expectations for students' performance are incrementally higher than on the previous Introduction to Clinical Experiences in the areas of supervision/guidance, quality, complexity, consistency, and efficiency as defined by the APTA Clinical Performance Instrument.



**PT 882: Internship II.** Terminal (37+ hours per week) clinical assignment that provides the intern with opportunities for supervised examination, evaluation, program planning, discharge planning, and intervention of patients requiring physical therapy in an assigned practice setting. Students experience opportunities for interaction with health-care providers and personnel at all levels of management. Expectations for students' performance are incrementally higher than on previous internships in the areas of supervision/guidance, quality, complexity, consistency, and efficiency as defined by the APTA Clinical Performance Instrument.

**PT 883: Internship III.** Terminal (37+ hours per week) clinical assignment that provides the intern with opportunities for supervised examination, evaluation, program planning, discharge planning, and intervention for patients requiring physical therapy in an assigned practice setting. Students experience opportunities for interaction with health-care providers and personnel at all levels of management. Expectations for students' performance are incrementally higher than on previous internships in the areas of supervision/guidance, quality, complexity, consistency, and efficiency as defined by the APTA Clinical Performance Instrument.

**PT 884: Internship IV** Terminal (37+ hours per week) clinical assignment that provides the intern with opportunities for supervised examination, evaluation, program planning, discharge planning, and intervention for patients requiring physical therapy in an assigned practice setting. Students experience opportunities for interaction with health-care providers and personnel at all levels of management. Expectations for students' performance are incrementally higher than on previous internships in the areas of supervision/guidance, quality, complexity, consistency, and efficiency as defined by the APTA Clinical Performance Instrument.

## **CLINICAL EDUCATION GENERAL INFORMATION**

### **SECTION I: CLINICAL PLACEMENTS**

#### **A. INTRODUCTION TO CLINICAL EXPERIENCE**

These Terminal clinical experiences take place during four weeks after the second-year when students have completed their basic clinical courses and labs in objective tests and measures, mobility and gait training, therapeutic exercise, modalities, communication, professionalism, and research. Because these experiences take place early in the curriculum, before population-specific clinical courses, and for such short duration, the students are not expected to demonstrate mastery of their clinical skills or reasoning. Rather the primary objective is to allow them a first opportunity to acclimate to the clinical culture and to observe and participate in hands-on practice of basic clinical skills, with real patients/clients, supervised by practicing clinicians. In order to gain exposure to these basic skills across the continuum of PT practice, the students spend two weeks in an outpatient setting and two weeks in an inpatient setting for Clinical Experiences I and II. These short-term experiences take place at facilities in the Greater Cincinnati, Northern Kentucky, and Dayton areas.

#### **B. INTEGRATED CLINICAL EXPERIENCES AND PATIENT EXPERIENCES**

During their Acute Care & Cardiopulmonary, Applied Orthopedics, Neurological Rehabilitation, and Lifespans courses, students may have periodic short-term clinical placements and patient experiences that are coordinated with coursework so that experience is gained working with diagnostic-specific patients/clients and utilizing the skills learned in the classroom. Evaluation of these experiences occurs through the co-requisite didactic courses with which they are associated. These short-term experiences take place at facilities in the Greater Cincinnati, Northern Kentucky, and Dayton areas.

#### **C. TERMINAL CLINICAL INTERNSHIPS**

During their progression through the DPT program and after successful completion of pre-requisite coursework, students will be assigned to Terminal Clinical Internships. These include:

Internship I (ten weeks), Internship II (ten weeks), Internship III (nine weeks), and Internship IV (nine weeks).

***(One internship must take place in outpatient orthopedics. One internship must occur in an inpatient setting: acute care, rehab, or skilled nursing/extended care. No more than two internships may take place in the same type of setting).*** These Terminal Clinical Internships will take place among the University's network of contracted clinical facilities. This network includes facilities in the Greater Cincinnati area and across the United States and Canada.

## **SECTION II: SELECTION OF CLINICAL EDUCATION SITES**

### **A. GUIDELINES FOR CLINICAL EDUCATION SITES**

The DPT program at Mount St. Joseph University has chosen to adopt the standards of the *APTA Guidelines for Clinical Education Sites*. At an absolute minimum, the following criteria must be met by a facility in order to be considered as a member of the DPT program's clinical education network.

1. The facility must have a completed Clinical Site Information Form (CSIF) on file with the DCE. (Visit [www.apta.org/CSIF/](http://www.apta.org/CSIF/)). The CSIF should be updated at least once every two years.
2. The facility must be willing to accept students for nine to ten week Terminal Clinical Internships.
3. The facility and Mount St. Joseph University must have mutually agreed to and fully executed a current contractual agreement for clinical education in order for students to be assigned to that facility. (Also see MSJ Guidelines for Clinical Education Sites, CCCEs, and CIs on page 31).

## **B. DEVELOPING CLINICAL EDUCATION PARTNERSHIPS**

Students, faculty, alumni, and professional colleagues may recommend potential clinical education facilities. Students should not contact facilities on behalf of the University, but rather should forward pertinent contact information to the DCE. Student generated clinical education requests will be limited. Priority and preference will be given to sites which: complement the MSJ DPT program philosophy, have sustainability for future clinical internships, offer unique learning opportunities, exist in desirable locations, offer educational stipends or housing, or employ alumni of the MSJ physical therapy program.

It is solely the responsibility of the DCE to initiate contact with potential clinical education facilities, evaluate their merits according to the *APTA Guidelines for Clinical Education Sites*, and develop a mutually agreed upon clinical contract for execution by representatives of both the facility and College. In this role the DCE acts as the University's liaison for communication between the facility and the University. The DCE will contact the clinic manager and/or appointed CCCE to discuss the potential for a clinical education partnership, to exchange information about the facility and the University, and to work on developing a clinical contract mutually agreed upon by both parties. Prior to initiating a final clinical contract, the DCE will seek faculty endorsement for the adoption of a new site.

The following timeline must be met in order for a potential clinical education partnership to be pursued:

- 1) Facility information must be received by the DCE no later than three months prior to the clinical.
- 2) Verbal commitment from the facility must be received no later than two months prior to the clinical.
- 3) Completed contracts and paperwork must be completed no later than one month prior to the clinical.

If a new clinical education partnership is established on behalf of a student, the student shall be required to work with that facility except for cases of unexpected medical or family emergency.

## **C. TERMINATING CLINICAL EDUCATION PARTNERSHIPS**

The University reserves the right to terminate a clinical education partnership and/or assignment at the University's and its representatives' discretion, if it is in the best interest of the University, its students, or the facility.

## **SECTION III: DECLARATION OF RESPONSIBILITIES**

### **A. RESPONSIBILTIES OF THE UNIVERSITY**

The University will:

- 1) Assume responsibility for developing and implementing the educational program in physical therapy.
- 2) Certify the eligibility of students for matriculation into the clinical education phase of the curriculum according to satisfactory completion of didactic prerequisites.
- 3) Ensure that all students assigned to Terminal clinical internships are enrolled in the University's DPT program and the corresponding clinical course.

- 4) Designate below, a person or persons to serve as DCE to coordinate the clinical education program and act as the liaison between the University, affiliated facilities, and its students:

Jamie Bayliss, PT, MPT, DCE  
Mount St. Joseph University  
School of Health Sciences  
Department of Physical Therapy  
5701 Delhi Road  
Cincinnati, OH 45233  
Office: (513) 244-4647  
Mobile: (513) 260-5084  
E-mail: [jamie.bayliss@msj.edu](mailto:jamie.bayliss@msj.edu)

- 5) Advise students assigned to the facility of their responsibility for complying with the existing rules and regulations as well as policies and procedures of the facility.
- 6) Maintain professional liability insurance in the amounts of at least \$1,000,000 per incident and \$5,000,000 aggregate for students assigned to the facility and will provide the facility with information regarding such liability insurance.
- 7) Develop clinical education partnerships, internships, and experiences according to standards of reasonable accommodation for students who have declared disabilities. (See page 55).

## **B. RESPONSIBILITIES OF THE DCE/ADCE**

The DCE/ADCE will:

- 1) Develop clinical education partnerships with potential facilities as outlined in Selection of Clinical Education Sites.
- 2) Provide the CCCE/CI with information about the physical therapy program mission, philosophy, goals, curriculum, policies, and procedures.
- 3) Maintain and review clinical education contracts annually.
- 4) Assess clinical education partnerships, opportunities, and clinical instruction annually.
- 5) Maintain a database on each facility, communicate with the CCCE/CI and provide assistance with planning learning experiences, monitoring, evaluating, and counseling students regarding program participation, internships, attendance, and proficiency.
- 6) Provide students with information about clinical sites.
- 7) Assign clinical affiliations for students. Clinical internships will be assigned by the DCE with student input of preferences or student lottery selection for the Introduction to Clinical Experience I and II and Internships I, II, III, and IV.
- 8) Ensure that students are only placed at facilities with executed clinical education contracts.
- 9) Require that students not be assigned to facilities in which they have previously been employed or are under contractual obligation for future employment.
- 10) Require that students not be assigned to facilities in which immediate family have an ownership interest or direct influence on the day to day physical therapy clinical operations.
- 11) Inform the facility at least three months in advance of a scheduled internship, including the name of the student, dates and duration of the internship, and the level of didactic and pre-clinical preparation of each student, to assist in planning learning experiences for students.

- 12) Provide the facility with educational objectives and evaluation tools for each clinical education internship.
- 13) Notify the clinical site as soon as possible in advance of the scheduled start date in the event of change or cancellation of a clinical internship.
- 14) Make clear the expectation that students abide by the rules, regulations, and policies of the clinical site while assigned to that facility.
- 15) Coordinate and make clinical site visits, within the constraints of program finances and scheduling, to review student progress during the Terminal Clinical Internships, and to assess the quality of clinical education. If a visit cannot be made in person, then a telephone call or virtual conference will be arranged.
- 16) Communicate with the facility on matters pertinent to clinical education. Such communication may include, but is not limited to, on-site visits to the facility, the DPT program newsletter, workshops, meetings, and the provision of educational materials.
- 17) Communicate student progress and issues in Clinical Education to department chair, faculty and advisors at faculty meetings and individually, and enlist faculty assistance as needed.
- 18) Be responsible for the determination of students' final grades for clinical education courses. Feedback from the CI's Introduction to Clinical Experience Student Evaluation Form or *APTA Physical Therapist Clinical Performance Instrument (PT CPI)*, verbal, and written communication will be used in making this determination. Students are graded on a pass/fail basis for Terminal clinical internships.

### **C. RESPONSIBILITIES OF THE FACILITY and CCCE**

(See MSJ Guidelines for Clinical Education Sites, CCCEs, and CIs page 31).

