Clinical Education Manual

Doctoral Program in Physical Therapy
Located on the Newark Campus

Effective September 1, 2015
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DEDICATION

The faculty and students of the Doctoral Program in Physical Therapy are most grateful to the therapists who provide our clinical education experiences. We appreciate the support of the institutions and practices that open their doors to our students, permitting them the opportunity to grow as professionals under the guidance of the clinical faculty. It is with respect and great admiration for their roles in the education of our future colleagues that we dedicate this Clinical Education manual to:

The Center Coordinators of Clinical Education
and
Clinical Instructors
**Doctoral Program in Physical Therapy**

**MISSION STATEMENT**

The Doctoral Program in Physical Therapy, in concert with the mission of Rutgers School of Health Related Professions, strives to graduate entry-level physical therapists who embody the core values of our profession (accountability, altruism, compassion, caring, excellence, integrity, professional duty, and social responsibility) as well as the behaviors and skills to practice competently and collaboratively across clinical, educational, professional, and community settings. Graduates will have the knowledge and skills as movement specialists to use best evidence to optimize function and promote wellness across the lifespan.
CONTACT INFORMATION

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THE CLINICAL EDUCATION PARTICIPANTS

Director of Clinical Education (DCE)/ Assistant (DCE)/ Instructor
The DCEs are faculty members at the educational institution. Responsibilities include the evaluation and selection of clinical sites, coordination of the activities of the academic and clinical faculty, evaluation of the students’ performance, and fostering the development of the clinical education programs and faculty.

Center Coordinator of Clinical Education (CCCE)
The CCCE is a staff member at the affiliating center and serves as a liaison between the academic program and the clinical center. The primary responsibilities of the CCCE are the coordination of the student assignments and activities, clinical instructor selection and consultation, and monitoring of the student program.

Clinical Instructor (CI)
The CI is a physical therapist with a current physical therapist license as required by his or her state licensing authority. This individual practices competently, ethically, and demonstrates professional behaviors. The primary responsibility of the CI in the clinical education program is the supervision and mentoring of the physical therapy students. The CI is responsible for the evaluation of the students’ performance, including identification of areas of competency, and areas in need of further development. In conjunction with the student, the CI develops planned learning experiences based upon specific goals and objectives.

The Student Physical Therapist (SPT)
An individual who has successfully completed the prerequisite academic and clinical coursework is qualified to participate in the clinical education component of the curriculum. As representatives of the academic program and the profession, students are expected to demonstrate professionalism and are required to adhere to clinical site policies, University policies and the American Physical Therapy Association’s Code of Ethics. Students are expected to be active participants in the learning process at the clinical center. The student is responsible for ongoing self-assessment of their performance in order to design clear learning objectives. Students also provide feedback to the clinical sites and the academic program regarding their clinical experiences. (Adapted from "Clinical Education Guidelines and Self-Assessments", APTA, Division of Education, 2000)
Section 1:

Clinical Education Curriculum
CLINICAL EDUCATION CURRICULUM

CLINICAL EDUCATION COURSES

Second Year (6 credits):

Clinical Experience (CE) I: PTDR 6719 Summer, first full-time clinical experience, 8 weeks

Third Year (25 credits):

CE II: PTDR 7729 Fall, second full-time clinical experience, 10 weeks
CE III: PTDR 7739 Winter, third full-time clinical experience, 12 weeks
CE IV: PTDR 7749 Spring, fourth full-time clinical experience, 12 weeks

Course syllabi are provided to the students through the University Learning Management System, and are posted on the Clinical Education Website, http://shrp.rutgers.edu/dept/PT/north/Clinical_Ed/index.html. Sample syllabi are included here in Appendix A.

THE CLINICAL EXPERIENCE SEQUENCE

There are four clinical experiences scheduled throughout the curriculum. The first occurs in the summer between the first and second years of professional study. Clinical experiences II through IV occur following the second year of professional study and comprise the third and final year of the program. In total, there are 42 weeks of Clinical Education. There is one week scheduled between sessions to accommodate for clinical absences, provide additional time to meet performance requirements, or for travel between sites if needed.

In order to provide a well-rounded experience, students affiliate at a variety of practice settings. These settings include acute care hospitals, long-term care facilities, outpatient facilities, private practices, acute rehabilitation hospitals, sub-acute skilled nursing facilities and transitional care units, home health care agencies, and school based practices. There are clinical experiences throughout the country; one or more experiences may be out of state. Travel or relocation for the experience may be required and may incur additional expense for the student.
CLINICAL EDUCATION REQUIREMENTS FOR GRADUATION

Each student is required to complete the following rotations during their clinical education experiences:

- Acute Care Inpatient Hospital
- Inpatient Acute or Subacute Rehabilitation and/or Pediatrics
- OP (Hospital Based, Private Practice, Industrial, Corporate)
- One of the four rotations may be a second OP rotation as long as the setting/types of patients are significantly different, or it can be a specialty rotation (ex: Burns, Cardiac, Vestibular, Pelvic Health, Lymphedema, etc.) provided that above requirements have been met.

Rotations in these clinical areas may take place in any order based upon site availability.

CLINICAL EDUCATION SEMINAR

Clinical Education Seminar is a component of Clinical Experience I (PTDR 6719). Prior to the first clinical experience, students are required to attend four two-hour seminar sessions. Failure to do so may preclude a student from progressing to Clinical Experience I. These sessions are designed to acquaint the student with the Clinical Education process. Topics include: the purpose and goals of clinical education, roles of the various individuals involved, selection and evaluation of the affiliating sites, and maximizing the learning experience. The integration of teaching and learning styles in the clinical setting, professional behaviors, and communication skills are also addressed. Methods of instruction include seminar discussions, role-playing and small group experiences.
**Generic Abilities**

Generic abilities are attribute, characteristics, or behaviors that are not explicitly part of the profession’s core of knowledge or technical skills but are nevertheless required for success in the profession. Ten generic abilities are identified through a study conducted at UW-Madison in 1991-1992. The ten abilities and definitions developed are:

<table>
<thead>
<tr>
<th><strong>Generic Ability</strong></th>
<th><strong>Definition</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>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.</td>
</tr>
<tr>
<td>2. Interpersonal Skills</td>
<td>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community, and to deal with cultural and ethnic diversity issues.</td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td>The ability to communicate effectively (i.e. speaking, body language, reading, writing, listening) for varied audiences and purposes.</td>
</tr>
<tr>
<td>4. Effective Use of Time and Resources</td>
<td>The ability to obtain maximum benefit from a minimum investment of time and resources.</td>
</tr>
<tr>
<td>5. Use of Constructive Feedback</td>
<td>The ability to identify sources of and seek out feedback for improving personal interaction.</td>
</tr>
<tr>
<td>6. Problem-Solving</td>
<td>The ability to recognize and define problems, analyze data and develop and implement solutions and evaluate outcomes.</td>
</tr>
<tr>
<td>7. Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively.</td>
</tr>
<tr>
<td>8. Responsibility</td>
<td>The ability to fulfill commitments and to be accountable for actions and outcomes.</td>
</tr>
<tr>
<td>9. Critical Thinking</td>
<td>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.</td>
</tr>
<tr>
<td>10. Stress Management</td>
<td>The ability to identify sources of stress and to develop effective coping behaviors.</td>
</tr>
</tbody>
</table>

Course: Clinical Experience I PTDR 6719

Department: Rehabilitation and Movement Sciences

Description: There are two components of this course: the didactic portion is conveyed through the Clinical Education Seminar, the clinical portion is delivered via clinical experiences under the supervision of licensed physical therapists at various contracted sites. The seminar meets four times and is designed to acquaint the student with clinical education policies, procedures and process. The clinical component of the course is an eight-week, full-time experience occurring in the summer semester of the second year of professional study and introduces the student to the professional work environment. The focus is on the early integration of academic knowledge and clinical practice. Preliminary problem solving skills are practiced. Competency is expected in the areas of professional behaviors and attitudes, safety, interpersonal skills, and basic examination and intervention techniques with patients who are not medically complex and commensurate with academic preparation. Expected skill levels will be described as they are listed on the Clinical Performance Instrument (CPI).

Credit: 6

Contact Hours: 8 hours of lecture, 320 hours of supervised clinical practice

Course Coordinator
& Seminar Instructor: Patricia Fay, PT, DPT, MPH
Associate Professor
Director of Clinical Education

Course Instructors: Licensed Physical Therapists at affiliated clinical sites

Schedule: Clinical Education Seminar meets four times in the spring of the first year of study.
Clinical Experience I hours and days to be determined by the clinical site. Dates are subject to change due to clinic availability.

Prerequisites: Successful completion of prior course work.
<table>
<thead>
<tr>
<th>Dates</th>
<th>Clinical Rotation</th>
<th>Topics/Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>Clinical Education Seminar</td>
<td>“Introduction to Clinical Education” Goals, policies &amp; procedures roles &amp; responsibilities of participants, site selection &amp; development, the professional relationship</td>
</tr>
<tr>
<td></td>
<td>Session I</td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td>Clinical Education Seminar</td>
<td>“What you Bring to the Clinical Learning Experience” Learning Styles Inventory, <a href="http://www.engr.ncsu.edu/learningstyles/ilsweb.html">http://www.engr.ncsu.edu/learningstyles/ilsweb.html</a> Generic abilities, differences between clinical learning &amp; classroom learning, dealing with conflict</td>
</tr>
<tr>
<td></td>
<td>Session 2</td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td>Clinical Education Seminar</td>
<td>“Structure of the Clinical Experience” Building in Success, orientation, supervisory models, feedback loop, realistic expectations of the site &amp; the CI</td>
</tr>
<tr>
<td></td>
<td>Session 3</td>
<td></td>
</tr>
<tr>
<td>TBD</td>
<td>Clinical Education Seminar</td>
<td>“Evaluation” CPI, Expected Competencies for Clinical Experience I, self-assessments, Clinical Education Portfolio, Group Learning Assessment</td>
</tr>
<tr>
<td></td>
<td>Session 4</td>
<td></td>
</tr>
<tr>
<td>TBD (all dates subject to change)</td>
<td>Clinical Experience I</td>
<td>Weekly “Planning &amp; Review Forms” Please see “Weekly Checklist” for weekly tasks/assignments</td>
</tr>
<tr>
<td>TBD</td>
<td>Midterm</td>
<td>Self-assessment CPI, In-service</td>
</tr>
<tr>
<td>TBD</td>
<td>Final</td>
<td>Self-assessment CPI, Evaluation of Clinical Experience</td>
</tr>
</tbody>
</table>

**Course Goals and Objectives**

**Clinical Education Seminar**

The Seminar provides an introduction to the clinical education component of the curriculum; and provides essential background information prior to the first clinical experience. The seminar is designed to meet the following curricular goals: (Codes following each goal represent CAPTE criteria).

1. Identify the roles and responsibilities of the DCE, CCCE, CI, and student during clinical experiences F-13, CC-5.12, CC-5.15
2. Display an awareness of the various models of student supervision F 13
3. Display an awareness of the importance of self-assessment and the provision of feedback to the DCE, CCCE, and CI. CC-5.12
5. Demonstrate an understanding of the Expected Levels of Competency for CE I F-13, CC-5.12
6. Display an awareness of various learning styles CC-5.26
7. Evaluate their dominant learning style CC-5.12
8) Identify the impact of learning style on interactions within the clinical setting
   CC-5.12
9) Identify the importance of effective communication skills in the clinical setting
   CC-5.17

Clinical Experience I

Course Goal: This course provides an introduction to physical therapist clinical practice. It provides an opportunity for students to practice the art and science of PT at a basic level; under the supervision of an on-site licensed physical therapist. (Codes following each goal represent CAPTE criteria)

Course Objectives: The course objectives are based on the APTA’s CPI Web. The Expected Competencies for each Clinical Experience are progressed based upon academic coursework, and prior Clinical Education courses (when applicable). Students are expected to perform within the range of “Beginner” to “Intermediate” for Clinical Experience I.

1) Practices in a safe manner that minimizes risk to patient, self and others. CC-5.35, 5.43, 5.44
2) Demonstrates professional behavior in all situations. CC-5.11,
3) Practices in a manner consistent with established legal and professional standards and ethical guidelines. CC-5.1 CC-5.3,
4) Communicates in ways that are congruent with situational needs. CC-5.17
5) Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs. CC-5.18
6) Participates in self-assessment to improve clinical and professional performance. CC-5.12, CC5.14
7) Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management. CC-5.18, CC-5.20
8) Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional. CC-5.27
9) Performs a physical therapy examination using evidenced-based tests and measures. CC-5.28,CC5.29, CC5.30 a-x. CC-5.19, CC-5.20
10) Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. CC 5.31
11) Determines a diagnosis and prognosis that guides future patient management. CC-5.32, 5.33
12) Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. CC-5.34-5.38
13) Performs physical therapy interventions in a competent manner. CC-5.39 a-i
14) Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods. CC-5.26
15) Provides quality documentation in a timely manner to support the delivery of physical therapy services. CC-5.42
16) Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. CC-5.48, CC5.49
17) Participates in the financial management (budgeting, billing, reimbursement,
time, space, equipment, marketing, public relations of the physical therapy service consistent with regulatory, legal, and facility guidelines. CC-5.58, 5.60, 5.61

18) Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines. CC-5.40, 5.57

**Methods of Instruction**

Seminar: Lecture and Assigned Readings  
Class Discussion  
Small group work  

Clinical Experience I: On site supervised clinical practice at various clinical settings  
Mandatory online CPI Web training

**Special Requirements:** Clinical Experiences are available throughout the country. One or more experiences may require relocation. Students are responsible for all expenses related to Clinical Education. Students are expected to be in compliance with all University and clinical site policies and procedures. Each student is responsible for conveying any required information pertaining to their health status or criminal background checks directly to the clinical site.

