William Carey University
DPT Program
Clinical Education Manual

2018-2019
Table of Contents

William Carey University Mission: ................................................................. 3
William Carey Physical Therapy Mission: ..................................................... 3
Physical Therapy Program Goals: ................................................................. 3
William Carey Physical Therapy Clinical Education Philosophy: ..................... 3
Expected Clinical Education Outcomes: ....................................................... 3

CLINICAL EDUCATION IN THE WCU PT CURRICULUM ............................ 4
Components of the Clinical Education Curriculum: ........................................ 4
Expectations for Experiential Learning Experiences ...................................... 5

CLINICAL EDUCATION SITE RIGHTS AND RESPONSIBILITIES .................... 9
Establishment of New Clinical Partnerships .................................................. 9
Roles of DCE, CCCE and CI ........................................................................... 10
WCU Clinical Instructor Qualifications .......................................................... 10
Responsibilities and Rights of Clinical Faculty .............................................. 11

STUDENT ROLES AND RESPONSIBILITIES ............................................. 13
Student Clinical Education Requirements and Student Site Selection Process .... 13
Eligibility for Experiential Learning .............................................................. 14
On-Site Professional Appearance ................................................................... 15
Clinical Attendance ....................................................................................... 15
On Site Expenses .......................................................................................... 15
Student Forms and Evaluations .................................................................... 16
Electronic Devices .......................................................................................... 16
Student Injury, Illness, or Request for Accommodations ................................. 16
International Clinical Education Policies ...................................................... 16

EVALUATION OF EXPERIENTIAL LEARNING ........................................ 17
Grading of Clinical Experiences ..................................................................... 17
Termination of Clinical Experience ............................................................... 17

RIGHT TO PRIVACY ................................................................................. 18
Patient .............................................................................................................. 18
Facility ............................................................................................................. 18
Student ............................................................................................................ 18

FREQUENTLY USED FORMS ...................................................................... 19
MISSION, PHILOSOPHY AND OUTCOMES

William Carey University Mission:
As a Christian university which embraces its Baptist heritage and namesake, William Carey University provides quality educational programs, within a caring Christian academic community, which challenge the individual student to excel in scholarship, leadership, and service in a diverse global society.

William Carey Physical Therapy Mission:
To create a challenging and caring academic community, preparing students to become autonomous and competent entry-level physical therapy practitioners who value lifelong learning, responsible leadership, service in diverse low-resource settings, and engagement in local and global health and wellness issues.

Physical Therapy Program Goals:
- Students and graduates are prepared as competent and confident autonomous practitioners in any entry-level practice setting.
- Students, faculty, and graduates demonstrate commitment to lifelong learning and professional development.
- Students, faculty, and graduates employ evidence based practice and critical inquiry activities in developing effective and cost-efficient care plans.
- Faculty, students, and graduates actively participate in the profession through scholarship, service, and advocacy.

William Carey Physical Therapy Clinical Education Philosophy:
High quality, diverse, client-centered clinical experiences foster the integration of didactic content into clinical experience and cultivate effective clinical reasoning skills. WCU DPT clinical education provides exposure to a variety of practice settings in which students participate in quality patient care that enhances wellness and supports the participation of clients across the lifespan in activities that positively impact quality of life. WCU DPT values and promotes interprofessional clinical opportunities, community and global cultural competence, application of evidence-based practice, development of clinical reasoning skills, advocacy for patient populations, and development of the psychomotor, cognitive, and affective clinical skills that are evident in competent entry-level physical therapists.

Expected Clinical Education Outcomes:
After completion of the clinical education curriculum at WCU, physical therapist graduates will:
1. Practice physical therapy in a manner consistent with established standards of professional behavior.
2. Perform evaluations, interventions, and all clinical skills with entry-level competence in order to achieve patient goals and outcomes.
3. Incorporate patient and family perspectives in designing plans of care, adapt delivery of services to support patient values, respect cultural diversity, and accommodate resource constraints.
4. Apply sound clinical reasoning with the use of robust theoretical models and contemporary evidence for the selection of evaluation and intervention plans and the interpretation of evaluation and intervention results.
5. Participate and demonstrate leadership in advocacy for the provision of health, wellness, and rehabilitation services in low-resource areas on a community, national, and global level.
**CLINICAL EDUCATION IN THE WCU PT CURRICULUM**

WCU DPT clinical education is integrated into the didactic curriculum to promote the translation of basic science and physical therapy course content into evidence informed patient care. Components of the clinical education program are sequenced throughout the general curriculum to provide increasing levels of student independence through academic and clinical faculty collaboration.

Components of WCU clinical education provide early and consistent opportunities for diverse patient contact and facilitate early analysis and synthesis of evidence from multiple sources. Clinical education components are designed to provide experiences with patients across the lifespan from diverse backgrounds with a range of conditions and levels of care in settings common to physical therapy practice.

The sequence of clinical education components begins with faculty mentored practice during on-campus physical therapy lab sessions in which community members with rehabilitation insight provide early patient contact for students. The sequence continues with case-based coursework and faculty mentored experiences on campus or in the community and ends with student physical therapist practice supervised by clinical faculty in community, national, or international settings.

The mission of William Carey University includes service to a diverse society. The physical therapy program supports this mission and requires student participation in clinical experiences in rural low-resource, medically underserved areas, as well as urban areas.