The facility will:

- 1) Have ultimate responsibility for patient care and will comply with any state, federal governmental, or administrative laws, rules, regulations, and statutes governing the practice of physical therapy.
- 2) Provide qualified staff, patients, physical facilities, clinical equipment, and materials for stated clinical objectives.
- 3) Designate one person to serve as CCCE for the facility and to act as liaison with the University. (See MSJ Guidelines for Clinical Education Sites, CCCEs, and CIs page 31).
- 4) Designate a physical therapist to serve as the on-site supervising CI for the assigned DPT student from the University. A physical therapist assistant, tech, or aide cannot offer adequate supervision for a DPT student. (See Supervision, page 50).
- 5) Provide each assigned student with a planned, supervised program of clinical education in accordance with the clinical education objectives.
- 6) Provide each assigned student with an orientation to the facility, including a copy of pertinent rules and regulations, policies, and procedures on the first day of the Terminal clinical internship.
- 7) Provide for a quiet, private area for student evaluations and conferences with his or her CI.
- 8) Provide the University and its students with information regarding the availability of first aid and emergency care for students while on clinical education assignments. If the facility provides first aid and/or emergency care to an assigned student, the facility may charge the student reasonable fees for such services.
- 9) Advise the University immediately of any changes in its ownership, operation, policies, or personnel, which may affect clinical education.

### **D. RESPONSIBILITIES OF THE CI**

The CI will:

- 1) Review and abide by the MSJ Guidelines for Clinical Education Sites, CCCEs, and CIs. (See page 31).
- 2) Complete the PT CPI Web training modules for Terminal Clinical Internships using the PT CPI.
- 3) Plan the learning experience. (See Planning for Terminal Internships, page 22).
- 4) Discuss the University's, student's, and facility's expectations and objectives for the clinical with the student within the first two days of the internship.
- 5) Structure learning opportunities, interact directly with the student, adjust workload, customize teaching styles, and develop experiences according to the individual student's needs. (See Learning Styles, page 35).
- 6) Provide adequate supervision of the student and an environment conducive to learning. A physical therapist must always be present when a DPT student is in the clinic. A DPT student may not treat patients if only a physical therapist assistant or aide is on the premises. A PTA, tech, or aide *cannot* offer adequate supervision for a DPT student. (See Supervision, page 50).
- 7) Serve as a role model, demonstrate a positive attitude toward students, and challenge students to utilize skills and resources available.
- 8) Maintain ethical standards, including but not limited to the applicable federal regulations, the state physical therapy practice act, and *APTA Code of Ethics*. (See page 40).
- 9) Respect the rights and dignity of the student and utilize a private setting as needed for evaluation and feedback sessions.
- 10) Provide informal feedback sessions frequently throughout the clinical internship. (See Guidelines for Effective Formative Evaluation, page 33 and The One Minute Clinical Instructor, page 34).
- 11) Evaluate the performance of the assigned student in writing, using forms as provided by the College. Presently, the University uses its own Introduction to Clinical Experience Student Evaluation Form for the Introduction to Clinical Experience and the PT CPI as the evaluation tool for Terminal Clinical Internships. The CI will provide formal review of the CPI at least at mid-term and final of Clinical Internships. More frequent review of the CPI should occur as needed.
- 12) Advise the University/DCE *immediately* of any serious deficiencies/significant concerns noted in an assigned student's performance. It will then be the mutual responsibilities of the student, the facility/CCCE/CI, and the University/DCE to develop a plan by which the student may be assisted towards achieving the stated objectives of the clinical education assignment.

## **E. RESPONSIBILITIES OF THE STUDENT**

**BEFORE** students are permitted to progress into introductory or Terminal clinical education they must:

- 1) 1) Be in good standing:
  - a. Successfully pass all prerequisite physical therapy coursework of the semesters preceding the clinical internship while maintaining a 3.0 (out of 4.0) overall grade point average in their professional courses as defined in the DPT program STUDENT HANDBOOK.
  - b. Receive a grade of 80% or above on Hallmark Practical I and pass Hallmark Practical II with 'Internship Ready' ratings
  - c. Have Advisor verification of Professional Behavior Standards
  - d. Successfully complete all remediation processes.
- 2) Officially register for the Introduction to Clinical Experience or Clinical Internship course before they can begin a clinical internship. ***All clinical courses require payment of tuition.*** Each student's name must appear on the class roll in order to continue on an Introduction to Experience or Clinical Internship.
- 3) Provide proof of current personal health insurance coverage.
- 4) Carry valid CPR Certification. Students will not be given time off to complete the certification.
- 5) Complete and submit an annual Medical History, Physical, Immunization, and Consent Forms (see pages 56-59) to the DPT program no later than one week prior to the start of a clinical

- internship. Students will not be given time off to complete medical requirements.
- 6) Sign the Student Agreement for Clinical Education Form (see page 60) and submit this form to the DCE by the end of the spring semester of year one. This signed form will be placed in the student's permanent clinical education record.
  - 7) Provide documentation of a disability, as is every student's right, if seeking reasonable accommodations during a clinical internship by the end of the fall semester of year one. (See page 55).
  - 8) Submit their clinical preferences to the DCE by the assigned date or participate in the student lottery for the Introduction to Clinical Experiences I and II and Clinical Internships I, II, III, and IV.
  - 9) Declare past employment (paid or volunteer) or contractual agreements for future employment with any clinical facility. Students may not be assigned to an internship with the stated facility under these circumstances.
  - 10) Declare immediate family's relationship with any affiliated clinical site. Students may not be assigned to a internship with a facility in which an immediate family member has ownership interests or has direct influence on the day to day physical therapy clinical operations.
  - 11) Read the Clinical Site Information Form (CSIF), agreement for clinical education contract, and applicable state practice act for any facility to which they are assigned for a clinical internship.
  - 12) Complete the PT CPI Web training modules for Terminal Clinical Internships using the PT CPI.
  - 13) Complete the Clinical Introduction and Planning Form (see page 61) including the objectives they wish to achieve during the clinical internship six weeks prior to each clinical internship.
  - 14) Write a letter to their assigned facility no later than four weeks prior to the internship in which they introduce themselves and enclose their Clinical Introduction and Planning Form. (See page 61).
  - 15) Call their assigned facility no later than two weeks prior to the start of the affiliation to confirm pertinent details including, but not limited to, the location, directions, hours, dress code, and contact persons.

**WHILE** completing the Introduction to Clinical Experience or Clinical Internship students must:

- 1) Make appropriate arrangements for housing as well as transportation to and from the facility. Students are responsible for any travel, living, or insurance expenses incurred for those provisions during the clinical experience.
- 2) Notify the Director of Clinical Education of their residence, telephone number, and e-mail address by which they can be contacted during the internship upon submission of the Midterm Confirmation Sheet for each clinical internship.
- 3) Maintain health insurance as outlined above and are responsible for any medical expenses incurred during the clinical experience.
- 4) Bring the Clinical Education Binder and any enclosed paperwork and assignments to each day of the clinical internship.
- 5) Comply with the General Student Policies. (See page 19).
- 6) For Terminal Clinical Internships, send the Midterm Confirmation Form to the DCE within the first three days of their internship to confirm their arrival, location, and midterm visit schedule.
- 7) Review the facility's clinical education manual, policies, and procedures within the first two days of the clinical internship.
- 8) Comply with all applicable policies, procedures, rules, and regulations of the facility; the DPT program STUDENT HANDBOOK, CLINICAL EDUCATION HANDBOOK, and Mount St. Joseph University STUDENT HANDBOOK and GRADUATE CATALOG, the *APTA Code of Ethics* (see page 40); any applicable federal regulations; and the applicable state practice act.
- 9) Demonstrate professional behavior including but not limited to compliance with federal HIPAA regulations for patient privacy and confidentiality as well as maintaining acceptable standards of patient care and safety including but not limited to OSHA regulations.
- 10) Report any questionable practices, unethical behaviors, or general problems with the facility to

the DCE *immediately*.

- 11) Maintain close communication with the CI and be prepared to share written goals, expectations, learning styles, and feedback preferences within the first two days of the clinical.
- 12) Take initiative and be active learners and participants in their clinical internships.
- 13) Use spare time constructively. Ask about available resources including: a medical library, journals, observing other disciplines, observing other patient treatments, observing surgeries, etc.
- 14) Complete all academic requirements for their internships as outlined in the Grading for the Introduction to Clinical Experience (see page 24) and Grading for Terminal Clinical Internships Sections (see page 25) and the course syllabus.
- 15) On-time completion and submission of any projects or assignments made by the DCE. At the DCE's discretion, students may be removed from the clinic for failure to meet these deadlines.
- 16) On-time completion and submission of any projects or assignments made by the CI.
- 17) Accept feedback and constructive criticism in a positive manner. Identify personal strengths and weaknesses. Demonstrate a positive learning attitude, initiative to do home study, and the ability and willingness to problem solve.
- 18) Return their paperwork and assignments by the due date assigned by the DCE in the syllabus.

## **SECTION IV: GENERAL STUDENT POLICIES**

### **A. TRAVEL**

- 1) Because the number of clinical affiliations in the Greater Cincinnati area is limited, all students should expect to complete at least one Terminal Clinical Internship out of this geographic area (65 minute commute).
- 2) Extenuating circumstances impacting student travel, such as children or other family members under their direct care, should be brought in writing to the DCE, and will be considered, then decided by a faculty vote.
- 3) In cases in which students must travel greater than eight hours for a Terminal Clinical Internship, they shall be permitted one travel day either before or after the internship.

### **B. ATTENDANCE**

- 1) Clinical education provides the student the opportunity to apply theory to the practice of physical therapy. It is critical that students take every opportunity to practice. Clinical practice is an essential part of physical therapy education; both the quality and quantity of time. A clinical failure may result due to lack of attendance.
- 2) A Terminal clinical internship is considered to be at least 37 hours per week.
- 3) Students are expected to attend every day of clinical internships.
- 4) Students must notify the DCE of any changes in their clinical schedule during the internship.
- 5) Students observe the holidays and closures of the facility and not of the school, unless otherwise noted prior to the start of the internship.
- 6) In the case of inclement weather, natural or civil disasters, or other acts of God, students shall **not** follow the schedule of the University, but rather:
  - i. Take care to ensure personal safety and well-being.
  - ii. Follow the directives of government, public safety, and emergency personnel.
  - iii. Follow the policies and procedures of the clinic, CI, and CCCE.
- 7) Students traveling greater than eight hours for a Terminal Clinical Internship shall be permitted one travel day either before or after the internship.
- 8) Students shall be permitted one day each for the completion of job interviews and to take the NPTE Board Examination *only* during the Final Internship. The date(s) must be mutually agreed upon by the clinic, CI, and CCCE in advance.
- 9) Students are allowed one day of absence due to illness or immediate family emergencies during



the Introduction to Clinical Experience and two days of absence due to illness or immediate family emergencies for each Terminal Clinical Internship. **These days are to be used only for bona fide illness or emergency and should not be considered as personal days.** A student who is ill for more than two consecutive days must provide documentation of consultation with a medical provider.