**Course Evaluation**

The **APTA’s Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction** is a formal method of providing feedback to the clinical site and the academic program. Students are encouraged to provide informal feedback at any time to the clinical site and the academic program. The seminar will be evaluated at the completion of the four sessions.

**Assignments**

1) Required Weekly Planning and Review Forms due at end of rotation or sooner if requested  
2) Midterm CPI Self-assessment  
3) Final CPI Self-assessment  
4) In-service presentation/project  
5) APTA’s “Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction” at midterm and final.  
6) Additional assignments under the direction of the CI/CCCE

There may also be in class assignments and assignments during and following the clinical experience.

All forms with the exception of the CPI are available to students and clinical faculty via the Clinical Education website:  
Recommended and Required Readings/Resources/ Policies

For the Clinical Education Seminar:


For each Clinical Experience:

There are no specific required texts for the supervised clinical experiences. Students are expected to make use of all class resources including but not limited to: textbooks, handouts, class notes, and internet sources. In addition, each clinical site may provide supplementary resource materials.

Key Policies (See Student Manual for Clinical Education for all policies relative to the clinical education component of the curriculum) http://shrp.rutgers.edu/ physicaltherapy/entry_lev/index.htm.

1) Attendance and participation are mandatory in both the Clinical Education Seminar and each Clinical Experience. See the Clinical Education Manual for Students for additional information.

2) Grading

Clinical experiences are graded on a pass/fail basis and are contingent upon the timely submission of paperwork. The CI evaluates, describes, and documents the student’s performance. However, the final grade indicating successful or unsuccessful completion of the experience is determined by the DCE and the program faculty. Expected levels of competency are referenced to the APTA’s Clinical Performance Instrument (CPI Web). Grading decisions are based on information obtained from a variety of sources. These include but are not limited to: written performance evaluations, discussions with clinical or academic faculty and site visits. Students may be at risk for failing based upon a single incident or pattern of clinical or professional behaviors that are inconsistent with the established University and/or facility policy and procedures. When applicable, every attempt will be made to remediate the performance deficits.

In the event of a failed clinical experience, consistent with Program policy, the student will be dismissed from the Program. If the student receives a grade of “Incomplete”, this is evidence of the student’s failure to successfully complete a portion of the clinical experience and they will be required to successfully remediate the experience in order to remain in the Program. Remediation may consist of, but is not limited to: additional clinical time, assignments and the completion of an independent study Remediation Course (PTDR 6009).

Office Hours and Email

Office hours are made by appointment.
Honor Code and Academic Integrity
(Refer to the SHRP Student Handbook: http://shrp.rutgers.edu/current_students/handbook.pdf)

The faculty of Rutgers-School of Health Related Professions believe that students must observe and support high standards of honesty and integrity. For this reason, all students in this course are expected to abide by the School’s Honor Code and uphold its Code of Academic Integrity. As described in detail in your Student Handbook, violations of the Code of Academic Integrity include cheating, plagiarism, fabrication and/or academic misconduct. All such violations will be considered with gravest concern and may be punishable with sanctions as severe as suspension or dismissal. If you have not previously affirmed the School’s Honor Code (either in writing or electronically), you must submit a signed and dated copy of the Honor Code to the instructor by the end of the first week of the semester. The Honor Code form is provided in the current SHRP Student Handbook.

The purpose of this course is the mastery of academic content as well as development of professional behaviors exemplified by a commitment to learning, effective interpersonal and communication skills, effective use of time and resources, use of constructive feedback, ability to solve problems and think critically and demonstration of professional conduct, responsibility to commitments and appropriate stress management.
(adapted from May et al. Journal of Physical Therapy Education, 1995)
CLINICAL EXPERIENCE II
TEMPLATE
PTDR 7729

Course: Clinical Experience II PTDR 7729 Fall

Department: Rehabilitation and Movement Sciences

Description: This ten week experience occurs in the fall of the third year of professional study. All academic coursework has been completed at this time. There is further development of the basic skills acquired during the previous coursework and Clinical Experience I. The emphasis of this experience is on further integration and application of academic knowledge in clinical practice and the introduction of advanced techniques.

Credit: 9
Contact Hours: 400 hours of supervised clinical practice

Course Coordinator: Patricia Fay, PT, DPT, MPH
Associate Professor
Director of Clinical Education

Course Instructors: Licensed Physical Therapists at affiliated clinical sites

Schedule: TBD
Clinical Experience II hours and days to be determined by the clinical site. Dates are subject to change due to clinic availability.

Prerequisites: Successful completion of prior course work.

Clinical Experience II

Course Goal: This course provides an introduction to intermediate physical therapist clinical practice. It provides an opportunity for students to practice physical therapy under the supervision of an on-site licensed physical therapist. (Codes following each goal represent CAPTE criteria)

Course Objectives: The course objectives are based on the APTA’s CPI Web. The Expected Competencies for each Clinical Experience are progressed based upon academic coursework, and prior Clinical Education courses. Students are expected to perform within the range of “Advanced Beginner” to “Advanced Intermediate”.

1) Practices in a safe manner that minimizes risk to patient, self and others. CC-5.35, 5.43, 5.44
2) Demonstrates professional behavior in all situations. CC-5.11,
3) Practices in a manner consistent with established legal and professional standards and ethical guidelines. CC-5.1 CC-5.3,
4) Communicates in ways that are congruent with situational needs. CC-5.17
5) Adapts delivery of physical therapy services with consideration for patients’
differences, values, preferences, and needs. CC-5.18

6) Participates in self-assessment to improve clinical and professional performance. CC-5.12, CC5.14

7) Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management. CC-5.18, CC-5.20

8) Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional. CC-5.27

9) Performs a physical therapy examination using evidenced-based tests and measures. CC-5.28, CC5.29, CC5.30 a-x. CC-5.19, CC-5.20

10) Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. CC 5.31

11) Determines a diagnosis and prognosis that guides future patient management. CC-5.32, 5.33

12) Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. CC-5.34-5.38

13) Performs physical therapy interventions in a competent manner. CC-5.39 a-i

14) Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods. CC-5.26

15) Provides quality documentation in a timely manner to support the delivery of physical therapy services. CC-5.42

16) Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. CC-5.48, CC5.49

17) Participates in the financial management (budgeting, billing, reimbursement, time, space, equipment, marketing, public relations of the physical therapy service consistent with regulatory, legal, and facility guidelines. CC-5.58, 5.60, 5.61

18) Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines. CC-5.40, 5.57

Methods of Instruction: On site supervised clinical practice at various clinical settings; online CPI Web training.

Special Requirements: Clinical Experiences are available throughout the country. One or more experiences may require relocation. Students are responsible for all expenses related to Clinical Education. Students are expected to be in compliance with all University and clinical site policies and procedures. Each student is responsible for conveying any required information pertaining to their health status or criminal background checks directly to the clinical site.

Course Evaluation

The APTA’s Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction is a formal method of providing feedback to the clinical site and the academic program. Students are encouraged to provide informal feedback at any time to the clinical site and the academic program. The seminar will be evaluated at the completion of the four sessions.
Assignments
1) Required Weekly Planning and Review Forms due at end of rotation or sooner if requested
2) Midterm CPI Self-assessment
3) Final CPI Self-assessment
4) In-service presentation/project
5) APTA’s “Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction” at midterm and final.
6) Additional assignments under the direction of the CI/CCCE

All forms with the exception of the CPI are available to students and clinical faculty via the Clinical Education website and Moodle: (http://shrp.rutgers.edu/physicaltherapy/entry_lev/index.htm).

Recommended and Required Readings/Resources/ Policies

For each Clinical Experience:
There are no specific required texts for the supervised clinical experiences. Students are expected to make use of all class resources including but not limited to: textbooks, handouts, class notes, and internet sources. In addition, each clinical site may provide supplementary resource materials.

Key Policies (See Student Manual for Clinical Education for all policies relative to the clinical education component of the curriculum) http://shrp.shrp.rutgers.edu/current_students/handbook.pdf)

Office Hours and Email

Office hours are made by appointment.
Dr. Fay faypa@shrp.rutgers.edu Phone: 973-972-7819
Dr. Mingelgreen mingelna@shrp.rutgers.edu Phone: 973-972-9544
Dr. Westra westrakr@shrp.rutgers.edu Phone: 973-972-0594

Honor Code and Academic Integrity
(Refer to the SHRP Student Handbook: http://shrp.shrp.rutgers.edu/current_students/handbook.pdf)

The faculty of Rutgers-School of Health Related Professions believe that students must observe and support high standards of honesty and integrity. For this reason, all students in this course are expected to abide by the School’s Honor Code and uphold its Code of Academic Integrity. As described in detail in your Student Handbook, violations of the Code of Academic Integrity include cheating, plagiarism, fabrication and/or academic misconduct. All such violations will be considered with gravest concern and may be punishable with sanctions as severe as suspension or dismissal. If you have not previously affirmed the School’s Honor Code (either in writing or electronically), you must submit a signed and dated copy of the Honor Code to the instructor by the end of the first week of the semester. The Honor Code form is provided in the current SHRP Student Handbook.
**Course:** Clinical Experience III PTDR 7739  
**Fall-Spring**

**Department:** Rehabilitation and Movement Sciences

**Description:** This twelve-week experience occurs in the fall and spring of the third year of professional study. All academic course work has been completed at this time. Advanced level skills are practiced and refined at an introductory level. Problem solving and critical inquiry skills are refined. Expected skill levels will be described as they are listed on the CPI. The emphasis of this experience is on further integration and application of academic knowledge in clinical practice.

**Credit:** 8  
**Contact Hours:** 480 hours of supervised clinical practice

**Course Coordinator:** Patricia Fay, PT, DPT, MPH  
Associate Professor  
Director of Clinical Education

**Course Instructors:** Licensed Physical Therapists at affiliated clinical sites

**Schedule:** TBD  
Clinical Experience III hours and days to be determined by the clinical site. **Dates are subject to change due to clinic availability.**

**Prerequisites:** Successful completion of prior course work.

**Clinical Experience III**

**Course Goal:** This course provides an introduction to intermediate physical therapist clinical practice. It provides an opportunity for students to practice physical therapy under the supervision of an on-site licensed physical therapist. (Codes following each goal represent CAPTE criteria)

**Course Objectives:** The course objectives are based on the APTA’s CPI Web. The Expected Competencies for each Clinical Experience are progressed based upon academic coursework, and prior Clinical Education courses. Students are expected to perform within the range of “Advanced Intermediate” to just prior to the “Entry Level” designation on the CPI Web scale.

1) Practices in a safe manner that minimizes risk to patient, self and others. CC-5.35, 5.43, 5.44  
2) Demonstrates professional behavior in all situations. CC-5.11,  
3) Practices in a manner consistent with established legal and professional standards and ethical guidelines. CC-5.1  CC-5.3,  
4) Communicates in ways that are congruent with situational needs. CC-5.17
5) Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs. CC-5.18
6) Participates in self-assessment to improve clinical and professional performance. CC-5.12, CC5.14
7) Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management. CC-5.18, CC-5.20
8) Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional. CC-5.27
9) Performs a physical therapy examination using evidenced-based tests and measures. CC-5.28, CC5.29, CC5.30 a-x. CC-5.19, CC-5.20
10) Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. CC 5.31
11) Determines a diagnosis and prognosis that guides future patient management. CC-5.32, 5.33
12) Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based. CC-5.34-5.38
13) Performs physical therapy interventions in a competent manner. CC-5.39 a-i
14) Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods. CC-5.26
15) Provides quality documentation in a timely manner to support the delivery of physical therapy services. CC-5.42
16) Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. CC-5.48, CC5.49
17) Participates in the financial management (budgeting, billing, reimbursement, time, space, equipment, marketing, public relations of the physical therapy service consistent with regulatory, legal, and facility guidelines. CC-5.58, 5.60, 5.61
18) Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines. CC-5.40, 5.57

Methods of Instruction: On site supervised clinical practice at various clinical settings; online CPI Web training.

Special Requirements: Clinical Experiences are available throughout the country. One or more experiences may require relocation. Students are responsible for all expenses related to Clinical Education. Students are expected to be in compliance with all University and clinical site policies and procedures. Each student is responsible for conveying any required information pertaining to their health status or criminal background checks directly to the clinical site.