**Components of the Clinical Education Curriculum:**

- **Community Partners**
  Faculty-supervised PT Practice Laboratory sessions on campus integrate community members who have received rehabilitation services for commonly seen physical therapy conditions and interventions. Lab sessions using this pool of community volunteers provide realistic clinical experiences as well as service to the community. Volunteers’ life stories and patient perspectives shared with students contribute to the educational experience. The Community Partners Program is the responsibility of the DCE and is coordinated by the Physical Therapy Program Administrative Assistant.

- **Translational Clinical Experiences**
  Each intervention-based didactic course includes a minimum of one Translational Clinical Experience, in which course faculty demonstrate clinical practice with patients in the lab or by accompanying students into the community to practice clinical skills learned during the didactic portion of the course. Psychomotor skills, clinical decision-making, and professional behavior development are emphasized. Translational Clinical Experiences are under the direction of individual course faculty.

- **Service Learning Project**
  Over the course of Years 1-3, students complete a total of 12 hours of active participation in a faculty-approved volunteer community service project, which promotes student social responsibility,
advocacy, civic engagement and leadership, and positively benefits participating communities, corporations, and organizations.

- **Clinical Decision Making I–IV**
  This didactic course series presents clinical reasoning tools and explicitly teaches approaches to clinical reasoning and decision making for the entry-level clinician. The course is case-based with clinical reasoning applications for progressively more complex case studies. The course series requires students to integrate content from across the curriculum as they translate basic knowledge into clinical contexts.

- **Short Term Experiential Learning**
  *Experiential Learning I* occurs Year 1, spring trimester. This full-time, two-week experience allows students to participate in the daily management and care of physical therapy patients. Clinical performance, professional behaviors, and patient safety are emphasized.

  *Experiential Learning II* occurs Year 2, winter trimester. This full-time, five-week experience allows students to participate in patient examinations, begin analyzing examination results, participate in the design and safe execution of a plan of care, and assist with documentation and patient billing.

- **Long Term Experiential Learning**
  *Experiential Learning III* begins in the fall trimester of Year 3 and lasts for fifteen weeks. Students are assigned a caseload and are expected to independently manage patients with simple conditions. Students additionally manage patients with complex conditions with assistance from their clinical instructor.

  *Experiential Learning IV* begins in May of Year 3 and lasts for twelve weeks. Students are expected to manage a caseload similar to that of a new graduate physical therapist and to manage patients with both simple and complex conditions. Students will still consult with the clinical instructor and clinical staff.

- **International Learning Opportunities**
  WCU and WCU PT encourage the development of physical therapists who are aware of global health care needs and who are able to provide physical therapy services in low-resource areas. A limited number of international clinical experiences are available to Year 2 and Year 3 students in good standing.

### Expectations for Experiential Learning Experiences
Experiential learning experiences are sequenced to support student learning and promote gradual independence for competent practice. Clear expectations and accountability for each level of clinical activity are necessary for successful progression through the program and achievement of clinical education goals.

Professional behavior is a necessary aspect of competent physical therapy practice. The development of professional behaviors are emphasized across the didactic and clinical curriculum. Student grades in this area are based on the Professional Behaviors Assessment Tool, an update to Generic Abilities researched and developed by Warren May, PT, MPH, Laurie Kontney, PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA. Students are expected to meet (at a minimum) Beginning Level criteria during the first year.
of professional study, a minimum of Intermediate Level criteria during their second year of study, and a minimum of Entry-level criteria by the beginning of their final clinical experience. Failure to meet expected criteria may preclude participation in future clinical experiences.

The following are clinical expectations for each level of experiential learning:

- **Experiential Learning I**
  Students in good academic standing are assigned to a clinical setting for a two-week, full-time clinical education experience. The student will practice recently acquired clinical skills in a patient care setting under supervision of clinical staff. The student has successfully completed all professional coursework in their first and second trimesters, passed all cumulative examinations during the first and second trimesters, and demonstrated acceptable professional behaviors as defined in the clinical education handbook during didactic and clinical activities.

  Students have completed the following coursework:
  - Anatomy I & II
  - Physiology I & II
  - Biomechanics I & II
  - Exercise Physiology*
  - PT Practice I, II, III
  - Foundations of Professionalism I
  - Neuroscience*
  - Neurology I (Motor Control and Motor Learning) *
  *in process concurrently with clinical experience

  Students should be able to perform:
  - Manual muscle testing
  - Range of motion testing and exercise
  - Patient positioning and draping
  - Crutch, walker, and cane training
  - Patient interview
  - Chart review
  - Patient transfers
  - Basic documentation
  - Self-reflection of own clinical performance and professional behavior

  During this clinical experience, students require close clinical supervision 100% of the time. Students should manage patients while receiving constant monitoring and feedback, even with patients with simple conditions. Students do not carry a caseload.

- **Experiential Learning II**
  Students in good academic standing are assigned to a clinical setting for a full-time clinical education experience which lasts five weeks. The student will practice recently acquired clinical skills in a patient care setting under supervision of clinical faculty. The student has successfully completed all professional coursework in their first six trimesters of professional study, passed all cumulative examinations during the first six trimesters, and demonstrated acceptable professional behaviors as defined in the clinical education handbook during didactic and clinical activities.