- 10) Students may not request time off during clinicals to work on assignments, projects, or presentations.
- 11) Any other cause for absence must have pro-active approval from the DCE in order to be excused.
- 12) Students must report EVERY absence, excused or unexcused to the CI and the DCE prior to or at the time of the absence.
- 13) Students who are absent or tardy from the clinical affiliation for greater than two days must submit a written statement regarding the cause of such behavior and include a written plan to demonstrate improved attendance during the remainder of the Clinical Internship. This plan must meet the approval of the DCE, CI, and CCCE.
- 14) Students may be required to make up missed days of an internship through organized learning experiences and/or with additional clinical time for any absences of greater than two days during a single internship or greater than five total days over the course of all clinical education. The completion and documentation of such experiences are solely the responsibility of the student. These experiences must meet the approval of the DCE and/or the faculty.

### C. DRESS CODE

- 1) Students are expected to demonstrate physical therapy professionalism in dress and grooming. Students must be dressed in such a manner that they can provide safe patient care. Dress and grooming are also inherent factors of good infection control.
- 2) The official student uniform shall consist of:
  - a. Clean, professional clothes
  - b. Dress shirt or sweater
  - c. Lab coat (if standard for the facility)
  - d. Dress pants or slacks whose legs do not drag on the floor
  - e. A belt if pants or slacks have belt loops
  - f. Socks, stockings, or knee highs
  - g. Dress shoes with closed toe and low to no heel height
- 3) Undergarments must not be revealed during any activities or postures required by clinical work.
- 4) Shirts must be tucked into one's pants or slacks or be of a length to prevent the exposure of one's midriff during any activities or postures required by clinical work.
- 5) Students should wear clothing appropriate to the clinical facility or agency. This may vary slightly as either more liberal or conservative according to the facility's patient population and clinical policy. The student will be advised of any deviations from the aforementioned dress code by the CCCE or CI.
- 6) Under no circumstances should a student wear sweatshirts, jeans or shorts in the clinic.
- 7) Jewelry is to be kept at a minimum and must not interfere with patient care. Earrings must be small and no other body piercing or tattoos should be visible.
- 8) Artificial finger nails, nail jewelry, and any nails extending beyond the end of the fingertip are not permitted for reasons of patient safety and infection control.
- 9) Hair must be of a color natural to the human genome.
- 10) Perfume and cologne are not appropriate for clinical settings as patients and co-workers may have allergies or sensitivities to such fragrances.
- 11) Students must wear their MSJ, School of Health Sciences, Physical Therapy Photo I.D. badge or a facility-issued I.D. badge at all times while on clinical internships so as to identify themselves as student physical therapists.
- 12) Students are responsible for any expenses incurred for the provision of their clinical wardrobe

with the exception of their MSJ, School of Health Sciences, Physical Therapy Photo I.D. badge. If students lose their I.D. badge then they are responsible for the cost of a replacement. If students' I.D. badges get broken, they should contact the DPT administrative assistant for replacement.

## **D. EQUIPMENT**

- 1) Students will be supplied with the following clinical equipment during Year 1 of their didactic education:
  - a. Gait belt
  - b. Goniometer
  - d. Pen light
  - e. Reflex hammer
  - f. Sphygmomanometer
  - g. Stethoscope
  - h. Tape measure
- 2) Students will be responsible for the cost of replacing this equipment should it be lost or damaged.
- 3) Students are responsible for providing all other necessary equipment including but not limited to:
  - a. Pocket notebook or planner
  - b. Black ink pen
  - c. Watch (digital or with second hand)

## **E. COMMUNICATION**

- 1) Students are expected to check their MSJ email and telephone voicemail at least once daily and their Blackboard account at least once weekly.
- 2) Students are permitted to use their phones in the clinic for clinical purposes such as communication, patient education, or research.
- 3) Students are permitted to use their phones in the clinic for personal use *only* during lunch times, other designated breaks, or by the permission of the CI, CCCE, or clinical facility.

## **F. POTENTIAL HEALTH RISKS/ACCIDENTAL EXPOSURE**

- 1) All students exposed to a potential biohazard via needle sticks, punctures, or other possible exposures should report this event to the Director of Clinical Education within 24 hours of the incident. Because most of our students are at remote clinical sites, we advise that students comply with the site mandates for appropriate follow-up care to an exposure including, but not limited to, the following standards. We recommend that the following lab tests be completed immediately after the incident and again three (3) months later:
  - a. Hepatitis A IgM
  - b. Hepatitis A Total
  - c. Hepatitis C Virus
  - d. Hepatitis B Surface Antigen
  - e. Hepatitis B Core, Total
  - f. HIV
- 2) Students experiencing an exposure incident on the MSJ campus should first inform the supervising personnel or faculty and report the incident to Campus Police and the Wellness Center immediately.
- 3) Students not in remote or distant locations may seek this follow-up under the care of the Wellness Center on the MSJ campus.

## **G. STANDARD PRECAUTIONS**

Appropriate review of Standard Precautions will be provided by clinical departments during the orientation

at each clinical site. As part of the student's professional development, they will be responsible for incorporating these precautions into routine practice while in patient care situations. They will assume their own responsibility for inquiring about what is available at each clinical site.

The following are steps a student should take in the event of contact with blood, tissue, or body fluids:

1. Remove soiled clothing and administer immediate first aid at the worksite (wash skin/flush eyes 10-15 min./etc.). Remove contact lenses if eyes are exposed.
2. Notify resident, site coordinator and/or clinical instructor.
3. Obtain name, medical record number and location of patient source.
4. Report, in person, immediately to the designated location at the clinical site where you are interning for follow up treatment (i.e. Employee Health Service, Infectious Disease Service and/or the Emergency Department).
5. If you are not successful seeking immediate assistance, page your supervisor (e.g., resident, attending, clerkship director) as soon as possible.

**Follow up procedures:**

1. Notify the Director of Clinical Education within 24 hours of the exposure. Confidentiality of this information will be maintained.
2. Continue treatment and counseling at the site for an appropriate amount of time. Follow up with lab studies and assistance for any further treatment<sup>1</sup>.
3. The Director of Clinical Education will follow up with you periodically to provide and/or refer for counseling and assistance as needed.

## **TERMINAL CLINICAL INTERNSHIPS**

### **SECTION I: PLANNING FOR TERMINAL CLINICAL INTERNSHIPS**

#### **A. COMMUNICATION**

- 1) Clinical Scheduling
  - a) According to the agreed practice of physical therapy programs, the University of Mount St. Joseph will send affiliation request forms to contracted sites in early March for clinicals beginning in the following calendar year.
  - b) After tabulating clinical affiliation offers, the DCE will finalize assignments no later than December of the year preceding assignment start dates.
  - c) Letters or emails will be sent by the DCE to clinics with whom clinical assignments have been made, as well as letters or emails releasing affiliation slots for facilities with which assignments have not been made.
  - d) CCCEs will be made aware of the dates and duration of the assigned clinicals, student names, contact information, and the level of preparation of assigned students in order to assist in planning the internship.
- 2) Student communication Prior to Clinical Internships
  - a) Students shall write a letter to their clinical facility no later than four weeks prior

- to the start of the internship introducing themselves and their objectives.
- b) Students shall call their clinical facility no later than two weeks prior to the start of the clinical to confirm receipt of their letters and to clarify any outstanding details regarding the affiliation including, but not limited to, the location, directions, hours, dress code, and contact persons.
- 3) Communication between the Student and Clinical Instructor During Clinical Internships
    - a) Students are expected to initiate open communication with their CIs regarding their objectives and expectations for the internship and preferences for learning and feedback styles. (See Learning Styles, page 35).
    - b) It is expected that the CI and student will communicate on a daily basis in order to share formal and informal feedback and evaluation. (See Guidelines for Effective Formative Evaluation, page 33 and The One Minute Clinical Instructor, page 34).
  - 4) Communication with DCE and PT Faculty During Clinical Internships
    - a) Students, CIs, CCCEs, and clinical directors should contact the DCE as needed. It is imperative that significant concerns of any party be expressed to the DCE as soon as possible so that a successful resolution may be facilitated.
    - b) Students and facilities are provided with mail, telephone, cellular phone and e-mail contacts for the DCE such that he or she can be conveniently reached.
    - c) Due to the extensive clinical hours, alternative communication including email, text message or phone call with the DCE may be warranted if the situation demands such provisions.
    - d) It is the policy that the DCE shall respond to communication within 24 hours and requests the same courtesy of students and facilities.
  - 5) Canceling Clinical Internships
    - a) The facility and students may make a written request of the DCE that a clinical assignment be terminated either before or during a clinical internship. The written statement should include the reason for which the termination is being sought.
    - b) Facilities may request cancellations for reasons including but not limited to maternity leaves, staffing changes, patient population changes, ownership and business changes. Students should not construe the cancellation of their assigned internship to be personal.
    - c) Facilities are asked to contact the DCE as soon as possible prior to the start of a clinical should they be unable to fulfill a commitment.
    - d) The University reserves the right to cancel a clinical assignment if it is determined to be in the best interest of students, the University, or the facility.
    - e) In the event of such cancelation, students will be informed by the DCE as soon as possible such that they might select another facility from remaining affiliation offers. If there is no remaining affiliation appropriate to the student's educational needs, then the DCE shall contact CCCEs in the clinical education network until the student can be placed.

## **B. CLINICAL TEACHING PRINCIPLES**

- 1) Attempt to incorporate the student's learning style into your teaching style. (See Learning Styles, page 35).
- 2) Utilize demonstrations.
- 3) Practice and give feedback in a timely manner. (See Guidelines for Effective Formative

- Evaluation, page 33 and The One Minute Clinical Instructor, page 34).
- 4) Mutually respect and trust your student.
  - 5) Articulate issues of concern to your student.
  - 6) Support the learner in asking for help.
  - 7) Begin with the real problem, then address the theoretical.
  - 8) Help the learner to be aware of patterns.
  - 9) Decide important versus unimportant information.
  - 10) Process learning for future applications.

### **C. STEPS FOR PLANNING THE CLINICAL LEARNING EXPERIENCE**

(See Clinical Education Planning Forms, pages 52-53 and Clinical Intern Introduction and Planning Form, page 61).

- 1) Identify expectations and objectives.
- 2) Determine how you will evaluate the achievement of objectives.
- 3) Devise learning situations to accomplish set objectives.
- 4) Assess the performance in accomplishing objectives.