Course Evaluation

The APTA’s Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction is a formal method of providing feedback to the clinical site and the academic program. Students are encouraged to provide informal feedback at any time to the clinical site and the academic program. The seminar will be evaluated at the completion of the four sessions.
Assignments
1) Required Weekly Planning and Review Forms due at end of rotation or sooner if requested
2) Midterm CPI Self-assessment
3) Final CPI Self-assessment
4) In-service presentation/project
5) APTA’s “Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction” at midterm and final.
6) Additional assignments under the direction of the CI/CCCE

All forms with the exception of the CPI are available to students and clinical faculty via the Clinical Education website: (http://shrp.rutgers.edu/physicaltherapy/entry_lev/index.htm).

Recommended and Required Readings/Resources/ Policies

For each Clinical Experience:
There are no specific required texts for the supervised clinical experiences. Students are expected to make use of all class resources including but not limited to: textbooks, handouts, class notes, and internet sources. In addition, each clinical site may provide supplementary resource materials.

Key Policies (See Student Manual for Clinical Education for all policies relative to the clinical education component of the curriculum) http://shrp.rutgers.edu/physicaltherapy/entry_lev/index.htm).

Office Hours and Email
Office hours are made by appointment.
Dr. Fay faypa@shrp.rutgers.edu, Phone: 973-972-7819
Dr. Mingelgreen mingelna@shrp.rutgers.edu Phone: 973-972-9544
Dr. Westra westrakr@shrp.rutgers.edu Phone: 973-972-0954

Honor Code and Academic Integrity
(Refer to the SHRP Student Handbook: http://shrp.rutgers.edu/current_students/handbook.pdf)

The faculty of Rutgers-School of Health Related Professions believe that students must observe and support high standards of honesty and integrity. For this reason, all students in this course are expected to abide by the School’s Honor Code and uphold its Code of Academic Integrity. As described in detail in your Student Handbook, violations of the Code of Academic Integrity include cheating, plagiarism, fabrication and/or academic misconduct. All such violations will be considered with gravest concern and may be punishable with sanctions as severe as suspension or dismissal. If you have not previously affirmed the School’s Honor Code (either in writing or electronically), you must submit a signed and dated copy of the Honor Code to the instructor by the end of the first week of the semester. The Honor Code form is provided in the current SHRP Student Handbook.
The purpose of this course is the mastery of academic content as well as development of professional behaviors exemplified by a commitment to learning, effective interpersonal and communication skills, effective use of time and resources, use of constructive feedback, ability to solve problems and think critically and demonstration of professional conduct, responsibility to commitments and appropriate stress management.
(adapted from May et al. Journal of Physical Therapy Education, 1995)
Course: Clinical Experience IV PTDR 7749

Department: Rehabilitation and Movement Sciences

Description: This twelve week experience occurs in the spring of the third year of professional study. All academic coursework has been completed at this time. Students are expected to function independently at the completion of this experience, except when challenged with new or complex problems. Expected skill levels are described as they are listed on the CPI.

Credit: 8
Contact Hours: 480 hours of supervised clinical practice

Course Coordinator: Patricia Fay, PT, DPT, MPH
Associate Professor
Director of Clinical Education

Course Instructors: Licensed Physical Therapists at affiliated clinical sites

Schedule: TBD
Clinical Experience IV hours and days to be determined by the clinical site. Dates are subject to change due to clinic availability.

Prerequisites: Successful completion of prior course work.

Clinical Experience IV

Course Goal: This course provides an introduction to intermediate physical therapist clinical practice. It provides an opportunity for students to practice physical therapy under the supervision of an on-site licensed physical therapist. (Codes following each goal represent CAPTE criteria)

Course Objectives: The course objectives are based on the APTA’s CPI Web. The Expected Competencies for each Clinical Experience are progressed based upon academic coursework, and prior Clinical Education courses. Students are expected to perform at the “Entry Level” designation on the CPI Web scale. Students working with highly complex patient/client populations may not be expected to attain entry-level status.

1) Practices in a safe manner that minimizes risk to patient, self and others. CC-5.35, 5.43, 5.44
2) Demonstrates professional behavior in all situations. CC-5.11, Practices in a manner consistent with established legal and professional standards and ethical guidelines. CC-5.1 CC-5.3,
3) Practices in a manner consistent with established legal and professional standards and ethical guidelines. CC-5.1 CC-5.3
4) Communicates in ways that are congruent with situational needs. CC-5.17
5) Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs. CC-5.18
6) Participates in self-assessment to improve clinical and professional performance. CC-5.12, CC-5.14
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8) Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional. CC-5.27
9) Performs a physical therapy examination using evidenced-based tests and measures. CC-5.28, CC-5.29, CC-5.30 a-x. CC-5.19, CC-5.20
10) Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. CC-5.31
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16) Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. CC-5.48, CC-5.49
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18) Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines. CC-5.40, 5.57

Methods of Instruction: On site supervised clinical practice at various clinical settings; online CPI Web training.

Special Requirements: Clinical Experiences are available throughout the country. One or more experiences may require relocation. Students are responsible for all expenses related to Clinical Education. Students are expected to be in compliance with all University and clinical site policies and procedures. Each student is responsible for conveying any required information pertaining to their health status or criminal background checks directly to the clinical site.
Course Evaluation

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Assignments
1) Required Weekly Planning and Review Forms due at end of rotation or sooner if requested
2) Midterm CPI Self-assessment
3) Final CPI Self-assessment
4) In-service presentation/project
5) APTA’s “Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction” at midterm and final.
6) Additional assignments under the direction of the CI/CCCE

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Recommended and Required Readings/Resources/ Policies

For each Clinical Experience:
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(adapted from May et al. Journal of Physical Therapy Education, 1995)
SECTION 2:

Clinical Experience Placement Process
CLINICAL EXPERIENCE PLACEMENT PROCESS

CLINICAL SITE SELECTION

The students are provided with a list of clinical centers that have placements available for each of the clinical experiences. The Clinical Site Information Form (CSIF) provides specific details regarding each affiliating site, and is available for review through the department webpage:


The selection process is accomplished with the assistance of a computer-matching program, with the final approval of the DCE and Program faculty. Careful attention is paid to meeting the Program’s requirements. Student interests are considered in the placement process but are not guaranteed. Sites within one hour and fifteen minutes of the student’s address are considered to be local for clinical placement purposes.

Students are precluded from placement at a site where they have had either volunteer or work experience. Exceptions may be made at the discretion of the DCE.

The coordination of clinical experiences is accomplished through the cooperation of the University, clinical sites and students. Each student is responsible for the timely submission of all required paperwork. Late paperwork delays the process for all students and puts students at risk for cancelled placements.

The placement process is heavily influenced by factors external to the academic program, and may be subject to change at any time, including alterations of timeframes based on clinic availability. Once posted by the program, clinical site placements are final, unless changed by the clinical site. Students who are not able to fulfill clinical requirements face delays in subsequent coursework and graduation.
CLINICAL EDUCATION ADVISEMENT

Clinical Education Advisement is a component of the clinical placement process. In the fall of the second year of professional study, each student meets individually with one of the Clinical Education faculty. The purpose of this meeting is to review past clinical performance and to provide the student with an opportunity to discuss any challenges or areas of particular clinical interest. The Advisement Form should be completed prior to meeting with the DCEs.

COMMUNICATION BETWEEN THE UNIVERSITY AND THE CLINICAL FACILITIES

Communication is essential to insure the clinical site is providing the appropriate experience for the students and the students are functioning competently within the clinical setting.

Communication can be accomplished in several ways.

1) ON-SITE: Visits to the clinical center most frequently occur under the following conditions:

   a) WHEN ESTABLISHING A NEW CLINICAL SITE: Whenever possible, on-site visits are conducted prior to the establishment of a new clinical experience site. If this is not possible, extensive discussion by telephone is conducted with a representative of the site. There may also be discussion with other academic programs that affiliate with the facility. All sites are encouraged to obtain a copy of the APTA’s voluntary “Clinical Education Guidelines and Self Assessments” (1999, 2004).

   b) DURING CLINICAL EXPERIENCES: Students, CCCEs, and CIs are routinely visited and/or contacted by telephone during the clinical experiences by the DCEs and/or program faculty. The DCE and other faculty members are available to the student and clinic for consultation at any time. Students are encouraged to contact program faculty with any questions, comments or concerns during their clinical experiences.

   c) AT THE REQUEST OF THE CLINICAL SITES: Visits are arranged when a clinical site would like to acquaint the DCE or Program faculty with new facilities or services, or at any time they deem appropriate.
2) BY MAIL: Rutgers-SHRP, Doctoral Program in Physical Therapy, 65 Bergen Street, SSB720, Newark, NJ 07107

3) BY EMAIL:
   Faculty:
   (1) Dr. Fay: patricia.fay@rutgers.edu
   (2) Dr. Mingelgreen: mingelna@shrp.rutgers.edu
   (3) Dr. Westra: westrakr@shrp.rutgers.edu

   Program Support Coordinator:
   Ms. London: kathy.london@rutgers.edu

4) BY PHONE OR FAX: Contact is encouraged at any time.

   Phone: 973-972-4547 or 973-972-9532
   Fax: 973-972-9957
Sample Clinical Education Advisement Form (Part I)
Clinical Experience I PTDR 6719

Student Name:______________________________________________ Date:_______________________

CE I Facility Name:________________________________________________________________________

Type of Experience (Circle):  Acute Care Hospital            Subacute Rehab             Home Care
                                Private Practice OP            Hospital Based OP         Corporate OP
                                Industrial Health        Other:_________    *If combination, note percentage of time

I. Clinical Experience I: Overall Assessment
   1. Grade the quality of the learning experience:     A    B    C    D
   2. Provide rationale (If negative, how could it have been improved?)

II. Your Performance:
   1. Strengths:

   2. Areas for Improvement:

   3. Strategies for the Future:

III. Challenges:
   1. Identify any challenging situation(s) that occurred in CE I.

   2. Did you contact the DCE/Clinical Education Faculty about it?     _____Yes     _____No

   3. Did the DCE/Faculty member respond in a timely manner?     _____Yes     _____No

   4. Did you find the DCE/Faculty member to be helpful?

IV. Attendance:
   1. Did you miss any days, and if so, how many and why?

   2. Did you notify the DCE of your absence?
Student Name:_____________________________________________________ Date:_______________________

CE I Facility Name:_________________________________________________________

Type of Experience (Circle):  Acute Care Hospital            Subacute Rehab             Home Care
                                Private Practice OP            Hospital Based OP         Corporate OP
                                Industrial Health        Other:_________    *If combination, note percentage of time

I. Clinical Education Placement Guidelines: Throughout CE I - IV, students are required to complete the following rotations:
   • Acute Care Inpatient Hospital
   • Inpatient Acute or Subacute Rehabilitation and/or Pediatrics any setting
     o Depending on site availability, students who choose pediatrics may/may not be placed in an inpatient rehab setting
   • OP (Hospital Based, Private Practice, Industrial, Corporate)
     o One of the four rotations may be a second OP rotation as long as the setting/types of patients are significantly different, or it can be a specialty rotation (ex: Burns, Cardiac, Vestibular, Pelvic Health, Lymphedema, etc.) provided that above requirements have been met.

II. Placements: Please answer the following questions to help determine the best types of placements for you.

1. Acute Care Inpatient Hospital:
   a. Hospital Setting Type Preference:  ____Already completed in CE I
      _____Large Teaching Hospital       _____Community Hospital       _____No Preference

2. Pediatrics:
   a. Are you interested in a Pediatrics Placement?  ____Yes   ____No   ____Maybe
   b. If yes, do you have any experience at all with children (e.g.: babysitting, coaching, camp counselor, volunteering)? Please explain:

   c. Pediatric Setting Type Preference:  _____Hospital Based   _____Private Practice
      _____School Based       _____Specialized School       _____No Preference

3. Inpatient Acute Rehabilitation / or Subacute Rehabilitation
   a. Are you interested in an Inpatient Acute or Subacute Rehabilitation Placement?
      _____Already completed in CE I       _____Yes     _____No      _____Maybe
b. Inpatient Rehab Setting Type Preference: _____Acute Rehab  _____Subacute Rehab  
   _____OP Rehab  _____No Preference

c. Are you interested in Specialty Rehab Programs (i.e.: SCI, TBI, Cardiac, Metabolic?)
   _____No  _____Yes. If yes, which specialties? ________________________________

4. Outpatient
   a. Outpatient Setting Type Preference: _____Hospital Based  _____Private Practice  
   _____Corporate  _____Industrial

5. Areas of Special Interest, if any. Please check those you are interested in:
   _____Women's/Pelvic Health  _____Geriatrics  _____Home Care  
   _____Vestibular / Balance  _____Cardiac  _____Lymphedema  
   _____Concussion  _____Other: ________________________________

6. Is there anything else we should know that might impact your performance or placement process in your next three placements?
   _____No  _____Yes  If yes, please explain:

III. Advisement recommendations:
   _____Attend Neuro/Rehab Information Session
   _____Attend Pediatrics Information Session
   _____Observe / Volunteer in ________________________________
   _____Other: ________________________________

I have had an opportunity to discuss my placement interests. I understand that placements are determined by program requirements and performance, student interests, and site availability.