  Students have completed the following coursework:
Students should be able to perform the following:

- Manual muscle testing
- Range of motion measurement and exercise
- Patient positioning and draping
- Crutch, walker, and cane training
- Chart review
- Patient interview
- Basic documentation
- Patient transfers
- Application of electro-physical agents
- Basic assessment and interpretation of results for patients with simple musculoskeletal (upper and lower quadrants – not spine) and neurological conditions
- Find and evaluate evidence and appropriate research for patient conditions and interventions
- Plan basic interventions for patients with upper and lower quadrant musculoskeletal conditions
- Plan basic interventions for patients with simple neurologic conditions
- Assess and plan interventions for wellness and fitness Use reflection to self-assess own clinical performance and professional behavior

Expectations for level of independence:
At the beginning of the clinical experience the student is expected to receive clinical supervision 75% to 90% of the time managing patients with simple conditions and 100% of the time managing patients with complex conditions. The student may begin to share a caseload with the clinical instructor.

By the end of the clinical experience, the student is expected to require clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. The student should be proficient with simple tasks and is beginning to be able to perform skilled examinations, interventions, and clinical reasoning consistently. The student may maintain up to 50% of a full-time new graduate physical therapist’s caseload.

- Experiential Learning III
Students in good academic standing are assigned to a clinical setting for a full-time clinical education experience, which lasts fifteen weeks. The student will practice clinical skills, assessments, and design plans of care with increasing independence and decreasing supervision by clinical faculty. Students have successfully completed all professional coursework to date, passed all cumulative examinations, and demonstrated acceptable professional behaviors as defined in the clinical education handbook during didactic and clinical activities.

Students have completed all coursework except for practice management and electives. Students should be able to perform the following:
- Complete an examination of patients typically seen in the setting.
- Analyze the results of examination.
- Design a safe and appropriate plan of care based on patient needs and desires.
- Produce accurate and timely documentation consistent with facility standards.
- Establish professional relationships with patients, families, and the healthcare team.
- Use reflection to self-assess own clinical performance and professional behavior.

Expectations for level of independence:
At beginning of the clinical experience the student is expected to receive supervision 25% to 50% of the time managing patients with simple conditions, and 50-75% of the time managing patients with complex conditions. The student is expected to be consistent and proficient with simple tasks. The student is expected to be developing the ability to consistently perform examinations, interventions, and clinical reasoning. The student should be able to manage 50% of a full-time therapist’s caseload.

By the end of the clinical experience the student is expected to require supervision less than 25% of the time managing new patients or patients with complex conditions. The student is expected to be independent in handling patients with simple conditions. The student should require only occasional cueing for skilled examination, intervention, and clinical reasoning. The student is expected to manage a minimum of 75% of a full-time therapist’s caseload.

Experiential Learning IV
Students in good academic standing are assigned to a clinical setting for a full-time clinical education experience, which lasts twelve weeks. The student will practice clinical skills, assessments, and design plans of care independently with consultation from clinical faculty as needed.

Criteria for placement in Experiential Learning IV:
Students have successfully completed all professional coursework to date, passed all cumulative examinations, and demonstrated acceptable professional behaviors as defined in the clinical education handbook during didactic and clinical activities.

The students have completed all didactic coursework.

The student should be able to:
- Complete an examination of patients typically seen in the setting.
- Analyze the results of examination.
- Design a safe and appropriate plan of care based on patient needs and desires.
- Produce accurate and timely documentation consistent with facility standards.
- Establish professional relationships with patients, families, and the healthcare team.
- Use reflection to self-assess own clinical performance and professional behavior.
Expectations for level of independence:
At the start of this clinical experience the student is expected to require supervision less than 25% of the time managing new patients or patients with complex conditions. The student is expected to be independent in handling patients with simple conditions. The student should require only occasional cueing for skilled examination, intervention, and clinical reasoning. The student is expected to manage a minimum of 75% of a full-time therapist’s caseload.

By the end of the clinical experience, the student is expected to function without guidance or clinical supervision managing patients with simple or complex conditions, although the student will consult with others to resolve unfamiliar or ambiguous situations. The student can maintain 100% of a full-time physical therapist’s caseload in a cost-effective manner.

CLINICAL EDUCATION SITE RIGHTS AND RESPONSIBILITIES

Establishment of New Clinical Partnerships
Clinical sites are selected based on the facility’s ability to meet university standards and DPT students’ learning needs. Selection of each clinical site is based on the following:

1. Review of the facility’s mission and philosophy for congruence with the university and physical therapy program mission, philosophy, and goals
2. Review of clinical education documents:
   a. Self-Assessments of clinical site, clinical instructor, and center clinical coordinator of education
   b. Clinical Site Information Form (CSIF)
   c. Clinical education contract
   d. Student evaluation of clinical site and clinical instruction
3. Site visits, observations, and/or extensive communication with facility:
   a. Indications of evidence-based contemporary physical therapy practice
   b. Employment of a sufficient number of physical therapists to provide quality patient care and quality student experience
   c. Provision of services in an ethical and legal manner by all staff
4. Communication with staff and administration demonstrates an interest in clinical teaching
5. Review of clinical site staff to determine:
   a. Level of experience and expertise of clinical staff
   b. Availability of ABPTS specialists on staff
   c. Availability of APTA credentialed instructors
   d. Availability of appropriate professional role models
   e. Evidence of continuing education and professional development
   f. Professional organization membership
6. A review of learning experiences offered to students at the facility
   a. Variety of learning experiences
   b. Availability of interprofessional learning opportunities
   c. Specialized programs
d. Physical space available to students  
e. Presence of active, stimulating environment for student learning  
7. Type of clinical sites needed to meet WCU PT clinical education needs  
8. Site’s willingness and plan to accept students in an on-going partnership  
9. Site’s willingness to actively participate with feedback and communication with university program through self-assessments and participation in continuing education  
10. Availability of CI’s that meet WCU standards.