## **SECTION II: GRADING FOR THE INTRODUCTION TO CLINICAL EXPERIENCE**

### **A. LEARNING OBJECTIVES FOR THE INTRODUCTION TO CLINICAL EXPERIENCE**

Upon successful completion of this course, as demonstrated by achieving at least a “Satisfactory” rating on each criterion of practice on the Introduction to Clinical Experience Student Evaluation Form, the student will:

- 1) Practice in a manner that ensures safety for patient, self, and others.
- 2) Demonstrate professional behavior appropriate to all situations.
- 3) Communicate in ways that are appropriate to all situations.
- 4) Collect basic objective measures by using tests and measurements including but not limited to:
  - a. Goniometry
  - b. Manual Muscle Testing
  - c. Mobility assessments
  - d. Neurologic/Sensory testing
  - e. Vital signs
- 5) Perform simple physical therapy interventions in a competent manner including but not limited to:
  - a. Joint Mobilizations
  - b. Mobility/Gait Training
  - c. Therapeutic Exercise
  - d. Therapeutic Modalities
- 6) Educate others (patients, caregivers, colleagues, peers) using relevant and effective teaching strategies.
- 7) Document effectively in order to facilitate communication and support of physical therapy services.
- 8) Participate in self-assessment to improve clinical and professional growth.

## **B. PASS/FAIL**

Grading for the Introduction to Clinical Experience is assigned by the DCE and/or faculty according to a pass/fail system.

## **C. GRADING CRITERIA**

- 1) Introduction
  - a. In any case of inconsistency between the written grading policy of this CLINICAL EDUCATION HANDBOOK and the current course syllabus for a given Introduction to Clinical Experience, the documented grading policy of the syllabus shall take precedence.
  - b. Please reference the Program Learning Outcomes, Performance Indicators (see page 3).
  - c. Please reference the Learning Objectives for the Introduction to Clinical Experience. (See above).
- 2) Grading shall occur on a pass/fail basis for each of the two clinical experiences.
- 3) The DCE shall assign the final grade for the clinical experience(s) with the input of the CI's written and verbal assessments regarding the student's performance. In the case of incongruities between the CI's Introduction to Clinical Experience Evaluation Form Likert Scale and his or her comments, either written, or verbally to the DCE, the DCE maintains the right and responsibility for assigning final grades at his or her discretion and judgment.
- 3) In order for the Introduction to Clinical Experience Student Evaluation Form and subsequent grading to be fair, accurate, reliable, and valid, the student and CI must freely assess the student according to directly observed performance without bias of anticipated or graded benchmarks.
- 4) For a Passing Grade the student:
  - a. Must earn at least "Satisfactory" Performance ratings for Skills 1-8.
  - b. Must not have any "Significant Deficits" for any Skills.
  - c. Must complete any assignments given by the CI to his/her satisfaction.
  - d. Must complete any assignments given by the DCE to his/her satisfaction.
  - e. Must turn in all paperwork materials by the date indicated in the syllabus.
  - f. Attend post-experience Debriefing Session.

## **SECTION III: GRADING FOR TERMINAL CLINICAL INTERNSHIPS**

### **A. LEARNING OBJECTIVES FOR TERMINAL CLINICAL INTERNSHIPS**

Upon successful completion of the clinical education curriculum, as demonstrated by successfully passing the PT CPI clinical performance criteria at the required proficiency level (see page 27) the student intern will:

- 1) Practice in a safe manner that minimizes risk to patient, self, and others.
- 2) Demonstrate professional behavior in all situations.
- 3) Practice in a manner consistent with established legal and professional standards and ethical guidelines.
- 4) Communicate in ways that are congruent with situational needs.
- 5) Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.
- 6) Participate in self-assessment to improve clinical and professional performance.
- 7) Apply current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.
- 8) Determine with each patient encounter the patient's needs for further examination or consultation by a physical therapist or referral to another health care professional.
- 9) Perform a physical therapy examination using evidence-based tests and measures.
- 10) Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
- 11) Determine a diagnosis and prognosis that guides future patient management.

- 12) Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
- 13) Perform physical therapy interventions in a competent manner.
- 14) Educate others (patients, caregivers, staff, students, other health-care providers, business/industry representatives, school systems) using relevant and effective teaching methods.
- 15) Produce quality documentation in a timely manner to support the delivery of physical therapy services.
- 16) Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
- 17) Participate in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
- 18) Direct and supervise personnel to meet patients' goals and expected outcomes according to legal standards and ethical guidelines.

## **B. PASS/FAIL**

Grading for Terminal Clinical Internships is assigned by the DCE and/or faculty according to a pass/fail system.

## **C. THE PHYSICAL THERAPIST CLINICAL PERFORMANCE INSTRUMENT (PT CPI)**

### 1) Introduction:

The University will utilize the PT CPI ([cpi2.amsapps.com](http://cpi2.amsapps.com)) as the clinical evaluation tool for full-time Clinical Internships. The tool consists of eighteen clinical performance criteria, each to be assessed utilizing the categorical, ordered scale. These skills are self-assessed by students and also evaluated by the CI at midterm and final. Comments associated with each criterion are critical for the student and DCE to determine progress and performance. It is ultimately the responsibility of the DCE to determine and assign the final grade for the Clinical Internship. This determination is made in consideration of the written and verbal input from the CI.

### 2) Clinical Performance Criteria:

Before each performance criterion, sample behaviors are included to assist the rater in making an accurate assessment. Students are aware that they, not the CI, have the primary responsibility for meeting criteria. CIs will provide supervision, instruction, constructive feedback, and assistance in planning learning experiences, but the students must actively seek and participate in learning experiences and make the instructors aware of the skills on which they need to work.

### 3) Significant Concerns:

The "Significant Concerns" box should be utilized when the CI finds the student's performance in this area to be unacceptable and places the student at risk for failing the Clinical Internship. "Significant Concerns" should be expressed at any time during the Clinical Internship to the student and the DCE. "Significant Concerns" *require* a phone call to the DCE. A conference call or onsite visit will be arranged as needed with the participation of the student, CI, CCCE, and DCE. Research has shown that the earlier these concerns can be addressed with the student and the DCE, the more likely a successful outcome can be achieved. Each "Significant Concern" will be unique, and as such, each will be addressed differently depending upon the circumstances. Depending upon the specific circumstances and parties involved in the expressed concern, outcomes may include, but are not limited to the following. The student may:

- a. Receive a written or verbal warning.
- b. Be required to complete an action plan for the Internship.
- c. Be required to remediate didactic or psychomotor material.
- d. Be required to remediate a portion of the Clinical Internship.



- e. Be required to remediate the entire Clinical Internship.
- f. Under severe circumstances, be dismissed from the program.

Note that some consequences may delay or negate a student's progression into subsequent clinical internships or graduation.

4) Incongruity of the Scale to Comments/Performance:

In the case of incongruities between the CI's mark on the categorical, ordered scale and his or her comments, either written on the PT CPI, or verbally to the DCE, the DCE maintains the right and responsibility for assigning final grades at his or her discretion and judgment.

## D. GRADING CRITERIA

1) Introduction

- a. In any case of inconsistency between the written grading policy of this CLINICAL EDUCATION HANDBOOK and the current course syllabus for a given Internship, the documented grading policy of the syllabus shall take precedence.
- b. Please reference the Program Learning Outcomes, Performance Indicators (see page 3).
- c. Please reference the Learning Objectives for Terminal Clinical Internships (see page 25).

2) Clinical Internship I, PT 881

- a. Grading shall occur on a Pass/Fail basis.
- b. In order for the CPI and subsequent grading to be fair, accurate, reliable, and valid, the student and CI must freely assess the student according to directly observed performance without bias of anticipated or graded benchmarks.
- c. Performance Criteria 1-18 consistent with PT CPI guidelines for an intermediate clinical experience at or above "Advanced Beginner" at the midterm and "Intermediate" by the final.
- d. Must not have any "Significant Concerns" for "Red Flag" Performance Criteria 1-4, 7.
- e. Must not have more than one "Significant Concern" on Performance Criteria 5-6, 8-18.
- f. Must complete and document an in-service or project agreed upon with the CI/facility.
- g. Must complete any assignments given by the CI to his/her satisfaction.
- h. Must complete any assignments given by the DCE to his/her satisfaction.
- i. Must turn in all paperwork materials by the date indicated in the syllabus.

3) Clinical Internship II, PT 882

- a. Grading shall occur on a Pass/Fail basis.
- b. In order for the CPI and subsequent grading to be fair, accurate, reliable, and valid, the student and CI must freely assess the student according to directly observed performance without bias of anticipated or graded benchmarks.
- c. Performance Criteria 1-18 consistent with PT CPI guidelines for an intermediate clinical experience at or above "Intermediate" by the midterm and "Advanced Intermediate" by the final.
- d. Must demonstrate improvement from previous Internship for all "Red Flag" Performance Criteria 1-4, 7.
- e. Must not have any "Significant Concerns" for "Red Flag" Performance Criteria 1-4, 7.
- f. Must not have more than one "Significant Concern" on Performance Criteria 5-6, 8-18.
- g. Must complete and document an in-service or project agreed upon with the CI/facility.
- h. Must complete any assignments given by the CI to his/her satisfaction.
- i. Must complete any assignments given by the DCE to his/her satisfaction.
- j. Must turn in all paperwork materials by the date indicated in the syllabus.

- 4) Clinical Internship III, PT 883
  - a. Grading shall occur on a Pass/Fail basis.
  - b. In order for the CPI and subsequent grading to be fair, accurate, reliable, and valid, the student and CI must freely assess the student according to directly observed performance without bias of anticipated or graded benchmarks.
  - c. Performance Criteria 1-18 consistent with PT CPI guidelines for an intermediate clinical experience at or above “Intermediate” by the midterm and above “Advanced Intermediate” by the final.
  - d. Must demonstrate improvement from previous Internships for all “Red Flag” Performance Criteria 1-4, 7.
  - e. Must not have any “Significant Concerns” for any Performance Criteria.
  - f. Must complete and document an in-service or project agreed upon with the CI/Facility.
  - g. Must complete any assignments given by the CI to his/her satisfaction.
  - h. Must complete any assignments given by the DCE to his/her satisfaction.
  - i. Must turn in all paperwork materials by the date indicated in the syllabus.
  