________________________________________                        __________________________________
Student Signature                                    Date                          Faculty Signature                                      Date
### SAMPLE CLINICAL EXPERIENCE I PLACEMENT INFORMATION FORM

**Dates of CE I: 6/13/16 - 8/8/16**

**Due Date:**  

<table>
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<tr>
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| Address  
City, State, Zip |  
| Alternate Address  
for summer  
City, State, Zip |  
| Phone Number |  
| Rutgers Email |  

List Prior Degrees:

_______________________________________________________________________________________
_______________________________________________________________________________________

List Other Certifications, if any:

_______________________________________________________________________________________
_______________________________________________________________________________________

List PT Volunteer Experience (include name of facility and dates):

_______________________________________________________________________________________
_______________________________________________________________________________________

List PT-related Work Experience if any (include name of facility, position, and dates):

_______________________________________________________________________________________
_______________________________________________________________________________________
CLINICAL EXPERIENCE I PLACEMENT INFORMATION FORM

Name: ____________________________________________

• Are you interested and able to be placed at a distant site (more than 75 minutes) from your summer home base? _____ No _____ Yes

If yes, please indicate geographical areas of interest. Be as specific as possible including city and state:

_____________________________________________________________________________________
_____________________________________________________________________________________

• Indicate any available sites within 75 minutes travel time from your home base location that would be a problem for you, and why:

_____________________________________________________________________________________
_____________________________________________________________________________________

• List 10 placements that interest you from the current list of selections. Please select no more than 3 sites of the same type of rotation (acute, OP, subacute rehab, etc.)

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<tr>
<th>Facilities for Clinical Experience I</th>
<th>Type of Rotation</th>
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Is there anything else we should know that may influence the placement process or impact your performance?

_____________________________________________________________________________________

Clinical Experience I is a graded 8-week, full-time, Clinical Education Course. I understand that dates may be changed based on the clinical site availability and may extend through the end of August. Specific work hours are determined by the clinical site. Once posted, clinical placements are final, unless changed by the clinical site.

________________________________________________________     __________________________
Student Signature        Date
## Example:

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<tr>
<th>Facilities for Clinical Experience I</th>
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<td>1. Moment Ins.</td>
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<td>2. NovaCare</td>
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<td>3. Soft – Somerset Hills</td>
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<td>4. W. Caldwell Care Center</td>
<td>SAR</td>
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<td>5. Hanover Hospital</td>
<td>AC/OP</td>
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<td>6. Soft – CareOne</td>
<td>SAR</td>
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<td>7. Holy Name</td>
<td>Acute</td>
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<td>8. Valley Home</td>
<td>Home Health</td>
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<tr>
<td>9. Preferred Therapy</td>
<td>SAR</td>
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<td>10. Hunterdon</td>
<td>Acute</td>
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</tbody>
</table>
**SAMPLE CLINICAL EXPERIENCE II – IV**

**PLACEMENT INFORMATION FORM**

**Due Date: 09/22/15**

- Dates of CE II: 08/29/16 – 11/04/16
- Dates of CE III: 11/14/16 – 02/03/17
- Dates of CE IV: 02/13/17 – 05/05/17

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<th>Name</th>
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- Clinical Experience I Facility Name:

______________________________________________________________________________

Type (circle): Acute / Subacute Rehab / Hosp OP / Priv. Practice OP / Corp OP / Indus. Health *(Note percentage of time if combination)*

- List Prior Degrees & or Certifications (if any):

______________________________________________________________________________

- List PT – Related Volunteer and Work Experience (include name of facility and dates):

______________________________________________________________________________

- Are you interested and able to be placed at a distant site (more than 75 minutes) from your home base?

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- Indicate any available sites within 75 minutes travel time from your home base location that would be a problem for you, and why. Is there anything else we should know that may influence the placement process or impact your performance?

______________________________________________________________________________
Enter placements that interest you from the current lists of available sites. You must select 30 different selections.

**Mandatory Guidelines:**
- Must select a variety of 10 rotations in each time frame
- Each experience must have a mixture of at least two different rotation types (e.g.: acute care, subacute rehab, rehab, outpatient, pediatrics, etc.).
- Do not repeat placement offers in multiple time frames if they are the same facility, the same type of rotation and same location

### Facilities for CE II

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Clinical Experience II – IV are graded, 10-week (CE II) and 12-week (CE III & IV), full-time Clinical Education courses.

I understand that dates may only be changed by the clinical site, and that specific work hours are determined by the clinical site. Once posted, clinical placements are final, unless changed by the clinical site.

Student Signature

Please see the next page for clarification
**EXAMPLES:**

<table>
<thead>
<tr>
<th>Facilities for CE II</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Metro PT.¹</td>
<td>OP</td>
</tr>
<tr>
<td>2. NovaCare</td>
<td>OP</td>
</tr>
<tr>
<td>3. Soft – Somerset Hills</td>
<td>OP</td>
</tr>
<tr>
<td>4. Fellowship Village</td>
<td>SAR</td>
</tr>
<tr>
<td>5. Preferred Therapy</td>
<td>SAR</td>
</tr>
<tr>
<td>6. Soft – CareOne</td>
<td>SAR</td>
</tr>
<tr>
<td>7. Hunterdon</td>
<td>Acute</td>
</tr>
<tr>
<td>8. Ladacin</td>
<td>Peds</td>
</tr>
<tr>
<td>9. JFK Edison³</td>
<td>IP Rehab</td>
</tr>
<tr>
<td>10. Advantage</td>
<td>OP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facilities for CE III</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. NY Board of Education</td>
<td>Peds</td>
</tr>
<tr>
<td>2. Atlanticare</td>
<td>Acute</td>
</tr>
<tr>
<td>3. Mile Square</td>
<td>OP</td>
</tr>
<tr>
<td>4. Newton</td>
<td>Acute</td>
</tr>
<tr>
<td>5. CareOne Parsippany</td>
<td>SAR</td>
</tr>
<tr>
<td>6. Valley Home</td>
<td>Home Health</td>
</tr>
<tr>
<td>7. Soft – Genesis</td>
<td>SAR</td>
</tr>
<tr>
<td>8. Kopack</td>
<td>OP</td>
</tr>
<tr>
<td>9. Cape Regional Medical Center</td>
<td>Acute</td>
</tr>
<tr>
<td>10. JFK Edison³</td>
<td>OP Rehab</td>
</tr>
</tbody>
</table>

**Please note that each rotation block has a variety of types of rotations**

1. Even though Metro PT has offered rotations in more than one time frame, list it only once on your form.

2. You can list both Kessler West Orange and Kessler Welkind on your form (same parent company, same type of rotation) because they are at 2 different locations.

3. You can list JFK Edison in each rotation because they are different types of rotations.
SECTION 3:

STUDENT REQUIREMENTS
STUDENT REQUIREMENTS

Each student is required to:

- Maintain and actively utilize a Rutgers e-mail account
- Inform the PT Program (973-972-4547) and SHRP Enrollment Services (973-972-5454) regarding any address or phone number changes
- Adhere to deadlines for submission of the following paperwork:
  - Clinical Placement Information Form
  - Student Affiliate Profiles
  - Clinical Instructor Information Form
  - Weekly Review and Planning Forms
  - Two Week Progress Report
  - Midterm and Final CPI self-assessments
  - Midterm and Final Clinical Learning Site Evaluations
ATTENDANCE

Students will follow the schedule of the clinical site and their assigned CI. Clinical attendance is mandatory, barring illness or emergency situations. The student must report absences due to illness or emergencies to the facility AND the Clinical Education Faculty (973-972-4547) on the morning of the absence.

Students will be excused for certain department events (i.e. mandatory class meetings, interprofessional education meetings). However, they will need to make up that excused time at the discretion of the CI/CCCE in consultation with the DCE.

Clinic closures may occur due to inclement weather, vacation breaks for school settings, holidays, power outages, and/or natural disaster emergencies. On a case-by-case basis, the Director of Clinical Education in consultation with CI/CCCE will determine the need to make up for missed time, and if so, how this will be accomplished. In some situations, missed time may need to be made up in a “time for time” basis which may extend the rotation’s end date. In other situations, the student may be asked to complete a substantial project that contributes to the site in a meaningful way.

Students who are doing school-based pediatric rotations are likely to miss several days of their rotation due to school vacation breaks. Students in these rotations should plan on making up missed time by completing a substantial project and/or additional as noted above.

In some situations, planned absences (non-emergency events, which are known in advance and for which an absence from the clinic is being requested) may be approved. Planned absences must be approved by the DCE before the student contacts the CCCE and/or CI.

Students are advised against planning vacations as clinic schedules are subject to change at any time. Compliance with potential changes in clinic schedules is essential to ensure that students are able to successfully meet program requirements for continued coursework and for graduation.

Without exception, any absence from the clinic must be reported to the DCE and the clinic either before it occurs in the case of a planned/pre-approved absence, or on the morning of the absence in the case of an unplanned absence.
The ultimate decision as to whether time absent from the clinic will need to be made-up is determined by the DCE upon consultation with the DPT Program Director, the clinical education faculty, the CCCE, and the CI.

**STUDENT CONTACT WITH CLINICAL SITES**

Students are required to contact the clinical facility *no later than* ten weeks in advance of their start date, and *not sooner than twelve weeks*. Please note many requirements take several weeks to fulfill. It is imperative that students adhere to these time frames in order to meet any facility requirements. The Phone Contact Checklist should be used as a guideline for your phone call with the CCCE/CI.

**HEALTH REQUIREMENTS PRIOR TO CLINICAL EXPERIENCES**

Students are expected to adhere to health, immunization, vaccination and insurance policies as stated in the catalogue for the University. The University may hold registration for academic or clinical courses if health and immunization requirements are not met. This may result in the delay of clinical experiences and delayed graduation.

For a complete list of the University's requirements, please access the Student Handbook, [http://shrp.rutgers.edu/current_students/pdf/Handbook.pdf](http://shrp.rutgers.edu/current_students/pdf/Handbook.pdf) or contact the Student Health and Wellness Center at 973-972-8219 for additional information. Additionally, all students are required to maintain their CPR and First Aid certifications.

There may be additional health requirements for the clinical site. *Each student is responsible for conveying all health requirements requested by the affiliating site directly to the CCCE/CI.*

**CRIMINAL BACKGROUND CHECKS AND DRUG TESTING**

Clinical sites may require Criminal Background Checks (“CBC”) and/or Drug Testing. It is each student’s responsibility to conform with site requirements and to provide any required documentation directly to the CCCE/CI. Some sites will accept the Clinical Background Checks performed at the time of admission to the program. Copies of this Clinical Background Check can be obtained through the Office of Enrollment Services (973-972-5454). Clinical sites may require a more recent Clinical Background Check. Students may have it run again through
Enrollment Services or through another vendor acceptable to the clinical facility. The cost of the CBC and Drug Testing may be reimbursed by the University.

**CONFIDENTIALITY**

Students are required to maintain patient confidentiality at all times. Violations of the Health Information Portability and Accountability Act (HIPAA) are subject to specific federal penalties and civil liability. Discussion or posting of any patient-related information, photographs or videos via social media is strictly prohibited.

For additional information about HIPAA:

[http://www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy)

To review the policies below for the use of social media and for guidance on appropriate social media utilization:

[http://njms.rutgers.edu/gsbs/documents/2012/00_01_75_65_00.pdf](http://njms.rutgers.edu/gsbs/documents/2012/00_01_75_65_00.pdf)


**DRESS CODE**

An appropriate professional appearance is important for all clinic visits and clinical experiences. *Students are expected to follow all requirements of clinical sites for appropriate dress.* The program dress code is slacks, shirts with collars, ties for men, stable shoes, white short lab coat, and University issued name pins. In all cases, appearance should not detract from a student’s ability to deliver safe and effective patient care. For example, fingernails should be neatly trimmed, long hair should be secured, and moderation in jewelry and makeup should be exercised.

**CLINICAL EDUCATION PORTFOLIO**

The Clinical Education Portfolio is available to each student via the Clinical Education website ([http://shrp.rutgers.edu/dept/PT/north/Clinical_Ed/index.html](http://shrp.rutgers.edu/dept/PT/north/Clinical_Ed/index.html)). The Portfolio contains all forms, checklists, and sample paperwork that is required throughout the four clinical experiences. The Portfolio is designed to assist students in keeping track of past experiences and set appropriate goals for the future experiences and is the foundation for the first professional resume.
The Clinical Education Portfolio contains a Clinical Experience Checklist. Clinical Experience Checklists are used to assist in the management of your experience. Included with the Checklist are the Weekly Review and Planning Forms (Appendix G). These forms are a requirement for each clinical experience and are designed to assist the student to self-assess their strengths and weaknesses, set goals for the experience and develop strategies to accomplish their goals. The forms should be reviewed with the CI on a weekly basis. CIs are asked to review and sign the form, adding any pertinent comments as necessary.