The above criteria is used to re-evaluate clinical sites every five years or as necessary, with the additional consideration of past communication between CI, CCCE, and DCE. The re-evaluation will include contract review processes required by the clinical site contract.

**Roles of DCE, CCCE and CI**

Role of the Director of Clinical Education (DCE) and associated faculty:

The DCE and associated faculty are responsible for coordinating and managing the collaboration of academic and clinical sites for the education and preparation of DPT students. The DCE and associated faculty develop, maintain, and evaluate clinical sites and maintain communication with clinical sites to keep them current as to university program curriculum and learning objectives, contractual agreements, and clinical faculty development opportunities. The DCE and associated faculty coordinate and teach clinical education courses, coordinate student assignments to clinical sites, monitor student progress during clinical internships, and provide support or remediation for students as needed or requested by the student’s CI.

Role of the Center Coordinator of Clinical Education (CCCE):

The CCCE serves as the representative of the clinical education site to the academic program. The CCCE is responsible for maintaining clinical documentation and evaluations relevant to the academic program. The CCCE schedules students, manages the logistics of student placement within the facility or facilities, ensures orientation is provided for incoming students, and manages the learning experiences of students at the clinical site. The CCCE may assist in student and CI goal setting as well as student remediation. The CCCE plans for CI professional growth and develops clinical site resources.

Role of the Clinical Instructor (CI):

The CI is responsible for the supervision of the student in the clinical environment. The CI models professional behavior and clinical skills, sequences student learning experiences appropriately for the students’ levels of expertise, and promotes progression of student goals. The CI defines expectations for students, collaborates with students to establish goals and objectives for the clinical experience, and provides formative and summative feedback. The CI is responsible for evaluating student performance during the clinical experience.

**WCU Clinical Instructor Qualifications**

- Demonstrates evidence-based contemporary clinical competence
- Models core values and professional behaviors in ethical and legal practice
- Has a minimum of 1 year of experience in the area of practice in which they are providing clinical instruction
- Effectively communicates with students during instruction, supervision, and evaluation
- Effectively maintains communication with CCCE and DCE regarding student performance
- Preference for ABPTS Specialist
- Preference for APTA Credentialed Clinical Instructor

Responsibilities and Rights of Clinical Faculty

Responsibilities:

- Collaborate with the DCE and associated faculty as needed to design a clinical education program that facilitates adult learning and provides the best opportunity for students to apply and integrate theoretical concepts and skills learned in the academic educational program. Collaborate with students to set clear goals, objectives, and expectations, and provide space, equipment, time, and supplies conducive to meeting student objectives and expectations.
- Orient students to the clinical site and specific departmental policies and procedures. Include information on available supports such as food servers, emergency medical facilities, library facilities, parking options, as well as any support services that may be necessary in accordance with ADA guidelines.
- Use a variety of instruction methods, with consideration for student learning preferences, that evolve from instructor-directed to student-initiated as the experience progresses and the students’ skills and abilities progress. Support student participation and self-direction in the learning process by using positive questioning and coaching, encourage student self-assessment and reflection, and provide supervision congruent with the level of education and clinical preparation of the student. Provide the type of patients appropriate for the course objectives, and identify opportunities for students to apply skills that may not be available or required at the clinical site. Recognize opportunities and resources in the clinic that may contribute to student learning, including interprofessional resources and activities.
- Facilitate the students’ problem-solving skills based on evidence from the literature. Confirm that students can justify their choices for assessment and intervention, are able to present the evidence behind their choices, and can relate their choices to patient goals and expected outcomes.
- Model clinical decision-making and reflective practice by “thinking aloud” through problem-solving processes during patient care (direct and indirect) and with issues related to professional judgment.
- Review the students’ evaluation instrument and specific skills required to be successfully completed by the end of the experience. Assess and guide student performance by scheduling consistent weekly meetings to answer student questions, update weekly planning forms, document progress toward student and site objectives, and provide timely feedback on student strengths and weaknesses in clinical skills and professional behaviors. Formally assess the students’ performances at the midpoint and conclusion of the clinical education experience using the designated performance instruments (CPI WEB for full time clinical experiences).
- After making attempts to remediate unsatisfactory performance or unsatisfactory progress in any given skill or knowledge area, contact the DCE or associated faculty to initiate a student learning contract. Immediately notify the DCE or associated faculty of any student who is in danger of failing the clinical experience or of being dismissed from the clinical setting. In case of unsafe practice by student, complete a Critical Incident Report and send immediately to DCE or associated faculty.
- Partner with the university by participating in needs assessment surveys and reciprocal constructive feedback activities regarding clinical education experiences, DPT Program curriculum, DCE and associated faculty performance, and quality of collaboration between clinic and university.
Rights:

- WCU DPT highly values our partners in clinical education. The hours, energy, and effort clinical instructors and center clinical coordinators invest in our students are respected and appreciated. WCU DPT provides CCCEs and CIs reduced fees on continuing education presented by WCU DPT, a listener’s license with free attendance to approved courses or lectures presented by WCU DPT faculty, and a certificate of appreciation, provided the CCCE and CI support the equivalent of one full time student per year. All CCCE’s and CI’s are invited to provide insight and recommendations for academic curriculum planning.
- In addition, CCCEs and CIs have the right to request a telephone conference or site visit from the DCE, request university support in the remediation of students or during conflict with students at their clinical facility, and have the right to request a student be removed from their clinical supervision and responsibility.
- Clinical faculty have the right to report a complaint against the physical therapy program. Clinical faculty may send a detailed complaint in writing to the DCE. If the complaint involves the DCE, the clinical faculty may send a detailed complaint in writing to the Program Director. All complaints will be taken seriously, and will be considered a valued attempt to improve the physical therapy program. Clinical faculty reporting a complaint will be contacted within three business days as follow-up to address the complaint.

Rights and Responsibilities of Patients

- Patients have the right to be treated fairly with dignity and respect, and without discrimination by physical therapy students from William Carey University.
- Patients have the right to have the physical therapist student identify themselves as such at each and every encounter. Patients have the right to refuse evaluation and/or treatment at any time by a student from William Carey University. If a patient refuses evaluation or treatment by the physical therapy student, the care of the patient will be immediately transferred to the clinical instructor, and the student will withdraw from care of that patient.
- If patients feel that a student from William Carey University has treated them inappropriately, they are encouraged to file a detailed complaint with the supervising clinical instructor. The clinical instructor or the CCCE will then contact the Director of Clinical Education at William Carey to report the complaint in writing, to include names of all involved parties, details of the incident, date and location of the incident, and actions taken since the incident. The patient may also register the complaint in writing directly with the Director of Clinical Education at William Carey University, and may be provided contact information by the clinical instructor, the CCCE, or by filling out the complaint form on the Clinical Education website.

Complaints may be registered by contacting the Director of Clinical Education:

Judy Prehn, PT, DSc, PCS
601-318-6560
710 William Carey Parkway
WCU Box 9
Hattiesburg, MS 39401
jprehn@wmcarey.edu
If the complaint concerns the DCE, the patient should contact the program director:
Cyndi Scott, PT, MBA, PhD
601-318-6679
710 William Carey Parkway
WCU Box 9
Hattiesburg, MS 39401
cscott@wmcarey.edu

Complaint Procedure
When a complaint is received, the DCE will contact the clinical instructor immediately to investigate the significance of the complaint. All pertinent information will be reviewed and careful assessment of the situation will be made. The CI and DCE will decide whether the student should be removed from the clinical site, whether the complaint warrants failure of the clinical experience, or on another appropriate plan of action. If the patient is dissatisfied with the steps taken to address the complaint, the patient should contact the program director directly.

If it is determined that the student stay at the clinical site, then the student will receive counseling by the DCE and CI. A plan of remediation will be established, with goals and objectives to avoid future patient complaints.

A copy of the complaint and resultant actions will be kept on file in the student’s confidential clinical education folder for a period of five years.

STUDENT ROLES AND RESPONSIBILITIES

Student Clinical Education Requirements and Student Site Selection Process
WCU DPT values and strives for close partnerships between academic and clinical settings. Our goal is to place students in clinical sites that consistently provide students with quality learning experiences and whose staff maintain relationships with the university, collaborate with academic faculty concerning didactic curriculum and student clinical performance, and have a commitment to continue offering clinical education opportunities to WCU students.

Clinical sites affiliated with WCU incorporate inpatient and outpatient settings such as private practice, rehabilitation centers, acute care facilities, skilled nursing facilities, children’s hospitals and schools, and home care agencies. Areas of practice include orthopedics, neurological rehabilitation, medical/surgical, cardiopulmonary, wound care, sports medicine, industrial rehabilitation, and pediatrics.

Students are required to complete a minimum of one acute care inpatient clinical affiliation, one general rehabilitation level affiliation, and one outpatient clinical affiliation in order to participate in the care of patients across the continuum of care. One of these clinical affiliations must be in a low-resource area, as defined by Health Professional Shortage Areas. In addition, each student is required to complete one full-time clinical affiliation out of the state of Mississippi.

A minimum of one inpatient and one outpatient clinical site must serve patients that are commonly seen in typical physical therapy practice. Specialty clinical sites may be planned in addition to required affiliations, with specialty clinics offering therapy to a more diverse population or in a specialized area. International affiliations may be available and may qualify as the low-resource clinical placement.
It is the responsibility of each student to ensure that all clinical education requirements are fulfilled.

It is the responsibility of the DCE and associated faculty to use all clinical sites in an efficient manner which promotes the continued success of the clinical education program. Student input into site selection is encouraged but personal considerations are secondary to planning a well-rounded clinical education experience that meets program requirements for variety of setting, continuum of care, and lifespan. It is each student’s responsibility to ensure that all program requirements are met with their sequence of clinical assignments.