- 5) Clinical Internship IV, PT 884
  - a. Grading shall occur on a Pass/Fail basis.
  - b. In order for the CPI and subsequent grading to be fair, accurate, reliable, and valid, the student and CI must freely assess the student according to directly observed performance without bias of anticipated or graded benchmarks.
  - c. Performance Criteria 1-18 consistent with PT CPI guidelines for final clinical experiences at or above “Advanced Intermediate” by the midterm and “Entry Level” by the final.
  - d. Must demonstrate improvement from previous Internships for all “Red Flag” Performance Criteria 1-4, 7.
  - e. Must not have any “Significant Concerns” for any Performance Criteria.
  - f. Must complete and document an in-service or project agreed upon with the CI/Facility.
  - g. Must complete any assignments given by the CI to his/her satisfaction.
  - h. Must complete any assignments given by the DCE to his/her satisfaction.
  - i. Must turn in all paperwork materials by the date indicated in the syllabus.

## **SECTION IV: FAILURE AND REMEDIATION OF THE INTRODUCTION TO CLINICAL EXPERIENCES AND TERMINAL CLINICAL INTERNSHIPS**

- 1) The DCE assigns the final grade for the Introduction to Clinical Experience or Terminal Clinical Internship with the input of the CI's Introduction to Clinical Experience Student Evaluation Form or PT CPI and verbal feedback regarding the student's performance.
- 2) A student may fail an experience or Internship for a number of reasons including, but not limited to:
  - a. Gross ethical, legal, safety, Generic Abilities, or Core Values misconduct during the internship.
  - b. Failure to meet Introduction to Clinical Experience Student Evaluation Form or PT CPI standards as previously described in Grading Criteria.
  - c. Unsatisfactory clinical performance as written or verbally described by the CI, ***regardless of Introduction to Clinical Experience Student Evaluation Form Likert Scale or PT CPI marks.***
  - d. Non-compliance with the Attendance Policy on page 19.
  - e. Failure to timely complete associated assignments and paperwork for the clinical internship.
- 3) Just as there are multiple reasons for failure, the consequences of failure are varied and will be determined commensurate with the reason for failure.
- 4) The consequences of failure may include, but are not limited to:
  - a. Remediation of incomplete clinical assignments.
  - b. Remediation of the failed clinical internship.
  - c. Remediation of appropriate didactic curriculum and the failed clinical affiliation.
  - d. Dismissal from the DPT program.
- 5) The appropriate consequence for failure of the clinical internship will be determined by the DCE and/or the MSJ DPT faculty. Students have rights to due process and appeals of a grade for an Introduction to Clinical Experience or Clinical Internship as well as the consequences determined by the faculty. Students should consult their DPT program STUDENT HANDBOOK, Mount St. Joseph University STUDENT HANDBOOK and GRADUATE CATALOG, regarding these rights and the appeals process.
- 6) Students may not progress beyond the failed clinical internship unless remediation is deemed appropriate by the faculty.
- 7) Such remediation will often delay or negate a student's progression through and/or graduation from the DPT program.
- 8) Students who are afforded the opportunity for remediation are placed on academic probation. As such, the failure of remediated Introduction to Clinical Experience, Clinical Internship, or coursework or the failure of subsequent clinical internships or coursework will constitute automatic dismissal from the DPT program.

## **DOCUMENTS & FORMS: CLINICAL SITES, CCCEs, and CIs**

## **GUIDELINES FOR CLINICAL SITES, CCCEs, AND CIs**

The DPT program at Mount St. Joseph University has chosen to adopt the tenets of the *APTA Guidelines for Clinical Education Sites, Guidelines for Center Coordinators of Clinical Education, and Guidelines for Clinical Instructors*. Facilities, CCCEs, and CIs are encouraged to access these guidelines among the APTA Board of Directors and House of Delegates documents at: [www.apta.org/Policies/Education/](http://www.apta.org/Policies/Education/).

The APTA has published these as *Guidelines and Self-Assessments for Clinical Education* with accompanying self-assessment tools for sites, CCCEs, and CIs. These documents can be downloaded by members for free at: [www.apta.org/Educators/Clinical/SiteDevelopment/](http://www.apta.org/Educators/Clinical/SiteDevelopment/). Printed and bound copies can also be purchased from the APTA by members and potential members alike.

Finally, the APTA has published a Center Coordinator of Clinical Education Reference Manual which can be downloaded by APTA members at: [www.apta.org/Educators/Clinical/EducatorDevelopment](http://www.apta.org/Educators/Clinical/EducatorDevelopment).

At an absolute minimum, the following criteria must be met by a facility in order to be included as a member of the MSJ DPT program's clinical education network.

1. The facility must have a completed Clinical Site Information Form (CSIF) on file with the DCE or completed online at: [csifweb.amsapps.com](http://csifweb.amsapps.com). The CSIF should be updated at least once every two years.
2. The facility must be willing to accept students for nine to ten week Terminal Clinical Internships.
3. The facility and Mount St. Joseph University must have mutually agreed to and fully executed a current contractual agreement for clinical education in order for students to be assigned to that facility.

Additionally, clinical education facilities will be regularly assessed relative to the following criteria among others.

Facilities for clinical education are expected to:

1. Adhere to ethical and legal standards applicable to the clinical and business practices of the facility.
2. Delineate staff roles, responsibilities, and job descriptions.
3. Support staff development, continuing education, and professional activities.
4. Employ mechanisms for quality of care assessment.
5. Exhibit a planned clinical education program with a philosophy and objectives consistent with those of the MSJ DPT program.
6. Support the clinical education program, its participants, and development.
7. Offer appropriate environments, staffing, and resources for clinical internships.
8. Provide for a varied learning experience of high educational quality.
9. Appoint a qualified staff person to serve as the CCCE.
10. Select CIs according to certain qualifying criteria or preparation.

CCCEs are individuals appointed by clinical facilities to coordinate clinical internships and instruction and to communicate with the academic program on behalf of the facility.

The CCCE should:

1. Have expertise in clinical education and interactions with students.
2. Be a physical therapist in good professional standing. Or, if the CCCE is not a licensed physical therapist, there must be a physical therapist available for consultation as needed for clinical expertise and planning.
3. Demonstrate strong communication and interpersonal skills with colleagues and students.
4. Possess effective skills in instruction, evaluation, and assessment.
5. Exhibit appropriate managerial, supervisory, organizational, and administrative skills.
6. Be encouraged to complete the APTA's CI credentialing programs.

CIs, as individuals responsible for student instruction, development, and evaluation, ought to meet certain criteria in order to serve in that capacity.

CIs should:

1. Be a licensed physical therapist in good professional standing.
2. Have a minimum of one year of clinical experience. (One year of experience at their particular facility and in their particular setting is strongly encouraged).
3. Exhibit strong communication and interpersonal skills with students.
4. Demonstrate appropriate supervisory skills.
5. Have effective skills in instruction, evaluation, and assessment.
6. Be encouraged to complete the APTA's CI credentialing programs.

More information about the APTA's Clinical Instructor Education and Credentialing Program can be found at [www.apta.org/CIECP/](http://www.apta.org/CIECP/).

# **GUIDELINES FOR EFFECTIVE FORMATIVE EVALUATION**

Counseling sessions or conferences for providing students with formative evaluation should be:

## **1. INDIVIDUALIZED**

Tell each student how he or she is doing rather than spending time discussing how "most" students do, or comparing the student's performance with that of a group.

## **2. GOAL-DIRECTED**

Focus the discussion of the student's progress toward clearly specified performance objectives. Be sure the student understands what those objectives are and how his/her performance is being judged.

## **3. DIAGNOSTIC**

Identify specific strengths and weaknesses rather than making global comments about overall performance. Anecdotal comments or examples often help to clarify. When problems arise in mastery of complex skills, work with the student to analyze his/her performance to figure out where the difficulty lies.

## **4. REMEDIAL**

Before the session ends, try to work out with the student a practical plan for future activity that will help to maintain present strengths and remedy weaknesses.

## **5. COLLEGIAL**

Collaborate with the student in reaching conclusions and planning future action; listen, be flexible, give the student time to put his/her thoughts into words. Recognize that the student knows things about himself/herself that you do not. Your verbal and nonverbal behavior and the setting in which you meet with the student, will have an important influence on success.

## **6. POSITIVE**

Be sure to mention the things that the student is doing right. You may also need to identify errors, but be certain that is not the only thing you do.

## **7. LIBERATING**

Help the student learn to assess his/her own performance and the value of doing this well.

## **8. TIMELY**

Try to arrange your schedule so that advising can be done soon after the events that need to be discussed. Plan some conferences early so there is still time to carry out the remedial plan you and the student develop. Remember several short sessions carried out at a time when they seem really relevant and fresh may be more valuable than a long, formal session scheduled at some arbitrary time.

## **9. RECIPROCAL**

Use these conferences to get ideas about your own strengths and weaknesses as an instructor. Remember that if a student is having problems, you may need to make changes in your teaching strategies in order to help him/her improve.

# THE ONE MINUTE CLINICAL INSTRUCTOR

The model for the One Minute Clinical Instructor comes to physical therapy from research in the fields of medical family practice and nursing. All of these have significant demands on their time in clinical practice, which are compounded when participating in the clinical education of students. The model of the One Minute Clinical Instructor attempts to make clinical teaching and feedback encounters more efficient and effective by utilizing five distinct and succinct “microskills” plus a conclusion.

## 1) Get a commitment.

Encourage the student to commit their ownership, activity, investment, or responsibility for some portion of the patient care. Consider questions like:

- What do you think is going on?
- What should be done next?
- What decision would you make?

## 2) Probe for supporting evidence.

Ask follow-up questions to better understand the student’s reasoning, critical thinking, and decision-making. Consider if the student has adequate basis for their commitment. Consider questions like:

- Why should we do that?
- Why do you think that?
- By what process did you arrive at that decision?
- What alternative options did you consider or rule out?

## 3) Reinforce what was performed well.

Be sure that the student receives some positive reinforcement of appropriate behaviors and learning.

- Make sure that your feedback is specific to the experience at hand.
- Focus on behaviors that the student intern can repeat regularly.

## 4) Correct mistakes

The only way that the student can grow and develop is through identification of areas for growth.

- Try to address errors as immediately as possible.
- Avoid extreme negative terms, tone, or correcting the student in front of others.
- Incorporate student self-assessment
- Emphasize correcting and preventing mistakes for the future.

## 5) Focus on teaching

Emphasize the key points that need to be made for this specific experience and student decision.

- Identify unique knowledge, experience, or skills that the clinical instructor has to share.
- Choose only the one or two most critical points.
- Focus on general lessons that can be applied in other situations.
- Refer the student to other resources for self-exploration.

## 6) Conclusion

Wrap up the encounter and move on to the next task, experience, or lesson.

This document on the One Minute Clinical Instructor is based on the following research: Neher, J O, Gordon, KC, , B, & Stevens, N. A five-step "microskills" model of clinical teaching. *J Am Board of Fam Pract.* 1992; 5:419-424.