There may be assignments from the academic faculty on selected topics during each clinical experience. These assignments may focus on current practice issues and trends, and are a component of the grade for the experience and/or other academic courses.

Students are responsible for any assignments given by their CI or CCCE within the established policies and procedures of the clinical site. Students should be particularly mindful of patient confidentiality while completing assigned tasks.
Doctoral Program in Physical Therapy Newark Campus

NEW YORK NEW JERSEY PHYSICAL THERAPY CLINICAL EDUCATION CONSORTIUM

STUDENT AFFILIATE PROFILE

Clinical Experience Site: ________________________________

<table>
<thead>
<tr>
<th>(Rotation #)</th>
<th>(Rotation Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, II, III or IV</td>
<td></td>
</tr>
</tbody>
</table>

Student Name: ___________________________ (Last) ___________________________ (First) ___________________________ (Middle)

Permanent Address: (Where pre-clinical information should be sent):

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Present Phone Number: ___________________________ Email address: ___________________________

[Area Code + Number]

Person to Notify in Case of Emergency:

Name: ___________________________ Relationship: ___________________________

Address and Phone Number: ___________________________

Previous Education (undergraduate and graduate):

Full Time Clinical Experiences (please list including specialty, # of weeks and approximate dates):

Previous Work Experience –

Related to Physical Therapy:

Unrelated to Physical Therapy:
Areas of special interest –
Relative to this experience:

Other areas of special interest:

Briefly describe yourself – what would you like the clinical coordinator and/or clinical instructor to know about you as a person:

What are your specific objectives for this clinical experience?

What are your clinical strengths? (Consider previous work experience, previous clinical experiences and any special training you may have had)

What clinical skills would you like to focus on during this affiliation?

How often do you prefer meetings with your clinical supervisor?

_____ Daily  _____ Weekly  _____ Scheduled As Needed  _____ Impromptu

**I am open to whatever is most convenient. I do not have strict preferences. I enjoy continuous feedback.

How much outside reading and preparation do you expect to do?

_____ None  _____ 1-2 Hours/Evening

_____ During Working Hours  _____ 3 Or More Hours/Week

_____ Other, Please Explain:  

How do you learn best?
Clinical Instructor Contact Information

Student Name: 

Facility Name: 

Facility Location: 

CI Name: 

CI Email Address: ____________________________
(Used for CPI Web Training)

Preferred CI Email Address: ____________________________
(If different from above)

CI Phone Number: ____________________________

Best Day to Call: ____________________________

Best Time to Call: ____________________________

Comments/Questions:


Please Return this form to Kathy London via email (kathy.london@rutgers.edu), or by fax (973.972.9957), by the end of the first week of your clinical experience.

Thank You!!!
Doctor of Physical Therapy Program - Newark Campus

CE I (8 Weeks) - Clinical Experience Checklist

Critical Events Submission Timeline:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPI Contact</td>
<td>Two Week Progress Report</td>
<td>CPI Midterm</td>
<td>CPI Midterm Self-Assessment and Midterm Site Evaluation</td>
<td></td>
<td></td>
<td>CPI Final</td>
<td>PT Student Eval</td>
</tr>
</tbody>
</table>

**Completed**

**Ten Weeks Prior**
Contact Site referring to the **Phone Contact Checklist** as a guideline: Schedule, directions, dress code, health requirements, background checks, drug testing, specific materials to review.

**Week One**
- Complete and return **CI Information Form**
- Complete **Weekly Review and Planning Form** and Review with CI

**Week Two**
- Review the **Two Week Progress Report** with CI and fax it to 973-972-9957
- Complete **Weekly Review and Planning Form** and Review with CI

**Week Three**
- Complete **Weekly Review and Planning Form** and Review with CI
- Review **CPI** and prepare for Midterm Evaluation
- Identify potential in-service topics & discuss with CI

**Week Four**
- Complete **CPI Midterm Self-Assessment** and **Midterm Site Evaluation**
- Meet with CI for formal review of **CPI**
- Identify new goals and objectives for next 4 weeks
- Complete **Weekly Review and Planning Form** and Review with CI
- Select in-service topic with CI and verify a date & time

**Week Five**
- Complete **Weekly Review and Planning Form** and Review with CI
- Prepare in-service

**Week Six**
- Complete **Weekly Review and Planning Form** and Review with CI
- Prepare in-service

**Week Seven**
- Complete **Weekly Review and Planning Form** and Review with CI
- Review **CPI** and prepare for Final Evaluation
- Prepare and present in-service

**Week Eight**
1. Complete **CPI Final Self-Assessment**
2. Complete the **Final Site Evaluation**; return this signed form to Dr. Fay at the DPT Office
3. Complete final **PT Student Evaluation: Clinical Experience and Clinical Instruction Form** with CI and CCCE; return this signed form to Dr. Fay at the DPT Office
4. Identify goals and objectives for continued development in next clinical experience
5. Meet with CI for formal review of final **CPI**. Be sure that you and your CI sign off on both Midterm and Final CPI
6. Submit **Weekly Review and Planning Form**

**Reminder:** Dr. Fay, Dr. Mingelgreen and Dr. Westra are available for consultation or to address concerns by email or phone at any time (973-972-4547).
Doctor of Physical Therapy Program - Newark Campus

CE II (10 Weeks) - Clinical Experience Checklist

Critical Events Submission Timeline:

<table>
<thead>
<tr>
<th>Completed</th>
<th>Week</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ten Weeks Prior</td>
<td>Week 1</td>
<td>Contact Site referring to the <strong>Phone Contact Checklist</strong> as a guideline: Schedule, directions, dress code, health requirements, background checks, drug testing, specific materials to review.</td>
</tr>
<tr>
<td></td>
<td>Week One</td>
<td>• Complete and return <strong>CI Contact Information Form</strong>&lt;br&gt;• Complete <strong>Weekly Review and Planning Form</strong> and Review with CI</td>
</tr>
<tr>
<td></td>
<td>Week Two</td>
<td>• Complete and return the <strong>Two Week Progress Report</strong> with CI and fax it to 973-972-9957&lt;br&gt;• Complete <strong>Weekly Review and Planning Form</strong> and Review with CI</td>
</tr>
<tr>
<td></td>
<td>Week Three</td>
<td>• Complete <strong>Weekly Review and Planning Form</strong> and Review with CI</td>
</tr>
<tr>
<td></td>
<td>Week Four</td>
<td>• Complete <strong>Weekly Review and Planning Form</strong> and Review with CI&lt;br&gt;• Review <strong>CPI</strong> and prepare for Midterm Evaluation&lt;br&gt;• Identify potential in-service topics &amp; discuss with CI</td>
</tr>
<tr>
<td></td>
<td>Week Five</td>
<td>• Complete <strong>CPI Midterm Self-Assessment</strong> and <strong>Midterm Site Evaluation</strong>&lt;br&gt;• Meet with CI for formal review of <strong>CPI</strong>&lt;br&gt;• Identify new goals and objectives for next 5 weeks&lt;br&gt;• Complete <strong>Weekly Review and Planning Form</strong> and Review with CI</td>
</tr>
<tr>
<td></td>
<td>Week Six</td>
<td>• Complete <strong>Weekly Review and Planning Form</strong> and Review with CI&lt;br&gt;• Select in-service topic with CI and verify a date &amp; time</td>
</tr>
<tr>
<td></td>
<td>Week Seven</td>
<td>• Complete <strong>Weekly Review and Planning Form</strong> and Review with CI&lt;br&gt;• Prepare in-service</td>
</tr>
<tr>
<td></td>
<td>Week Eight</td>
<td>• Complete <strong>Weekly Review and Planning Form</strong> and Review with CI&lt;br&gt;• Prepare in-service</td>
</tr>
<tr>
<td></td>
<td>Week Nine</td>
<td>• Complete <strong>Weekly Review and Planning Form</strong> and Review with CI&lt;br&gt;• Review <strong>CPI</strong> and prepare for Final Evaluation&lt;br&gt;• Present in-service</td>
</tr>
<tr>
<td></td>
<td>Week 10 (optimal order of events)</td>
<td>1. Complete <strong>CPI Final Self-Assessment</strong>&lt;br&gt;2. Complete the <strong>Final Site Evaluation</strong>; return this signed form to Dr. Fay at the DPT Office&lt;br&gt;3. Complete final <strong>PT Student Evaluation: Clinical Experience and Clinical Instruction Form</strong> with CI and CCCE; return this signed form to Dr. Fay at the DPT Office&lt;br&gt;4. Identify goals and objectives for continued development in next clinical experience&lt;br&gt;5. Meet with CI for formal review of final <strong>CPI</strong>. Be sure that you and your CI sign off on both Midterm and Final CPI&lt;br&gt;6. Submit <strong>Weekly Review and Planning Form</strong></td>
</tr>
</tbody>
</table>

**Reminder:** Dr. Fay, Dr. Mingelgreen, and Dr. Westra are available for consultation or to address concerns by email or phone at any time (973-972-4547)
Critical Events Submission Timeline:

<table>
<thead>
<tr>
<th>Complete</th>
<th>Week</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ten Weeks Prior</td>
<td>Contact Site referring to the <strong>Phone Contact Checklist</strong> as a guideline: Schedule, directions, dress code, health requirements, background checks, drug testing, specific materials to review.</td>
<td></td>
</tr>
</tbody>
</table>
| Week One | • Complete and return **CI Contact Information Form**  
• Complete **Weekly Review and Planning Form** and Review with CI |
| Week Two | • Complete and return the **Two Week Progress Report** with CI and fax it to 973-972-9957  
• Complete **Weekly Review and Planning Form** and Review with CI |
| Week Three | • Complete **Weekly Review and Planning Form** and Review with CI |
| Week Four | • Complete **Weekly Review and Planning Form** and Review with CI  
• Review **CPI** and prepare for Midterm Evaluation  
• Identify potential in-service topics & discuss with CI |
| Week Five | • Complete **CPI Midterm Self-Assessment** and **Midterm Site Evaluation**  
• Meet with CI for formal review of **CPI**  
• Identify new goals and objectives for next 6 weeks  
• Complete **Weekly Review and Planning Form** and Review with CI  
• Select in-service topic with CI and verify a date & time |
| Week Six | • Complete **Weekly Review and Planning Form** and Review with CI  
• Prepare in-service |
| Week Seven | • Complete **Weekly Review and Planning Form** and Review with CI  
• Prepare in-service |
| Week Eight | • Complete **Weekly Review and Planning Form** and Review with CI  
• Prepare in-service |
| Week Nine | • Complete **Weekly Review and Planning Form** and Review with CI  
• Prepare in-service |
| Week Ten | • Complete **Weekly Review and Planning Form** and Review with CI  
• Prepare in-service |
| Week Eleven | • Complete **Weekly Review and Planning Form** and Review with CI  
• Review **CPI** and prepare for Final Evaluation  
• Present in-service |
| Week Twelve (optimal order of events) | 1. Complete **CPI Final Self-Assessment**  
2. Complete the **Final Site Evaluation**; return this signed form to Dr. Fay at the DPT Office  
3. Complete final **PT Student Evaluation: Clinical Experience and Clinical Instruction Form** with CI and CCCE; return this signed form to Dr. Fay at the DPT Office  
4. Identify goals and objectives for continued development in next clinical experience  
5. Meet with CI for formal review of final **CPI**. Be sure that you and your CI sign off on both Midterm and Final CPI  
6. Submit **Weekly Review and Planning Form** |

Reminder: Dr. Fay, Dr. Mingelgreen, and Dr. Westra are available for consultation or to address concerns by email or phone at any time (973-972-4547)
Doctor of Physical Therapy Program - Newark Campus
CE IV (12 Weeks) - Clinical Experience Checklist

Critical Events Submission Timeline:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
<th>Week 9</th>
<th>Week 10</th>
<th>Week 11</th>
<th>Week 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>CI Contact Form</td>
<td>Two Week Progress Report</td>
<td></td>
<td></td>
<td></td>
<td>CPI Midterm</td>
<td>CPI Final</td>
<td>PT Student Eval</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Completed

#### Ten Weeks Prior
Contact Site referring to the **Phone Contact Checklist** as a guideline: Schedule, directions, dress code, health requirements, background checks, drug testing, specific materials to review.