Academic performance, cumulative exam results, professional behaviors, input from faculty, level of success in previous clinical experiences, and work towards a specialty track are considered when assigning clinical placements.

**Eligibility for Experiential Learning**
Prior to attendance at first clinical affiliation in the spring trimester of Year 1, each student’s file must contain proof of the following:

1. Membership in APTA (yearly)
2. Proof of Health insurance (yearly)
3. Immunizations, as per current CDC guidelines for healthcare workers (check CDC website for current requirements):
   a. Measles, Mumps, Rubella (MMR)
   b. Hepatitis B vaccine or completed waiver form
   c. Varicella (Chicken Pox) x 2
   d. Tetanus, Diphtheria, Pertussis (Td/Tdap)
   e. Meningococcal
4. Negative Tuberculosis (TB) test – Two Step - yearly
5. Criminal background check inclusive of fingerprint check for health care providers from Mississippi Department of Health
6. Drug screen
7. Essential Functions compliance (signed form)
8. CPR certification for healthcare providers (every two years)
9. Completion of OSHA training – Blood Borne Pathogens training
10. Completion of HIPAA training
11. International health and medical evacuation insurance, passport, and designated preventative medications and vaccinations may be required for students with international clinical placement

Note that some requirements must be renewed to be maintained as current. If any of these required items are not present in the students’ file, the student will not be allowed to participate in the site selection process until clinical experiences have been assigned to peers in compliance. In addition, students without required documentation will not be allowed to participate in assigned clinical experiences and a grade of “incomplete” will be designated for that clinical experience grade.

Clinical sites may request additional documentation. It is the student’s responsibility to furnish the clinic with requested documentation.

Year 1 students must have all above criteria met by January 5. Year 2 and Year 3 students must have all updates in place by December 1 of each year.
In addition to the above requirements, each student must pass all cumulative exams and prior clinical experiences to participate in assigned clinical affiliations.

**On-Site Professional Appearance**
While participating in clinical experiences students will adhere to Uniform/Professional Dress Policy as indicated in the WCU DPT Graduate Handbook. Students will not observe “Casual Friday” dress during clinical experiences.

Clinical facilities will generally have dress guidelines and students should take responsibility for determining the dress code prior to arrival. Unless stated by the facility to which the student is assigned, business casual attire is expected during clinical experiences. Students should not assume they may dress in a less formal manner similar to staff unless they have permission from the DCE and then the CCCE. If the facility requires different attire, the student will notify the DCE to get approval for a change in dress code. The student under NO circumstances shall request the facility to allow a specific type of attire. The DCE is notified if a student dresses inappropriately or demonstrates an unprofessional appearance. Continued problems with professional appearance can result in removal from the clinical experience with a failing grade.

In addition to dress code requirements outlined in the WCU DPT Graduate Handbook, additional dress considerations are necessary for clinical settings. These additional requirements are important for infection control, comfort and well-being of patients, and safety of the student. The following requirements will also be observed:
- No cologne or body spray (no scents)
- Only small earrings
- Hair that is shoulder length or longer must be secured so that it does not hang in front of the shoulders
- Short fingernails; no artificial fingernails
- No rings, with the exception of a plain wedding band
- Low-heeled, closed-toed shoes with non-skid soles
- Name tag worn at all times

**Clinical Attendance**
Attendance for the entirety of each clinical experience is mandatory. In the event of illness or other family emergency, the student is responsible for immediately notifying the DCE (first), and then the CI. Absences are made up as determined by the DCE and clinical faculty. Students are expected to be punctual with all clinic attendance. Failure to arrive on time is considered unprofessional behavior and can be sufficient to prompt remedial action. Guests and family members are not to visit the student at the clinical site during clinic hours. Students are not allowed to change the day, date, or time of clinic attendance without the expressed and documented consent of the DCE or associated faculty.

**On Site Expenses**
Students are responsible for all fees and expenses incurred during clinical education. This includes lodging, meals, parking, and travel to clinical sites. For most clinical sites, it is the student’s responsibility to locate and make arrangements for housing. Consideration of financial issues is taken into account as possible during clinical site assignment. Students should be prepared to meet all financial obligations of this important part of physical therapist education.
Student Forms and Evaluations
At assigned dates of each clinical experience, students are required to self-assess and reflect on their performances of clinical skills and professional behavior. At these times during each clinical experience, students will complete the CPI and the Professional Behaviors Self-Assessment and have both forms signed and dated by their clinical instructor or CCCE.

Students collaborate with their clinical instructor to write objectives for each clinical experience. In conjunction with these objectives, students may be asked to complete weekly planning forms to monitor and facilitate progress in meeting objectives. Clinical instructors sign off on each planning form.

At the end of each clinical experience, students are required to complete the Student Clinical Site Evaluation and the Clinical Instruction Evaluation. These evaluations are essential in the process of maintaining quality clinical sites. Grades will not be awarded for these clinical experiences until these evaluations have been received by the DCE or associated faculty.

Electronic Devices
Student physical therapists contribute to a positive clinical environment by listening attentively, responding to questions, and engaging vigorously in all clinical experiences and clinical site learning activities. Use of cellular devices for texting, instant messaging, or sending or receiving emails, or sending or receiving phone calls is a distraction and is not tolerated during clinic hours. Students may check their phones prior to clinic hours, at lunch break, and after clinic hours. Cell phones are not carried by the student during clinic hours.