## LEARNING STYLES

The concept of learning styles is a popular one. The generally accepted definition of learning style is this: *an individual's preference for the manner in which he/she takes in and gives out information in a learning context*. The concept of learning styles is not without controversy, and there are differing opinions on how to define and measure learning style preferences. Still, the theory that everyone prefers to learn in specific ways is generally accepted. Being aware of differences in learning and teaching styles can assist students and clinical instructors in their interactions with one another and their patients in the clinic.

An example of a learning styles model is V.A.R.K. The acronym V.A.R.K. represents four preferred modes of taking in and giving out information:

- Visual – the individual with this preference likes to receive information through charts, graphs, maps, and other graphic representations.
- Auditory – the individual with this preference likes to receive information by hearing it, through lectures, group discussions, audio versions of books, and so on.
- Reading/Writing – the individual with this preference likes to receive information through words on a page; he/she gravitates toward text-based input and output (in other words, reading and writing).
- Kinesthetic – the individual with this preference likes to receive information through experience, example, practice or simulation; he/she gravitates toward movement, manipulation, and “hands-on” learning.

Most individuals can easily identify their preferred learning style. (See [www.vark-learn.com](http://www.vark-learn.com) if you would like to take a free online inventory). However, it is important to realize that higher education and especially physical therapy clinical education require that one learn to utilize all four modes.

The physical therapy student must utilize Visual strategies in order to observe and analyze a patient's posture or gait. The subjective history and active listening provide an Auditory foundation for the physical therapy evaluation and rapport-building. The standard of evidence based practice requires that healthcare professionals have excellent Reading comprehension. Chart reviews and the balance of producing descriptive yet concise documentation for a variety of audiences demonstrate the importance of clinical Reading and Writing. It goes without saying that *physical* therapy involves significant Kinesthetic work mobilizing patients or demonstrating therapeutic exercises.

While acknowledging that preferences are real, keep in mind that a student's preferred style of absorbing information, a clinical instructor's preferred style of presenting information, and the needs of patients won't always match. The most effective classroom and clinical learning requires adaptability on the part of both the student and the instructor.

A more sophisticated theory of learning styles is that of David Kolb. Kolb theorizes that individuals **take in** experiences in one of two ways:

- Concrete Experience (learning by experiencing)
- Abstract Conceptualization (learning by thinking)

Individuals also **deal with** experiences in one of two ways:

- Reflective Observation (learning by reflecting)
- Active Experimentation (learning by doing)

Although everyone leans more toward one of the two ways of **taking in** experiences and one of the two ways of **dealing with** experiences, the most effective learners use **both** ways of taking in and dealing with experiences. In other words, effective learners use both concrete and abstract approaches to taking in experiences and then both reflect on and act upon those experiences. The research on physical therapy clinical reasoning championed by Jensen and Shepard clearly supports the notion that physical therapy practice will engage both beginners and experts in all of these dimensions.

By knowing where he/she falls on the two axes, a student can better understand him/herself as a learner.

Another facet of Kolb's theory suggests that students and instructors think in terms of four questions:

- **Why?** What's the reason for learning something new? Clinical instructors should stress the uses and value of this new information. Helping students to see why something is clinically or functionally relevant will help students to crystallize the information.
- **What?** What are the facts? Instructors should help students acquire an understanding of new information. Much of this didactic foundation is built in the classroom, but students will be exposed to new information all the time on clinicals.
- **How?** How does this new information work? CIs should create opportunities for students to try it out and experiment. Clinical education is the opportunity for students to practice, refine, and hone the information and skills they have been introduced to in the classroom and laboratory.
- **What if?** How can students utilize this new information? Clinical educators should let students expand on their new knowledge, teach it to themselves and to others, and find ways of putting it to work. Engage your student in higher level critical thinking and problem-solving, consider hypothetical or real complexities and co-morbidities, expose them to patient/client or colleague education, and challenge them to reason clinically for themselves.

Students or Clinical Instructors who are interested in taking the Kolb Learning Style Inventory or who want more information about learning styles can contact the DCE, who will put you in touch with the University's Learning Center.

Special thanks to the Mount St. Joseph Learning Center for developing this document and resources.

## CLINICAL OCCURRENCE RECORD

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

Clinical Instructor: \_\_\_\_\_ Facility & Location: \_\_\_\_\_

Setting and Situation: (location, parties involved, circumstances)

Occurrence:

Student's Action, Behavior, or Response:

Instructor's Interpretation/Commentary:

Student's Interpretation/Commentary:

**Student's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CI's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Adapted from "Anecdotal Record" of the APTA's CI Credentialing and Education Program Manual and Shea, et al.*

# CLINICAL LEARNING CONTRACT

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

Clinical Instructor: \_\_\_\_\_ Facility & Location: \_\_\_\_\_

The attached, detailed clinical objectives (See page 52) reflect the results of my discussion with

\_\_\_\_\_, the CCCE/CI at \_\_\_\_\_.

name

facility

In that discussion we clarified the facility's expectations of my behavior and performance in areas which were identified as deficits on \_\_\_\_\_.

date

The purpose of defining specific objectives and performance standards is to make clear the facility's expectations of my performance and to provide more structure and guidance for learning and development during the remainder of the clinical internship.

I understand that it is my responsibility to incorporate these objectives during the remainder of my clinical internship at this facility. Failure to meet these objectives by the end of \_\_\_\_\_ of \_\_\_\_\_ the clinical could result in the following consequences:

---

---

---

I understand that emphasis on these stated objectives should in no way be construed to mean that any other goals or objectives as stated in the syllabus for this clinical internship are less \_\_\_\_\_ important or less critical for my successful completion of this clinical internship.

**Student's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CI's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CCCE's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DCE's signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **DOCUMENTS & FORMS: CLINICAL SITES AND STUDENTS**

# APTA CODE OF ETHICS FOR THE PHYSICAL THERAPIST

## Preamble

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

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

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

## Principles

**Principle #1:** Physical therapists shall respect the inherent dignity and rights of all individuals.  
(Core Values: Compassion, Integrity)

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

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

**Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

(Core Values: Altruism, Compassion, Professional Duty)

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

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

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

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Principle #3:** Physical therapists shall be accountable for making sound professional judgments.

*(Core Values: Excellence, Integrity)*

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

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

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

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

**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

*(Core Value: Integrity)*

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

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

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Principle #5:** Physical therapists shall fulfill their legal and professional obligations.

*(Core Values: Professional Duty, Accountability)*

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

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

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

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

**Principle #6:** Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

*(Core Value: Excellence)*

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

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

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

**Principle #7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.

*(Core Values: Integrity, Accountability)*

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

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

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

**Principle #8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

*(Core Value: Social Responsibility)*

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

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

The APTA document *Code of Ethics for the Physical Therapist* can be referenced at:  
[www.apta.org/Ethics/Core/](http://www.apta.org/Ethics/Core/).



## AMERICAN PHYSICAL THERAPY ASSOCIATION CORE VALUES

**Accountability:** Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.

**Altruism:** Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest.

**Compassion/Caring:** Compassion is the desire to identify with or sense something of another's experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

**Excellence:** Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, challenges mediocrity, and works toward development of new knowledge.

**Integrity:** Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.

**Professional Duty:** Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.

**Social Responsibility:** Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

The APTA documents *Professionalism in Physical Therapy: Core Values* and *Professionalism in Physical Therapy: Core Values: Self-Assessment*. American Physical Therapy Association, Alexandria, VA; August 2003, can be referenced at: [www.apta.org/Professionalism/](http://www.apta.org/Professionalism/).

## Generic Abilities \*\*

Generic abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991 – 92. The ten abilities and definitions developed are:

	<b>Generic Ability</b>	<b>Definition</b>
1.	Commitment to Learning	The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2.	Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
3.	Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4.	Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5.	Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6.	Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
7.	Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8.	Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
9.	Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
10.	Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

---

*\*\* Developed by the Physical Therapy Program, University of Wisconsin-Madison  
May et al Journal of Physical Therapy Education 9-1 Spring 1995*

<b>Generic Abilities</b>	<b>Beginning Level Behavioral Criteria</b>	<b>Developing Level Behavioral Criteria</b>	<b>Entry Level Behavioral Criteria</b>
1. Commitment to Learning	Identifies problems; formulates appropriate questions; identifies and locates appropriate resources; demonstrates a positive attitude (motivation) toward learning; offers own thoughts and ideas; identifies need for further information.	Prioritizes information needs; analyzes and subdivides large questions into components; seeks out professional literature; sets personal and professional goals; identifies own learning needs based on previous experiences; plans and presents an in-service, or research or case studies; welcomes and/or seeks new learning opportunities.	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; reads articles critically and understands the limits of application to professional practice; researches and studies areas where knowledge base is lacking.
2. Interpersonal Skills	Maintains professional demeanor in all clinical interactions; demonstrates interest in patients as individuals; respects cultural and personal differences of others; is non-judgmental about patients' lifestyles; communicates with others in a respectful, confident manner; respects personal space of patients and others; maintains confidentiality in all clinical interactions; demonstrates acceptance of limited knowledge and experience.	Recognizes impact of non-verbal communication and modifies accordingly; assumes responsibility for own actions; motivates others to achieve; establishes trust; seeks to gain knowledge and input from others; respects role of support staff.	Listens to patient but reflects back to original concern; works effectively with challenging patients; responds effectively to unexpected experiences; talks about difficult issues with sensitivity and objectivity; delegates to others as needed; approaches others to discuss differences in opinion; accommodates differences in learning styles.
3. Communication Skills	Demonstrates understanding of basic English (verbal and written): uses correct grammar, accurate spelling and expression; writes legibly; recognizes impact of non-verbal communication: listens actively; maintains eye contact.	Utilizes non-verbal communication to augment verbal message; restates, reflects and clarifies message; collects necessary information from the patient interview.	Modifies communication (verbal and written) to meet needs of different audiences; presents verbal or written messages with logical organization and sequencing; maintains open and constructive communication; utilizes communication technology effectively; dictates clearly and concisely.
4. Effective Use of Time and Resources	Focuses on tasks at hand without dwelling on past mistakes; recognizes own resource limitations; uses existing resources effectively; uses unscheduled time efficiently; completes assignments in timely fashion.	Sets up own schedule; coordinates schedule with others; demonstrates flexibility; plans ahead.	Sets priorities and reorganizes when needed; considers patient's goals in context of patient, clinic and third party resources; has ability to say "No"; performs multiple tasks simultaneously and delegates when appropriate; uses scheduled time with each patient efficiently