#### Week One
- Complete and return **CI Contact Information Form**
- Complete **Weekly Review and Planning Form** and Review with CI

#### Week Two
- Complete and return the **Two Week Progress Report** with CI and fax it to 973-972-9957
- Complete **Weekly Review and Planning Form** and Review with CI

#### Week Three
- Complete **Weekly Review and Planning Form** and Review with CI

#### Week Four
- Complete **Weekly Review and Planning Form** and Review with CI

#### Week Five
- Complete **Weekly Review and Planning Form** and Review with CI
- Review **CPI** and prepare for Midterm Evaluation
- Identify potential in-service topics & discuss with CI

#### Week Six
- Complete **CPI Midterm Self-Assessment** and **Midterm Site Evaluation**
- Meet with CI for formal review of **CPI**
- Identify new goals and objectives for next 6 weeks
- Complete **Weekly Review and Planning Form** and Review with CI

#### Week Seven
- Complete **Weekly Review and Planning Form** and Review with CI
- Complete **Weekly Review and Planning Form** and Review with CI

#### Week Eight
- Complete **Weekly Review and Planning Form** and Review with CI
- Complete **Weekly Review and Planning Form** and Review with CI

#### Week Nine
- Complete **Weekly Review and Planning Form** and Review with CI
- Complete **Weekly Review and Planning Form** and Review with CI

#### Week Ten
- Complete **Weekly Review and Planning Form** and Review with CI
- Complete **Weekly Review and Planning Form** and Review with CI

#### Week Eleven
- Complete **Weekly Review and Planning Form** and Review with CI
- Review **CPI** and prepare for Final Evaluation
- Present in-service

#### Week Twelve (optimal order of events)
1. Complete **CPI Final Self-Assessment**
2. Complete the **Final Site Evaluation**; return this signed form to Dr. Fay at the DPT Office
3. Complete final **PT Student Evaluation: Clinical Experience and Clinical Instruction Form** with CI and CCCE; return this signed form to Dr. Fay at the DPT Office
4. Identify goals and objectives for continued development in next clinical experience
5. Meet with CI for formal review of final **CPI**. Be sure that you and your CI sign off on both Midterm and Final CPI
6. Submit **Weekly Review and Planning Form**

**Reminder:** Dr. Fay, Dr. Mingelgreen, and Dr. Westra are available for consultation or to address concerns by email or phone at any time (973-972-4547).
Doctoral Program in Physical Therapy Newark Campus

Phone/Email Contact Checklist

This is your first personal contact with the clinical site. Expect that you may play a bit of “phone/email tag”. Please note that the CCCE name and phone number is the most current information we have. If you find out that there is a new CCCE or phone number, please let Ms. London (kathy.london@rutgers.edu) know.

You should contact the clinic no later than 10 weeks prior to your start date. This is to insure that:

1. The clinic has received your Student Affiliate Profile and confirmation postcard
2. You are able to comply with any pre-clinical requirements i.e.: health records, criminal background check, drug screening, etc.
3. You are aware of where and when to report, the name of your clinical instructor (CI), etc.

Please do not contact the clinic more than ten (10) weeks in prior to your start date.

Clinical Experience: I II III IV

Facility:________________________ Type of Rotation:________________
(If different than what was planned, inform the DCE)

Paperwork received? Yes No (If no, contact DCE immediately)

Where and When to Report:
   Time:
   Address:

Clinic Hours:

Directions to Site:

Parking/Public Transportation:

Dress Code:
Patient/Client Population:

Material to review in advance/ recommended readings / common texts / references used in the clinic:

CI Name(s):

What to bring with you on the first day:

Health Information:

1. When and where to submit forms:

2. Site Requirements (immunizations, general physical exam, etc.):

Other: Are there other requirements you need to be aware of (e.g. Criminal Background Check, etc.)?

**Each student is responsible for providing all required information directly to the clinical site. Our office does not maintain or transmit this confidential material to the clinics. It is highly recommended that you keep a copy of all of your records. Students may have a delay in the start of their rotations or can be pulled out of the experience when requirements have not been met.**
Doctoral Program in Physical Therapy Newark Campus

Weekly Review and Planning Form

Name: ____________________________ Date: ____________ Week: ____________

Summary of Previous Week:

Accomplishments (at least 2):

Areas that need continued focus (at least 2):

Goals for upcoming week:

Strategies to achieve goals:

CI Comments:

Student Signature: ____________________________ CI Signature: ____________________________

CI Signature:
# Inventory of Clinical Skills

Please check all items that pertain to your clinical experiences:

<table>
<thead>
<tr>
<th>Internship Type</th>
<th>Diagnoses</th>
<th>Age Range</th>
<th>Special Learning Experiences</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC / OP</td>
<td>Amputations</td>
<td>&lt; 1</td>
<td>Aquatic Therapy</td>
<td>Hydrotherapy</td>
</tr>
<tr>
<td>Acute Care</td>
<td>Arthritis</td>
<td>1-4</td>
<td>Back School</td>
<td>Thermotherapy</td>
</tr>
<tr>
<td>Industrial Rehab</td>
<td>Athletic Injuries</td>
<td>5-12</td>
<td>Biomechanics Lab</td>
<td>Electrotherapy</td>
</tr>
<tr>
<td>IP – Rehab</td>
<td>Burns</td>
<td>13-19</td>
<td>Classroom Consult</td>
<td>Bandaging</td>
</tr>
<tr>
<td>OP – Ortho – Sports</td>
<td>Cardiac Conditions</td>
<td>20-64</td>
<td>Developmental Cardiac</td>
<td>Massage</td>
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<tr>
<td>OP – Hosp. Practice</td>
<td>Cerebral Vascular Accident</td>
<td>≥ 65</td>
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<td>Self-Care</td>
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<tr>
<td>OP – Ortho</td>
<td>Congenital/Developmental</td>
<td>Adult</td>
<td>Employee Intervention</td>
<td>Bed Mobility/Position</td>
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<td>Connective Tissue Diseases</td>
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<td>Employee Wellness</td>
<td>Transfers</td>
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<td>Critical Care/Intensive Care</td>
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<td>Group Programs</td>
<td>Wheelchair Mobility</td>
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<td>Home Health Program</td>
<td>Gait Training</td>
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<td>Peds – IP</td>
<td>General Medical Conditions</td>
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<td>Traditional Therapeutic</td>
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<td>Peds – OP</td>
<td>General Surgery</td>
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<td>In-service Training</td>
<td>Exercise Equipment</td>
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<tr>
<td>Peds – PP</td>
<td>Hand / Upper Extremity</td>
<td></td>
<td>Mental Retardation</td>
<td>Joint Mobilization</td>
</tr>
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<td>Subacute</td>
<td>Industrial Injuries</td>
<td></td>
<td>Neonatal Care</td>
<td>Orthotics</td>
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<tr>
<td>Other: __________</td>
<td>Mental Retardation</td>
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<td>Neurological/Critical</td>
<td>Pre-Prosthetic Management</td>
</tr>
<tr>
<td></td>
<td>OB/GYN Conditions</td>
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<td>Nursing Home/ECF/SBF</td>
<td>Prosthetic Management</td>
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<td>Oncologic Conditions</td>
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<td>On the athletic field</td>
<td>Neurophysiological</td>
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<td>Orthopedic/Musculoskeletal</td>
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<td>Orthotic/Prosthetic</td>
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<td></td>
<td>Other Neuro</td>
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<td>Fabrication</td>
<td></td>
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<tr>
<td></td>
<td>Pain / Chronic Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pulmonary Conditions</td>
<td></td>
<td>Pain Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spinal Cord Injury</td>
<td></td>
<td>Pediatric – General</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Traumatic Brain Injury</td>
<td></td>
<td>Prevention/Wellness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other: __________</td>
<td></td>
<td>Pulmonary Rehabilitation</td>
<td></td>
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<td></td>
<td>Quality Assurance/CQI/TQM</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Radiology</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Research Experience</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Screening/Prevention</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Sports PT</td>
<td></td>
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<td></td>
<td></td>
<td>Surgery Observation</td>
<td></td>
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<td></td>
<td></td>
<td>Team Meetings/Rounds</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Work Hardening/Conditioning</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Wound Care</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from PT
Internship Manager
SECTION 4:

ASSESSMENT
STUDENT PERFORMANCE EVALUATION

The CI completes a **Two Week Progress Report** for each student. The form is reviewed and signed by the student and faxed to the University at the completion of the first two weeks of the experience. This form assists in the early identification of problematic clinical performance or behaviors so that a plan for improvement may be instituted.

The online **Clinical Performance Instrument (CPI Web)** is utilized as a means of formal evaluation. Students and CIs must complete the online training available through the APTA's Learning Center at [http://learningcenter.apta.org](http://learningcenter.apta.org).

The form is completed by the CI at the midterm and at the completion of the clinical experience. Students are required to complete the CPI as a method of self-evaluation at midterm and final. This self-assessment must demonstrate thoughtful reflection on clinical performance, strengths, and areas in need of improvement and future goals. The form should be completed in advance and discussed with the CI. **Grades for each Clinical Experience cannot be entered until the CPI Web is appropriately completed and signed by the CI and SPT.**

To view a complete copy of the CPI, please go to [https://cpi2.amsapps.com/user_session/new](https://cpi2.amsapps.com/user_session/new)

Informal feedback may be offered by the CI, or solicited by the student at any time. Students are required to routinely self-assess their performance via the required **Weekly Review and Planning Form**, and communicate this information to the CI. When a student is having difficulty achieving expected competencies, a plan of remediation will be formulated by the student, CI, and/or CCCE, DCE and the program faculty.

**GRADING CRITERIA**

The CI evaluates, describes, and documents the student's performance. The final grade, indicating whether the student has successfully completed the experience, is determined by the DCEs and the program faculty. Grading decisions are based on information obtained from a variety of sources. These include but are not limited to: formal performance evaluations, discussions with clinical or academic faculty, and site
visits. The complexity of the patient/client population is taken into consideration when determining the final grade. Students working with highly complex populations or in specialty rotations (e.g. burns, pediatrics, cardiopulmonary) may not achieve the upper limit of the expected range of performance for that rotation.

A student may be at risk for failure based upon either a single incident or a pattern of clinical or professional behaviors that are inconsistent with the established University and/or facility policy and procedures. When applicable, every attempt will be made to remediate the performance deficits.

In the event of a failed clinical experience, consistent with Program policy, the student will be dismissed from the program.

Clinical experiences are graded on a pass/fail or incomplete basis. A grade of incomplete may result in additional assignments and/or the successful completion of an additional clinical experience in order to progress within the DPT program. Students with a grade of Incomplete may be required to enroll in the Remedial Independent Study course (PTDR 6009). See section on ‘Remediation’ for additional information. The guidelines for expected performance (see below), are noted in the syllabus for each Clinical Experience, and are provided to assist the CI in grading a student’s performance.

<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Expected Range of performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Beginner to Intermediate</td>
</tr>
<tr>
<td>II</td>
<td>Advanced Beginner to Advanced Intermediate</td>
</tr>
<tr>
<td>III</td>
<td>Advanced Intermediate to Just Shy of Entry Level</td>
</tr>
<tr>
<td>IV</td>
<td>Entry Level to Beyond Entry Level</td>
</tr>
</tbody>
</table>

The goals and objectives of the clinical education component are guided by the premise that students will demonstrate proficiency and consistency in a progression of skills and behaviors throughout the four clinical experiences. When expected competencies are not achieved or maintained, the CI/CCCE should consult with the DCE and the student in order to clarify expectations, and to define criteria to attain the expected level of performance for that clinical experience. **Students are strongly encouraged to contact the DCEs with any concerns, questions or comments at**
any time.

CLINICAL SITE VISITS

The faculty routinely visits or calls the student and the CI at least once during each clinical experience. The visits are designed to monitor student progress, share information with our clinical faculty and inform the program of any changes or developments in the site’s Clinical Education program.

STUDENT EVALUATION OF THE CLINICAL EXPERIENCE

Each student’s feedback to the clinical site and academic program is a vital component of the clinical education process. This important responsibility helps to insure that clinical sites maintain high standards and are in agreement with the academic program philosophy. Students provide formal feedback at the midterm and completion of the clinical experiences through the APTA’s Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Form (http://shrp.rutgers.edu/dept/PT/north/Clinical_Ed/index.html).

Students also provide feedback to the program via the faculty site visit or call, debriefing survey, and Clinical Education Advisement. Students are encouraged to provide informal feedback to the clinical site as well as the academic program at any time.

REMEDICATION

If the student receives a grade of “Incomplete”, this is evidence of the student’s failure to successfully complete a portion of the clinical experience. The student may be required to successfully complete an additional remedial clinical experience in order to remain in the program. Upon the determination of the DCEs and program faculty, students may be required to enroll in a Remedial Independent Study course (PTDR-6009).