Student Injury, Illness, or Request for Accommodations
In the event that a student requires accommodation to successfully complete a clinical experience, it is the student’s responsibility to request reasonable accommodation in the clinic prior to clinical assignments. Students are to discuss their exceptional learning needs with the DCE in a proactive fashion prior to their assigned clinical education experiences so that an effective strategy can be agreed upon and implemented at each clinical site prior to assignment.

It is the student’s responsibility to seek appropriate medical care should student injury or illness occur during clinical affiliation. Students should contact their clinical instructor if the illness or injury will interfere with attendance. If an injury occurs in the clinic, the student must immediately notify the clinical instructor and complete a facility incident report. Students should email the DCE a copy of the incident report. Students contact the DCE at the earliest opportunity when illness or injury occur. Financial responsibility for medical care is the responsibility of the student.

International Clinical Education Policies
International clinical learning promotes cultural sensitivity, effective communication, adaptability, and flexibility of practice, as well as altruism, compassion, and caring – core values of the physical therapy profession. WCU DPT will maintain a limited number of international clinical learning opportunities. These clinical experiences will be supervised by a U.S. licensed physical therapist and will count towards fulfillment of clinical education hours.

In consideration of student safety, effectiveness of student contributions to the clinic and patients, feasibility in travel, and the ability of the DCE and related faculty to communicate with clinic staff,
international clinical sites must have English as their primary language, unless the student is able to pass a language proficiency test in the language spoken. In addition, the clinical instructor must be able to communicate with WCU DPT in English. The exception to this policy will be short term clinical experiences when the student is accompanied by a WCU DPT faculty member.

Students participating in international clinical placements will be responsible for fees and tuition charged by the clinical site, all travel expenses, food, and lodging. In addition, students will be responsible for meeting any medication or immunization recommendations of the CDC for travel to that region.

**EVALUATION OF EXPERIENTIAL LEARNING**

**Grading of Clinical Experiences**
Final grading for each clinical experience is the responsibility of the DCE and related faculty. Grades are based on clinical performance instruments completed by CI’s, professional behavior self-assessments, communication from CI’s and CCCE’s, and completion and quality of work assigned during the clinical experience.

In the event that a student is at risk for failing a clinical experience, the CI notifies the DCE and a student learning contract is developed with input from the CI, DCE, and student. If progress is not sufficient with the learning contract, then a remediation plan is established with specific objectives, timelines, and consequences developed to address areas of concern. Student compliance with the remediation plan is mandatory.

Should a student not be making sufficient progress to pass or if the remediation plan has not been completed, an extension of the clinical experience may be requested when logistically possible. If the student requires such an extension, the student will receive a grade of “incomplete” for that clinical experience until the extension is completed.

Should a student fail a clinical experience, the DCE will meet with the CI, the program director, and related faculty to determine if the student will be allowed to continue with academic coursework with the opportunity of repeating the clinical experience.

**Termination of Clinical Experience**
The DCE has the right and obligation to terminate a clinical experience and remove the student from their clinical placement if there is evidence of unprofessional student behavior, evidence that the student is not competent in safely performing skills required at the clinical site, evidence of unethical or incompetent clinical instruction, or if the facility for some reason is unable to continue their contractual obligation.

Should termination of the clinical experience be due to unprofessional student behavior or student unsafe clinical practice, the DCE will meet with the program director and related faculty to determine if the student will be allowed to continue remediation and academic coursework.

Should termination of the clinical experience be due to an inability of the clinical site or clinical instructor to provide student supervision, the student will be placed in an alternate clinical setting as soon as possible without grading penalty.
RIGHT TO PRIVACY

Patient
Patients have the right to refuse evaluation and treatment by a physical therapy student. Students are required to introduce themselves as a student and request permission to work with that patient at every session. WCU DPT complies with the Health Insurance Portability and Accountability Act (HIPAA). WCU and WCU DPT students protect patient health information accessible to students during the course of the clinical experience. Facilities may require students to sign HIPAA compliance forms. Students will complete HIPAA training prior to assignment of their first clinical experience.

Facility
Students participating in clinical experiences at a facility may have access to organizational reports, marketing strategies, organization plans, meeting minutes, and other confidential organizational communications. This information is considered protected information, and students are not to disclose any organizational information to persons outside of the organization.

Student
Student grades earned prior to their clinical experiences are confidential and thus not shared with clinical faculty. Likewise, student evaluations from their clinical experiences are protected and are not shared among clinical sites. CI’s, CCCE’s and the DCE are responsible for maintaining student confidentiality at all times.
Agreement for Clinical Education

William Carey University

Doctor of Physical Therapy

(“University”)

and

Effective Date of Agreement:

This agreement is entered into between the University and the Affiliate, sharing common goals for education and desiring to establish a relationship for the purpose of providing educational experiences at the Affiliate’s sites for University physical therapy students.