<b>Generic Abilities</b>	<b>Beginning Level Behavioral Criteria</b>	<b>Developing Level Behavioral Criteria</b>	<b>Entry Level Behavioral Criteria</b>
5. Use of Constructive Feedback	Demonstrates active listening skills; actively seeks feedback and help; demonstrates a positive attitude toward feedback; critiques own performance; maintains two-way information.	Assesses own performance accurately; utilizes feedback when establishing pre-professional goals; provides constructive and timely feedback when establishing pre-professional goals; develops plan of action in response to feedback.	Seeks feedback from clients; modifies feedback given to clients according to their learning styles; reconciles differences with sensitivity; considers multiple approaches when responding to feedback.
6. Problem-Solving	Recognizes problems; states problems clearly; describes known solutions to problem; identifies resources needed to develop solutions; begins to examine multiple solutions to problems.	Prioritizes problems; identifies contributors to problem; considers consequences of possible solutions; consults with others to clarify problem.	Implements solutions; reassesses solutions; evaluates outcomes; updates solutions to problems based on current research; accepts responsibility for implementing of solutions.
7. Professionalism	Abides by APTA Code of Ethics; demonstrates awareness of state licensure regulations; abides by facility policies and procedures; projects professional image; attends professional meetings; demonstrates honesty, compassion, courage and continuous regard for all.	Identifies positive professional role models; discusses societal expectations of the profession; acts on moral commitment; involves other health care professionals in decision-making; seeks informed consent from patients.	Demonstrates accountability for professional decision; treats patients within scope of expertise; discusses role of physical therapy in health care; keeps patient as priority.
8. Responsibility	Demonstrates dependability; demonstrates punctuality; follows through on commitments; recognizes own limits.	Accepts responsibility for actions and outcomes; provides safe and secure environment for patients; offers and accepts help; completes projects without prompting.	Directs patients to other health care professionals when needed; delegates as needed; encourages patient accountability.
9. Critical Thinking	Raises relevant questions; considers all available information; states the results of scientific literature; recognizes "holes" in knowledge base; articulates ideas.	Feels challenged to examine ideas; understands scientific method; formulates new ideas; seeks alternative ideas; formulates alternative hypotheses; critiques hypotheses and ideas.	Exhibits openness to contradictory ideas; assess issues raised by contradictory ideas; justifies solutions selected; determines effectiveness of applied solutions.
10. Stress Management	Recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance as needed; maintains professional demeanor in all situations.	Maintains balance between professional and personal life; demonstrates effective affective responses in all situations; accepts constructive feedback; establishes outlets to cope with stressors.	Prioritizes multiple commitments; responds calmly to urgent situation; tolerates inconsistencies in health care environment.

Behavioral Criteria Refined 11/96

## SUPERVISION

The level of supervision provided to students by their CIs should be chosen with multiple factors in mind. At a minimum, Mount St. Joseph University requires that DPT students be supervised by a licensed, on-site physical therapist. A student may not treat patients if only a physical therapist assistant (PTA) or aide is on the premises. A PTA, tech, or aide cannot offer adequate supervision for a DPT student at any time.

**Legal factors:** State practice acts establish the legal limits for supervision of student physical therapists in the clinic. These standards vary from state to state.

**Reimbursement factors:** Some third-party payers choose to set supervision standards for billable services when they are delivered by students. The most extensive standards are those of Medicare. It is important to stress that Medicare's standards vary according to the setting. Medicare reimbursement and supervision of students have been a source of confusion for the APTA, PT programs, and clinics alike. As such, interpretations of the Medicare supervisory requirements for reimbursement can vary significantly. CCCEs, CIs, and students are encouraged to review the APTA summary statements, chart, and communications on the topic by visiting: [www.apta.org/Payment/Medicare/Supervision/](http://www.apta.org/Payment/Medicare/Supervision/). Likewise, CCCEs, CIs, and students might consider consulting Federal Register Volume 64, Number 213 to read Medicare's statements directly.

A summary of the current Medicare supervision standards for billable services, the APTA's interpretation, and clinical implications follow:

**Part A:** Medicare has established specific Part A student supervision standards for only the skilled nursing facility (SNF). Medicare considers student services in the SNF setting to be billable if on-site supervision is provided by a licensed physical therapist. The minutes delivered in this fashion can count towards Resource Utilization Group (RUG) levels. However, if care is being delivered to two or more patients concurrently by the student and/or licensed physical therapist, those minutes must be divided between patients.

Medicare currently does not have explicit supervision standards for Part A care delivered by students in the acute care, rehab, or home health settings. As such the APTA recommends that one of two standards be followed. Given that reimbursement via Part A in these settings is similar to that in SNFs, CIs may opt to provide on-site supervision to students in the acute, rehab, and home health settings when they wish to bill Medicare. However, in the absence of explicit guidelines, the APTA has also stated that it would be reasonable for CIs to defer to their state practice acts' supervision standards in these cases.

**Part B:** The Medicare policy on reimbursement for student services under Part B is summarized by the following statement from Medicare to the rehabilitation professional community:

“The therapist can bill for the direct services he/she provides to patients under Medicare Part B. Services performed by the therapy student are not payable under Medicare Part B.”

However, in the following clarification for the American Speech Language Hearing Association, Medicare made the following clarification of circumstances in which student involvement in the professional's patient care could be considered billable:

“The qualified practitioner is recognized by the Medicare Part B beneficiary as the responsible professional within any session when services are delivered. The qualified practitioner is in the room for the entire session. The student participates in delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment. *The qualified practitioner is present in the room guiding the student in service delivery when the student is participating in the provision of services and the practitioner is not engaged in treating another patient or doing other tasks at the same time.* The qualified practitioner is responsible for the services, and as such signs all documentation.”

It is important to appreciate that the supervision standards of Medicare or any other third party payer consist of requirements for reimbursement, and are not outright requirements governing the supervision of care for their subscribers. As such, there are numerous suggestions for how CIs and students navigate supervision standards and reimbursement. The student may:

1. Be a second pair of hands as needed while a therapist provides care.
2. Direct the therapist through the examination, evaluation, and intervention process in order to develop clinical reasoning and problem-solving skills.
3. Participate in non patient care activities such as peer review, quality assurance, and review of current literature in support of tests and measures and interventions for the older adult.
4. Treat patients according to the supervision standards of the applicable practice act. As such students *may* offer treatment to subscribers of these plans. However, the clinic should not bill for those treatments unless third party supervision requirements for reimbursement are also met.

**Other factors:** Above and beyond the legal and reimbursement requirements for student supervision, many other factors ought to influence the choice of supervision level which CIs provide for students. The following list includes some of the factors to consider relative to student supervision:

- Student education level
- Student experience
- Student performance
- Student learning style
- Facility policies
- CI experience
- CI teaching style
- Clinical setting
- Patient population
- Patient diagnoses and complexity
- Patient preference

In conclusion there are legal, reimbursement, clinical, educational, and individual factors which will influence the prudent decision for levels of student supervision during clinicals.

## CLINICAL EDUCATION PLANNING FORM (Long-term)

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

**Clinical Instructor:** \_\_\_\_\_

**Clinical Facility:** \_\_\_\_\_

**Clinical Internship Dates:** \_\_\_\_\_

Date Set	Objective	Time frame	Opportunities/Resources	Date Met

*Adapted from "Student Program Planning Flow Chart" of the APTA's CI Credentialing and Education Program Manual.*





## PHYSICAL THERAPY CLINICAL PLANNING FORM

Student Name: \_\_\_\_\_ Facility & Location: \_\_\_\_\_

Clinical Instructor: \_\_\_\_\_ CI Email: \_\_\_\_\_

### STUDENT'S REVIEW OF THE WEEK (at least two of each):

Strengths:

Areas for Improvement:

### CI's REVIEW OF THE WEEK (at least two of each):

Strengths:

Areas for Improvement:

Were previous week's goals met? Y      N      N/A and Why: \_\_\_\_\_

### GOALS FOR THE UPCOMING WEEK(S):

1)

2)

3)

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

CI's signature \_\_\_\_\_ Date: \_\_\_\_\_

*Adapted from "Weekly Planning Form" of the APTA's CI Credentialing and Education Program Manual*

## **DOCUMENTS & FORMS: STUDENTS**

## **SUPPORT FOR STUDENTS WITH DISABILITIES**

Mount St. Joseph University seeks to provide reasonable accommodations for all “qualified individuals with disabilities.” The University will adhere to all applicable federal, state, and local laws, regulations and guidelines with respect to providing reasonable accommodations as required to afford equal educational opportunity. It is the student’s responsibility to register with Academic Support Services in a timely manner to arrange for appropriate accommodations.

In compliance with Section 504 of the Rehabilitation Act of 1973, Mount St. Joseph University provides academic adjustments and auxiliary aids for students with physical or mental impairments that substantially limit or restrict one or more of such major life activities as walking, seeing, hearing, or learning. This includes students with psychological disorders, learning disabilities, and chronic illnesses. Eligibility depends on the nature of the impairment and its impact on the particular individual. Academic adjustments and auxiliary aids will be based on documentation from a qualified professional. In most cases, documentation should be no more than three years old.

Students with qualifying impairments who seek academic adjustments and auxiliary aids must self-identify their needs to the Director of Academic Support. The Director's office is located within The Learning Center, 156 Seton, (513) 244-4524.

For more information, visit [www.msj.edu/view/academics/disability-services.aspx](http://www.msj.edu/view/academics/disability-services.aspx) .