The remediation course is tailored to the specific needs of the student, and utilizes the Generic Abilities. Successful completion of this course permits a student to enroll in the remedial Clinical Experience, if required. The CCCE and/or CI at the remedial clinical experience will be made aware of the previous areas of clinical practice that
required remediation so that the educational experience may be appropriately focused. Please refer to the University Student Handbook for information regarding release of information.

http://njms.rutgers.edu/gsbs/documents/2012/00_01_75_65_00.pdf
Rutgers, The State University of New Jersey  
Doctoral Program in Physical Therapy  
Newark Campus

TWO-WEEK PROGRESS REPORT

Please complete this form at the end of the second week of the rotation, or sooner if concerns arise. For each performance criteria, check the appropriate rating and include and comments as necessary. Fax the form to Dr. Fay at (973) 972-9957.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Facility Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CI Name:</td>
<td>CI Phone Number:</td>
<td>CI Email Address:</td>
</tr>
</tbody>
</table>

**PERFORMANCE CRITERIA** | Exceptional | RATING | Problematic | COMMENTS |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Verbal &amp; Nonverbal Skills)</td>
<td></td>
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</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Skills</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Overall Assessment (please circle one): Exceptional  
Meeting Expectations  
Not Meeting Expectations

---

Signature of CI  
Signature of Student
The purpose of developing this tool was in response to academic and clinical educators’ requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

**Key Assumptions**
- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

**Acknowledgement**
We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA’s Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

**Ad Hoc Group Members:** Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name ____________________________________________________________

Academic Institution ____________________________________________________

Name of Clinical Education Site ___________________________________________

Address __________________________ City __________________________ State ______

Clinical Experience Number ______ Clinical Experience Dates __________________

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature) Date

Primary Clinical Instructor Name (Print name) Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned __________________________ Degree area __________________________

Highest degree earned __________________________ Degree area __________________________

Years experience as a CI __________________________

Years experience as a clinician __________________________

Areas of expertise __________________________

Clinical Certification, specify area __________________________

APTA Credentialed CI □ Yes □ No

Other CI Credential __________________________ State __________________________ Yes □ No □ No

Professional organization memberships □ APTA □ Other __________________________

Additional Clinical Instructor Name (Print name) Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned __________________________

Highest degree earned __________________________ Degree area __________________________

Years experience as a CI __________________________

Years experience as a clinician __________________________

Areas of expertise __________________________

Clinical Certification, specify area __________________________

APTA Credentialed CI □ Yes □ No

Other CI Credential __________________________ State __________________________ Yes □ No □ No

Professional organization memberships □ APTA □ Other __________________________
SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site

Address __________________________ City __________________________ State ____________

2. Clinical Experience Number ________________

3. Specify the number of weeks for each applicable clinical experience/rotation.

- Acute Care/Inpatient Hospital Facility
- Ambulatory Care/Outpatient
- ECF/Nursing Home/SNF
- Federal/State/County Health
- Industrial/Occupational Health Facility
- Orientation
- Private Practice
- Rehabilitation/Sub-acute Rehabilitation
- School/Preschool Program
- Wellness/Prevention/Fitness Program
- Other ________________

4. Did you receive information from the clinical facility prior to your arrival?  ☐ Yes ☐ No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?  ☐ Yes ☐ No

6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never  2 = Rarely  3 = Occasionally  4 = Often

8. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

9. Diversity of Case Mix | Rating | Patient Lifespan | Rating | Continuum Of Care | Rating
--- | --- | --- | --- | --- | ---
Musculoskeletal | 0-12 years | Critical care, ICU, Acute
Neuromuscular | 13-21 years | SNF/ECF/Sub-acute
Cardiopulmonary | 22-65 years | Rehabilitation
Integumentary | over 65 years | Ambulatory/Outpatient
Other (GI, GU, Renal, Metabolic, Endocrine) | | Home Health/Hospice | Wellness/Fitness/Industry

10. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the Guide to Physical Therapist Practice. Rate all items in the shaded columns using the above 4-point scale.

Components Of Care | Rating | Components Of Care | Rating
--- | --- | --- | ---
Examination | | Diagnosis |
• Screening | | Prognosis |
• History taking | | Plan of Care |
• Systems review | | Interventions |
• Tests and measures | | Outcomes Assessment |
Evaluation | | |
11. During this experience, how frequently did staff (i.e., CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing a helpful and supportive attitude for your role as a PT student.</td>
<td></td>
</tr>
<tr>
<td>Providing effective role models for problem solving, communication, and teamwork.</td>
<td></td>
</tr>
<tr>
<td>Demonstrating high morale and harmonious working relationships.</td>
<td></td>
</tr>
<tr>
<td>Adhering to ethical codes and legal statutes and standards (e.g., Medicare, HIPAA, informed consent, APTA Code of Ethics, etc.).</td>
<td></td>
</tr>
<tr>
<td>Being sensitive to individual differences (i.e., race, age, ethnicity, etc.).</td>
<td></td>
</tr>
<tr>
<td>Using evidence to support clinical practice.</td>
<td></td>
</tr>
<tr>
<td>Being involved in professional development (e.g., degree and non-degree continuing education, in-services, journal clubs, etc.).</td>
<td></td>
</tr>
<tr>
<td>Being involved in district, state, regional, and/or national professional activities.</td>
<td></td>
</tr>
</tbody>
</table>

12. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?


Clinical Experience

13. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

☐ Physical therapist students
☐ Physical therapist assistant students
☐ Students from other disciplines or service departments (Please specify__________________________)

14. Identify the ratio of students to CIs for your clinical experience:

☐ 1 student to 1 CI
☐ 1 student to greater than 1 CI
☐ 1 CI to greater than 1 student; Describe ________________________________

15. How did the clinical supervision ratio in Question #12 influence your learning experience?


16. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

☐ Attended in-services/educational programs
☐ Presented an in-service
☐ Attended special clinics
☐ Attended team meetings/conferences/grand rounds
☐ Directed and supervised physical therapist assistants and other support personnel
☐ Observed surgery
☐ Participated in administrative and business practice management
☐ Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines) ________________________________ Participated in opportunities to provide consultation
☐ Participated in service learning
☐ Participated in wellness/health promotion/screening programs
☐ Performed systematic data collection as part of an investigative study
☐ Other; Please specify__________________________
17. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.


Overall Summary Appraisal

18. Overall, how would you assess this clinical experience? (Check only one)
   □ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
   □ Time well spent; would recommend this clinical education site to another student.
   □ Some good learning experiences; student program needs further development.
   □ Student clinical education program is not adequately developed at this time.

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


20. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.


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


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


23. What curricular suggestions do you have that would have prepared you better for this clinical experience?
SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

24. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1 = Strongly Disagree  2 = Disagree  3 = Neutral  4 = Agree  5 = Strongly Agree

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program’s objectives and expectations for this experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
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<td></td>
</tr>
<tr>
<td>The clinical education site’s objectives for this learning experience were clearly communicated.</td>
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<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
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<tr>
<td>The CI provided constructive feedback on student performance.</td>
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<tr>
<td>The CI provided timely feedback on student performance.</td>
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<tr>
<td>The CI demonstrated skill in active listening.</td>
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<td></td>
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<tr>
<td>The CI provided clear and concise communication.</td>
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</tr>
<tr>
<td>The CI communicated in an open and non-threatening manner.</td>
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<tr>
<td>The CI taught in an interactive manner that encouraged problem solving.</td>
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<tr>
<td>There was a clear understanding to whom you were directly responsible and accountable.</td>
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<tr>
<td>The supervising CI was accessible when needed.</td>
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<tr>
<td>The CI clearly explained your student responsibilities.</td>
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<td></td>
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<tr>
<td>The CI provided responsibilities that were within your scope of knowledge and skills.</td>
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</tr>
<tr>
<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
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<tr>
<td>Time was available with the CI to discuss patient/client management.</td>
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<tr>
<td>The CI served as a positive role model in physical therapy practice.</td>
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<tr>
<td>The CI skillfully used the clinical environment for planned and unplanned learning experiences.</td>
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<tr>
<td>The CI integrated knowledge of various learning styles into student clinical teaching.</td>
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<td></td>
</tr>
<tr>
<td>The CI made the formal evaluation process constructive.</td>
<td></td>
<td></td>
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<tr>
<td>The CI encouraged the student to self-assess.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25. Was your CI(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation  ☐ Yes  ☐ No  Final Evaluation  ☐ Yes  ☐ No
26. If there were inconsistencies, how were they discussed and managed? Midterm Evaluation


Final Evaluation


27. What did your CI(s) do well to contribute to your learning? Midterm Comments


Final Comments


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


Final Comments


Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.
SECTION 5:

Glossary & Definitions of Performance Dimensions And Rating Scale Anchors
GLOSSARY (From APTA PT CPI Web June 2006: https://cpi2.amsapps.com/)

Academic coordinator/Director of clinical education (ACCE/DCE): Individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating clinical site and clinical faculty development. This person also is responsible for the academic program and student performance, and maintaining current information on clinical sites.

Accountability: Active acceptance of 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. (Professionalism in Physical Therapy: Core Values, August 2003.)

Adaptive devices: A variety of implements or equipment used to aid patients/clients in performing movements, tasks, or activities. Adaptive devices include raised toilet seats, seating systems, environmental controls, and other devices.

Advanced beginner 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 (e.g., medical record review, goniometry, muscle testing, and simple interventions) but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor.

Advanced intermediate 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 capable of maintaining 75% of a full-time physical therapist's caseload.

Altruism: 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. (Professionalism in Physical Therapy: Core Values, August 2003.)

Assessment: The measurement or quantification of a variable or the placement of a value on something. Assessment should not be confused with examination or evaluation.

Beginning performance: A student who requires close clinical supervision 100% of the time with constant monitoring and feedback, even with simple patients. At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner. Performance reflects little or no experience. The student does not carry a caseload.

Beyond entry-level performance: A student who is capable of functioning without clinical supervision with simple, highly complex patients, and is able to function in unfamiliar or ambiguous situations. Student is capable of supervising others. At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others. Student is capable of maintaining 100% of a full-time physical therapist's caseload, seeks to assist others where needed. The student willingly assumes a leadership role for managing more difficult or complex cases. Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession.

Caring: The concern, empathy, and consideration for the needs and values of others. (Professionalism in Physical Therapy: Core Values, August 2003.)

Caregiver: One who provides care, often used to describe a person other than a health care professional.

Case management: The coordination of patient care or client activities.
Center Coordinator of Clinical Education: Individual who administers, manages, and coordinates CI assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

Client: An individual who is not necessarily sick or injured but who can benefit from a physical therapist’s consultation, professional advice, or services. A client also is a business, a school system, or other entity that may benefit from specific recommendations from a physical therapist.

Clinical decision making (CDM): Interactive model in which hypotheses are generated early in an encounter based on initial cues drawn from observation of the patient or client, a letter of referral, the medical record, or other resources.

Clinical education experiences: These experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge and skills in the clinical environment. Experiences would include those of short and long duration (e.g., part-time, full-time, internships) and those that provide a variety of learning experiences (e.g., rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients across the life span and related activities.

Clinical indications: The patient factors (e.g., symptoms, impairments, deficits) that suggest that a particular kind of care (examination, intervention) would be appropriate.

Clinical instructor (CI): Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. CIs are responsible for facilitating clinical learning experiences and assessing students’ performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Syn: clinical teacher, clinical tutor, and clinical supervisor.)

Clinical reasoning: A systematic process used to assist students and practitioners in inferring or drawing conclusions about patient/client care under various situations and conditions.

Cognitive: Characterized by awareness, reasoning, and judgment.

Communication: A process by which information is exchanged between individuals through a common system of symbols, signs, or behavior.

Compassion: The desire to identify with or sense something of another’s experience;; a precursor of caring. (Professionalism in Physical Therapy: Core Values, August 2003.)

Competence: The possession, application, and evaluation of requisite professional knowledge, skills, and abilities to meet or exceed the performance standards, based on the physical therapist’s roles and responsibilities, within the context of public health, welfare, and safety.

Competency: A significant, skillful, work-related activity that is performed efficiently, effectively, fluidly, and in a coordinated manner.

Complexity: Multiple requirements of the tasks or environment (e.g., simple, complex), or patient (see Complex patient). The complexity of the tasks or environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.
**Complex patient:** Refers to patients presenting with multiple co-morbidities, multi-system involvement, needs for extensive equipment, multiple lines, cognitive impairments, and multifaceted psychosocial needs. As a student progresses through clinical education experiences, the student should be able to manage patients with increasingly more complex conditions with fewer elements or interventions controlled by the CI.

**Conflict management:** The act, manner, or practice of handling or controlling the impact of disagreement, controversy, or opposition; may or may not involve resolution of the conflict.

**Consistency:** The frequency of occurrences of desired behaviors related to the performance criterion (e.g., infrequently, occasionally, and routinely). As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

**Consultation:** The rendering of professional or expert opinion or advice by a physical therapist. The consulting physical therapist applies highly specialized knowledge and skills to identify problems, recommend solutions, or produce a specified outcome or product in a given amount of time. *(Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)*

**Consumer:** One who acquires, uses, or purchases goods or services; any actual or potential recipient of health care.

**Cost-effectiveness:** Economically worthwhile in terms of what is achieved for the amount of money spent; tangible benefits in relation to expenditures.

**Critical inquiry:** The process of applying the principles of scientific methods to read and interpret professional literature, participate in research activities, and analyze patient care outcomes, new concepts, and findings.