*If you have specific physical, psychological, or learning disabilities and require accommodations, please let the DCE and MSJ Learning Center know as early as possible so that your learning needs may be appropriately met for the Introductions to Clinical Experience and Terminal Clinical Internships.*



**MSJ DPT IMMUNIZATION RECORD**  
**TO BE COMPLETED BY PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTICIONER**

STUDENT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

A. **Immunity to Measles** (Rubeola) **Required** and defined by **any one** of the following criteria:

1. A positive antibody titer to measles (rubeola) on serologic testing. Date of serology \_\_\_\_\_
2. Receipt of two (2) measles-containing vaccines (e.g., MMR) after 12 months of age, at least 1 month apart, one dose of which was administered **in 1980 or later**: Dose 1: \_\_\_\_\_ Dose 2: \_\_\_\_\_
3. If born **before 1957**, receipt of at least one measles-containing vaccine **after 1980**. Vaccine date: \_\_\_\_\_

B. **Immunity to Mumps**: **Required** and defined by **any one** of the following:

1. A positive antibody titer to mumps virus on serologic testing. Date of serology \_\_\_\_\_
2. Receipt of two (2) mumps-containing vaccines (e.g., MMR) after 12 months of age, at least 1 month apart. Vaccine date: \_\_\_\_\_ Vaccine date: \_\_\_\_\_

C. **Immunity to Rubella**: **Required** and defined by **any one** of the following:

1. A positive antibody titer to rubella on serologic testing. Date of serology \_\_\_\_\_
2. Receipt of one (1) rubella-containing vaccine (e.g., MMR) after 12 months of age. Vaccine date: \_\_\_\_\_

D. **Polio** **Required**

1. Completed primary series of polio immunizations Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last booster \_\_\_\_\_
2. Type of vaccine: Oral (OPV) \_\_\_\_\_ Injected (IPV) \_\_\_\_\_ IPV/OPV Sequential \_\_\_\_\_

E. **Varicella Zoster Virus (VZV)** (Chickenpox). **Required** and defined by **any one** of the following:

1. History of varicella (chicken pox) or zoster (shingles) Yes \_\_\_\_\_ Date: \_\_\_\_\_
2. Two (2) doses of VZV vaccine 6 – 8 wks apart. Date: \_\_\_\_\_ Date: \_\_\_\_\_

*Prior recipients of 1 dose of vaccine must receive a 2<sup>nd</sup> vaccine dose.*

3. Serologic testing for antibody to VZV that demonstrates a positive titer.
  - a. Individuals who have never received VZV vaccine, positive serology will be considered proof of durable immunity. Date of serology: \_\_\_\_\_
  - b. In individuals with a history of VZV vaccine before serologic testing, positive serology cannot be assumed to be proof of durable immunity. Date of serology: \_\_\_\_\_

*Students meeting criteria 3b should inform their facility's infection control department. Post exposure serologic testing may be required.*

F. **Tetanus-Diphtheria(-Pertusis)** **Required every 10 years**

1. Tetanus-Diphtheria (Td) booster must be within the last 10 years mo/yr \_\_\_\_\_
2. *Recommended* Tetanus-Diphtheria-Pertusis (Tdap) booster if Td is over 5 years old mo/yr \_\_\_\_\_

**IMMUNIZATION RECORD IS CONTINUED ON SECOND PAGE**

G. **Immunity to Hepatitis B Virus Required.** All individuals with potential exposure to human tissues (e.g., biopsy, or pathology specimens), human blood or human body fluids must have documented immunity to or be immunized against Hepatitis B virus. The standard is defined by meeting **any one** of the following criteria:

1. A positive serologic test for Hepatitis B surface antibody at 10 IU (international units) or greater:

Date of serology: \_\_\_\_\_

2. Documentation of vaccination with three doses of Hepatitis B vaccine; the first 2 doses given at least 1 month apart, and the 3<sup>rd</sup> dose given at least 4 months after the 2<sup>nd</sup>.

Injection #1 \_\_\_\_\_ Injection #2 \_\_\_\_\_ Injection #3 \_\_\_\_\_

H. **Tuberculosis Screening. Required.**

1. **PPD (Mantoux)** within the past 12 months (tine or monovac not acceptable)

Step 1: Date given \_\_\_\_\_ Date read \_\_\_\_\_ Result Neg \_\_\_\_\_ Pos \_\_\_\_\_ mm induration Initials \_\_\_\_\_  
Day 1 Day 3

Step 2: Date given \_\_\_\_\_ Date read \_\_\_\_\_ Result Neg \_\_\_\_\_ Pos \_\_\_\_\_ mm induration Initials \_\_\_\_\_  
Day 15 Day 17

*If greater than 5 mm induration, chest X-ray required;* Result: Normal \_\_\_ Abnormal \_\_\_ mo/yr. \_\_\_\_\_ Initials \_\_\_\_\_

Individuals with a history of reactive (positive) tuberculin skin tests must provide documentation that they have been evaluated and determined not to have communicable tuberculosis. A copy of the report from the chest radiograph must be provided to the DPT Program at Mount St. Joseph University. Additional information may be required of these individuals prior to going to certain facilities for clinical internships.

If you attach evidence of a prior negative 2 step PPD with continuous annual 1 step PPD, you only need to document a 1 step PPD below:

Year 2: 1 step PPD: Date given \_\_\_\_\_ Date read \_\_\_\_\_ Result: Neg \_\_\_\_\_ Pos \_\_\_\_\_ mm induration Initials \_\_\_\_\_  
Day 1 Day 3

Year 3: 1 step PPD: Date given \_\_\_\_\_ Date read \_\_\_\_\_ Result: Neg \_\_\_\_\_ Pos \_\_\_\_\_ mm induration Initials \_\_\_\_\_  
Day 1 Day 3

H. **Influenza Required October to February** (per policies of most major health system clinical sites) mo/yr \_\_\_\_\_

G. **Meningococcal Recommended** (One dose for students living in dormitories or residence halls who wish to reduce their risk of meningococcal disease. Any student less than 25 years who wishes to reduce their risk of disease may consider the vaccine) mo/yr \_\_\_\_\_

**Health Care Provider Verification:**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Student Verification:**

I attest that the information on this Medical History, Physical Form, and Immunization Record is accurate to the best of my knowledge. I understand that I may not be allowed to continue in my program matriculation if these forms are inaccurate, incomplete, or if all immunizations and immunities are not properly documented.

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

**MSJ DPT MEDICAL TREATMENT CONSENT FORM**

I, (the student) \_\_\_\_\_, authorize the employee(s) or agent(s) of Mount St. Joseph University to contact the person(s) named on this form directly, and do authorize physicians to render such treatment as they may consider necessary for the health of the above-named student.

In the event of an emergency in the view of the faculty or staff of the program, I authorize the faculty or staff of the program to take whatever action that, in their judgment, they deem warranted and appropriate regarding my health and safety, including, but not limited to, arranging for hospitalization or evaluation by any health care facility, consenting to medical treatment, and/or arranging for my transportation if deemed appropriate by the faculty. Further, I acknowledge and agree that neither this document, nor any actions taken by MSJ or its program faculty or staff in connection with any such medical emergency, creates any special duty on the part of MSJ whatsoever, including, but not limited to, a special duty to control the conduct of a third person or otherwise prevent him or her from causing harm to me.

**EMERGENCY CONTACT:** (Authorized to give permission for treatment in an emergency)

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_  
**TELEPHONE: Home** ( ) \_\_\_\_\_ **Work or Cell** ( ) \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

Primary Health Insurance Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Address: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Secondary Health Insurance Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Address: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Signature of Student:**

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

# STUDENT AGREEMENT FOR CLINICAL EDUCATION

THIS AGREEMENT, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the School of Health Sciences, Mount St. Joseph University, hereafter referred to as the "University," and \_\_\_\_\_, a Student of the University, hereafter referred to as "Student."

WHEREAS, both parties to this Agreement want the Student to have a safe and quality learning experience, and, in consideration of the mutual advantage occurring to both parties hereto, the University and Student agree as follows:

## ARTICLE I. TERM

The term of this Agreement shall begin on the date of this Agreement and shall continue until such time as the Student is no longer affiliated with the University. This Agreement may be modified by mutual consent at any time.

## ARTICLE II. RIGHTS AND RESPONSIBILITIES

A. The University shall not discriminate against any Student because of the Student's race, color, religion, gender, sexual orientation, marital status, national origin, age, or ancestry. The University shall not discriminate against any Student on the basis of handicap, if such Student is a "qualified individual with a disability," as defined by the Americans with Disability Act of 1990.

B. Prior to the Student entering into the University's clinical education program, the Student will have a physical examination, a Tuberculosis two-step Mantoux test, updated Td or Tdap, MMR, polio, and seasonal influenza vaccinations. The Student will begin the inoculation series for Hepatitis B vaccination and will complete the series within a six month time frame. The Student will have current Cardiopulmonary Resuscitation Certification (CPR). Proof of the above will be provided by the Student to the Director of Clinical Education (DCE), prior to entering the University's clinical education program.

C. The Student, annually, will have a physical examination, Tuberculosis two-step Mantoux test, and seasonal influenza vaccine. The Student will continually have an updated CPR Certification and an updated Td or Tdap vaccination. Proof of the above will be provided by the Student to the DCE in order to continue in the University's clinical education program.

D. The Student will be responsible for any other clinical education provisions as required by an assigned clinical education site. These may include but are not limited to criminal background checks, drug screenings, health requirements, clinical wardrobe, travel, room, and board.

E. The University shall provide professional liability insurance, within limits of \$1,000,000.00 per incident and a \$5,000,000.00 aggregate.

F. The Student shall at all times indemnify and hold harmless the University, its employees, agents, and representatives, from any and all suits, claims, demands, costs, damages, counsel fees, charges, liabilities and expenses whatsoever, which they shall or may at any time sustain or incur or become liable for, by reason of in consequence of, any action or omission of the Student.

G. The Student in signing below, acknowledges his or her review of the University's CLINICAL EDUCATION HANDBOOK. The Student accepts responsibility for the policies and procedures therein as well as the consequences for failure to comply with those said policies and procedures, up to and including dismissal from the DPT program.

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be duly executed.

**Student**

**Mount St. Joseph University**

\_\_\_\_\_  
Student

\_\_\_\_\_  
DCE of DPT program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairperson of Physical Therapy Department

\_\_\_\_\_  
Date





MOUNT ST. JOSEPH  
UNIVERSITY

## Clinical Introduction and Planning Form

**Name:**

**Mailing Address (Street, City, State, ZIP):**

**Phone Number (Including Area Code):**

**E-mail Address:**

- |  |         |           |
|--|---------|-----------|
| <input type="checkbox"/> Intro to Clinical Experience I: 2 weeks in the  | Setting | Starting: |
| <input type="checkbox"/> Intro to Clinical Experience II: 2 weeks in the | Setting | Starting: |
| <input type="checkbox"/> Clinical Internship I: 10 weeks in the          | Setting | Starting: |
| <input type="checkbox"/> Clinical Internship II: 10 weeks in the         | Setting | Starting: |
| <input type="checkbox"/> Clinical Internship III: 9 weeks in the         | Setting | Starting: |
| <input type="checkbox"/> Clinical Internship IV: 9 weeks in the          | Setting | Starting: |

### **Previous Clinical Experiences**

- |  |         |       |
|--|---------|-------|
| <input type="checkbox"/> Intro to Clinical Experience I: 2 weeks in the  | Setting |       |
| Completed at:  |         | From: |
| <input type="checkbox"/> Intro to Clinical Experience II: 2 weeks in the | Setting |       |
| Completed at:  |         | From: |
| <input type="checkbox"/> Clinical Internship I: 10 weeks in the          | Setting |       |
| Completed at:  |         | From: |
| <input type="checkbox"/> Clinical Internship II: 10 weeks in the         | Setting |       |
| Completed at:  |         | From: |
| <input type="checkbox"/> Clinical Internship III: 9 weeks in the         | Setting |       |
| Completed at:  |         | From: |

### **Strengths**

- 1)
- 2)
- 3)
- 4)

### **Areas for Improvement**

- 1)
- 2)
- 3)
- 4)

### **Objectives for this Clinical**

- 1)
- 2)
- 3)
- 4)