**Cultural awareness:** Refers to the basic idea that behavior and ways of thinking and perceiving are culturally conditioned rather than universal aspects of human nature. *(Pusch MD, ed. Multicultural Education. Yarmouth, Maine: Intercultural Press Inc; 1999.)*

**Cultural competence:** Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities. *(Working definition adapted from Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda, Office of Minority Health, Public Health Service, U S Department of Health and Human Services; 1999.)*

**Cultural sensitivity:** Awareness of cultural variables that may affect assessment and treatment. *(Paniagua FA. Assessing and Treating Culturally Diverse Clients. Thousand Oaks, Calif: Sage Publications; 1994.)*

**Diagnosis:** Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. *(Guide to Physical Therapist Practice, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)*

**Diagnostic process:** The evaluation of information obtained from the patient examination organized into clusters, syndromes, or categories.
**Differential diagnosis:** The determination of which one of two or more different disorders or conditions is applicable to a patient or client.

**Direct access:** Practice mode in which physical therapists examine, evaluate, diagnose, and provide interventions to patients/clients without a referral from a gatekeeper, usually the physician.

**Disability:** The inability to perform or a limitation in the performance of actions, tasks, and activities usually expected in specific social roles that are customary for the individual or expected for the person’s status or role in a specific sociocultural context and physical environment. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Disease:** A pathological condition or abnormal entity with a characteristic group of signs and symptoms affecting the body and with known or unknown etiology. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Discharge:** The process of ending physical therapy services that have been provided during a single episode of care, when the anticipated goals and expected outcomes have been achieved. Discharge does not occur with a transfer (that is, when the patient is moved from one site to another site within the same setting or across setting during a single episode of care). (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Documentation:** All written forms of communication provided related to the delivery of patient care, to include written correspondence, electronic record keeping, and word processing.


**Education:** Knowledge or skill obtained or developed by a learning process; a process designed to change behavior by formal instruction and/or supervised practice, which includes teaching, training, information sharing, and specific instructions.

**Efficiency:** The ability to perform in a cost-effective and timely manner (e.g., inefficient/slow, efficient/timely). As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

**Empathy:** The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

**Entry-level performance:** A student who is capable of functioning without 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 capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.

**Episode of physical therapy prevention:** A series of occasional, clinical, educational, and administrative services related to primary prevention, wellness, health promotion, and to the preservation of optimal function. Prevention services and programs that promote health, wellness, and fitness are a vital part of the practice of physical therapy. No defined number or range of number of visits is established for this type of episode. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
Evaluation: A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Evidenced-based practice: Integration of the best possible research evidence with clinical expertise and patient values, to optimize patient/client outcomes and quality of life to achieve the highest level of excellence in clinical practice. (Sackett DL, Haynes RB, Guyatt GH, Tugwell P. Clinical Epidemiology: A Basic Science for Clinical Medicine. 2nd ed. Boston: Little, Brown and Company; 1991:1.) Evidence includes randomized or nonrandomized controlled trials, testimony or theory, meta-analysis, case reports and anecdotes, observational studies, narrative review articles, case series in decision making for clinical practice and policy, effectiveness research for guidelines development, patient outcomes research, and coverage decisions by health care plans.

Examination: A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Excellence: Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (Professionalism in Physical Therapy: Core Values, August 2003.)

Fiscal management: An ability to identify the fiscal needs of a unit and to manage available fiscal resources to maximize the benefits and minimize constraints.

Fitness: A dynamic physical state—comprising cardiovascular/pulmonary endurance; muscle strength, power, endurance, and flexibility; relaxation; and body composition—that allows optimal and efficient performance of daily and leisure activities. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Function: The special, normal, or proper action of any part or organ; an activity identified by an individual as essential to support physical and psychological well-being as well as to create a personal sense of meaningful living; the action specifically for which a person or thing is fitted or employed; an act, process, or series of processes that serve a purpose; to perform an activity or to work properly or normally.

Functional limitation: A restriction of the ability to perform a physical action, activity, or task in a typically expected, efficient, or competent manner. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

Functional outcomes: The desired result of an act, process, or intervention that serves a purpose (e.g., improvement in a patient’s ability to engage in activities identified by the individual as essential to support physical or psychological well-being).

Goals: The intended results of patient/client management. Goals indicate changes in impairment, functional limitations, and disabilities and changes in health, wellness, and fitness needs that are expected as a result of implementing the plan of care. Goals should be measurable and time limited (if required, goals may be expressed as short-term and long-term goals.) (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
**Guide to Physical Therapist Practice**: Document that describes the scope of practice of physical therapy and assists physical therapists in patient/client management. Specifically, the *Guide* is designed to help physical therapists: 1) enhance quality of care, 2) improve patient/client satisfaction, 3) promote appropriate utilization of health care services, 4) increase efficiency and reduce unwarranted variation in the provision of services, and 5) promote cost reduction through prevention and wellness initiatives. The *Guide* also provides a framework for physical therapist clinicians and researchers as they refine outcomes data collection and analysis and develop questions for clinical research. (*Guide to Physical Therapist Practice*, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Health care provider**: A person or organization offering health services directly to patients or clients.

**Health promotion**: The combination of educational and environmental supports for actions and conditions of living conducive to health. The purpose of health promotion is to enable people to gain greater control over the determinants of their own health. (Green LW, Kreuter MW. *Health Promotion Planning*. 2nd ed. Mountain View, Calif: Mayfield Publishers; 1991:4.)

**Health status**: The level of an individual’s physical, mental, affective, and social function; health status is an element of well-being.

**History**: An account of past and present health status that includes the identification of complaints and provides the initial source of information about the patient. The history also suggests the patient’s ability to benefit from physical therapy services.

**Personnel management**: Selection, training, supervision, and deployment of appropriately qualified persons for specific tasks/functions.


**Integrity**: 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. (*Professionalism in Physical Therapy: Core Values*, August 2003.)

**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 capable of maintaining 50% of a full-time physical therapist’s caseload.

**Intervention**: The purposeful interaction of the physical therapist with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the condition. (*Guide to Physical Therapist Practice*, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Manual therapy techniques**: Skilled hand movements intended to improve tissue extensibility; increase range of motion; induce relaxation; mobilize or manipulate soft tissue and joints; modulate pain; and reduce soft tissue swelling, inflammation, or restriction. (*Guide to Physical Therapist Practice*, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Mobilization/manipulation**: A manual therapy technique comprising a continuum of skilled passive movements to the joints and/or related soft tissues that are applied at varying speeds and amplitudes, including a small amplitude/high velocity therapeutic movement. (*Guide to Physical Therapist Practice*, Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)
**Multicultural/multilingual:** Characteristics of populations defined by changes in the demographic patterns of consumers.

**Negotiation:** The act or procedure of treating another or others in order to come to terms or reach an agreement.

**Objective:** A measurable behavioral statement of an expected response or outcome; something worked toward or striven for; a statement of direction or desired achievement that guides actions and activities.

**Outcomes assessment of the individual:** Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

**Outcomes assessment of groups of patients/clients:** Performed by the physical therapist and is a measure [or measures] of physical therapy care to groups of patients/clients including changes in impairments, functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of that physical therapy.

**Outcomes analysis:** A systematic examination of patient/client outcomes in relation to selected patient/client variables (e.g., age, sex, diagnosis, interventions performed); outcomes analysis may be used in quality assessment, economic analysis of practice, and other processes.

**Patients:** Individuals who are the recipients of physical therapy and direct interventions.

**Patient/client management model:**

**Performance criterion:** A description of outcome knowledge, skills, and behaviors that define the expected performance of students. When criteria are taken in aggregate, they describe the expected performance of the graduate upon entry into the practice of physical therapy.

**Physical function:** Fundamental components of health status describing the state of those sensory and motor skills necessary for mobility, work, and recreation.

**Physical therapist:** A licensed health care professional who offers services designed to preserve, develop, and restore maximum physical function.

**Physical therapist assistant:** An educated health care provider who performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

**Plan of care:** (Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Practice management:** The coordination, promotion, and resource (financial and human) management of practice that follows regulatory and legal guidelines.

**Practitioner of choice:** Consumers choose the most appropriate health care provider for the diagnosis, intervention, or prevention of an impairment, functional limitation, or disability.

**Presenting problem:** The specific dysfunction that causes an individual to seek attention or intervention (ie, chief complaint).

**Prevention:** Activities that are directed toward 1) achieving and restoring optimal functional capacity, 2) minimizing impairments, functional limitations, and disabilities, 3) maintaining health (thereby preventing further deterioration or future illness), 4) creating appropriate environmental adaptations to enhance independent function. **Primary prevention:** Prevention of disease in a susceptible or potentially susceptible population through such specific measures as general health promotion efforts. **Secondary prevention:** Efforts to decrease the duration of illness, severity of diseases, and sequelae through early diagnosis and prompt intervention. **Tertiary prevention:** Efforts to limit the degree of disability and promote rehabilitation and restoration of function in patients/clients with chronic and irreversible diseases. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**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. (Professionalism in Physical Therapy: Core Values, August 2003.)

**Professionalism:** The conduct, aims, or qualities that characterize or mark a profession or a professional person; A systematic and integrated set of core values that through assessment, critical reflection, and change, guides the judgment, decisions, behaviors, and attitudes of the physical therapist, in relation to patients/clients, other professionals, the public, and the profession. (APTA Consensus Conference to Develop Core Values in Physical Therapy, July 2002, Alexandria, Va)

**Prognosis:** The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. (Guide to Physical Therapist Practice. Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Quality:** The degree of skill or competence demonstrated (e.g., limited skill, high skill), the relative effectiveness of the performance (e.g., ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and
effectiveness to a highly skilled and highly effective performance.

**Quality improvement (QI):** A management technique to assess and improve internal operations. Quality improvement focuses on organizational systems rather than individual performance and seeks to continuously improve quality rather than reacting when certain baseline statistical thresholds are crossed. The process involves setting goals, implementing systematic changes, measuring outcomes, and making subsequent appropriate improvements. ([www.tmci.org/other_resources/glossaryquality.html#quality](http://www.tmci.org/other_resources/glossaryquality.html#quality))

**Role:** A behavior pattern that defines a person’s social obligations and relationships with others (e.g., father, husband, son).

**Reexamination:** The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. ([Guide to Physical Therapist Practice](http://www.guidetothephysicalltpractitioners.org/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Screening:** Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. ([Guide to Physical Therapist Practice](http://www.guidetothephysicalltpractitioners.org/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.) (See also: [Cognitive screening](http://www.gtpairport.com/).)

**Social responsibility:** The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. ([Professionalism in Physical Therapy: Core Values](http://www.amphys.org/professionalism/). August 2003.)

**Supervision/guidance:** Level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cuing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or environment.

**Technically competent:** Correct performance of a skill.

**Tests and measures:** Specific standardized methods and techniques used to gather data about the patient/client after the history and systems review have been performed. ([Guide to Physical Therapist Practice](http://www.guidetothephysicalltpractitioners.org/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Treatment:** The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. ([Guide to Physical Therapist Practice](http://www.guidetothephysicalltpractitioners.org/). Rev 2nd Ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Wellness:** An active process of becoming aware of and making choices toward a more successful existence. ([National Wellness Organization. A Definition of Wellness.](http://www.nwo.org/). Stevens Point, Wis: National Wellness Institute Inc; 2003)
## DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

(From APTA PT CPI Web June 2006: https://cpi2.amsapps.com/)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DEFINITIONS</th>
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<tr>
<td><strong>Performance Dimensions</strong></td>
<td></td>
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<td>Supervision/ Guidance</td>
<td>Level and extent of assistance required by the student to achieve entry-level performance.</td>
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<td>- As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient.</td>
</tr>
<tr>
<td>Quality</td>
<td>Degree of knowledge and skill proficiency demonstrated.</td>
</tr>
<tr>
<td></td>
<td>- As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</td>
</tr>
<tr>
<td>Complexity</td>
<td>Number of elements that must be considered relative to the task, patient, and/or environment.</td>
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<td>- As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.</td>
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<td>Consistency</td>
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<td>Efficiency</td>
<td>Ability to perform in a cost-effective and timely manner.</td>
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<td><strong>Rating Scale Anchors</strong></td>
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<td>A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</td>
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</tr>
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<td>Entry-level performance</td>
<td>A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.</td>
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<tr>
<td></td>
<td>- At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</td>
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<tr>
<td></td>
<td>Consults with others and resolves unfamiliar or ambiguous situations. The student is capable of maintaining 100% of a full-time physical therapist’s caseload.</td>
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| Beyond entry-level performance | A student who is **capable of** functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.  
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.  
- The student is **capable of** maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.  
The student is capable of supervising others.  
The student willingly assumes a leadership role* for managing patients with more difficult or... |
Clinical Education Manual Student Acknowledgement

The undersigned indicates by their signature that they have received and have access to the Clinical Education Manual and is therefore cognizant of the program policies and is responsible for compliance with these policies for the period of their enrollment in the Rutgers Doctor of Physical Therapy Program, Newark Campus.

Print Name: __________________________

Signature: __________________________

Date: __________________________