Responsibilities of Parties

1. Joint Responsibilities:
   The University and the Affiliate will jointly:
   Work together to maintain an environment of high quality patient care. At the request of either party, a meeting will promptly be held to resolve any problems or develop improvements in the clinical education experiences, propose modifications to curriculum design, and/or evaluate teaching methods.
   Review objectives for the academic program and clinical experiences
   Provide each party with timely notice of changes in the curriculum, the availability of learning opportunities and staff affecting clinical teaching
   Agree to make no distinction among students covered by this contract on the basis of race, religion, national origin, gender, age, sexual orientation, marital status, political affiliation, status as a Veteran, disability or health status
   Agree to practice physical therapy in a manner consistent with established professional
standards and ethical guidelines, as well as federal and state regulations.
To the extent permitted by applicable law, it is mutually agreed that the University and Affiliate agree to indemnify and hold harmless, protect and defend each other, its agents, officers, employees, and servants from any and all claims, demands, expenses, and liability arising out of any injury, alleged injury, or death to any person or damage, loss or destruction of any property which may occur or which in any way arises out of any acts or omissions on behalf of the University or Affiliate, their agents, officers, servants, employees, or contractors.

II. University Responsibilities:
The University will maintain ultimate responsibility for the education of its students.

The University will provide the Affiliate with student names and contact information, level of academic and pre-clinical preparation, and educational objectives for each clinical experience prior to students' arrival.

The University will refer to the Affiliate only those students who have satisfactorily completed the academic prerequisites for the assigned clinical experience.

The University will permit Affiliate clinical staff to visit the Physical Therapy program for the purpose of observing, auditing and participating in teaching clinical aspects of physical therapy practice.

The University will be responsible for determining the student’s final grade for the clinical experience, with input from the Affiliate evaluation.

The University will maintain communication with the Affiliate on matters of clinical education, including site visits, workshops, meetings and educational materials relevant to the clinical education program.

The University will maintain the right to terminate a clinical education assignment at the University's discretion, if in the best interest of the student, University, or Affiliate.

The University agrees to maintain for itself and its students professional liability insurance, which will insure for $1,000,000.00 per occurrence and $3,000,000.00 aggregate.

University students will assume responsibility for providing proof of health screen, immunizations and background check, as well as proof of health and liability insurance.

The University shall train students in occupational exposure to blood borne pathogens and basic HIPAA rules prior to sending the student to Affiliate.

The University shall obtain a drug test and background check prior to the student being sent to the Affiliate.
III. **Affiliate Responsibilities:**

The Affiliate will allow University faculty and/or representatives and/or accreditation officials to visit the Affiliate facility for observing, auditing or participating in the teaching process, attending meetings, or evaluating for accreditation.

The Affiliate will be responsible for facilitating the students’ professional growth by providing clinical experiences appropriate to the students’ level of education and clinical preparation, including space, equipment, time and supplies adequate for the student to meet the educational objectives for the clinical experience.

The Affiliate will retain ultimate responsibility for all aspects of patient care and the welfare of its patients.

The Affiliate will consult with the University promptly regarding concerns about student professional behavior or clinical competency. The Affiliate will share responsibility with the student and the University in devising a plan to assist the student in achieving the educational objectives for the assigned clinical experience.

The Affiliate will evaluate the performance of the student, using forms designated by the University, at interim (formative) and final (summative) points of the clinical experience.

The Affiliate will advise the University immediately of any changes in its operation, policies, or personnel which may affect the clinical education experience of the students.

The Affiliate will provide their assigned students information on the availability of support services such as food servers, emergency medical care, library facilities, and parking, as well as reasonable support services that may be necessary in accordance with ADA guidelines.

The Affiliate will retain ultimate responsibility for all aspects of patient care and the welfare of its patients. Affiliate may immediately remove from the premises any student who poses an immediate threat or danger to personnel or to the quality of medical services for unprofessional behavior. Affiliate may request University to withdraw or dismiss a student when clinical performance is unsatisfactory, is disruptive, or is detrimental to Affiliate and/or its patients. In such event, said student’s participation in the program at Affiliate shall immediately cease; however, only University has ultimate control or discretion over any grades or actions given to the Student.

In the event that Affiliate has access to the University’s students’ education records, the Affiliate shall limit its employees’ access to the records to those persons for whom access is essential to the performance of this Agreement. At all times during this Agreement, Affiliate shall comply with the terms of the Family Educational Rights and Privacy Act of 1974 (FERPA) in all respects.

Affiliate agrees that it shall indemnify and hold harmless University, its officers, directors, employees, students, and agents from and against all loss and damage, including costs, expenses, and reasonable attorney’s fees on account thereof, that maybe sustained or incurred
by reason of any and all claims, demands, suits, actions and judgments, and executions for
damages of any and every kind and by whomever and whenever made or obtained, allegedly
causedit by, arising out of, or relating in any manner to the negligent or wrongful acts or
omissions of the Affiliate pursuant to this Agreement.

IV. Terms of Agreement

Terms and conditions of this Agreement may be amended upon written request by either party.

This Agreement shall become effective on ______________ and continue in effect for one year
with automatic annual renewal, unless terminated earlier. This Agreement may be terminated
by either party with a written notification giving a three-month period of advance notice. Should
notice of termination be given, any student already in an assignment will be allowed to
complete the assignment (unless there is other cause with the student), and notice will not be
given 30 days or less of a student assignment unless the affiliation site becomes unavailable
(closes or moves, etc.).

Under terms of this Agreement, all services rendered by students are considered educational in
nature with no employer-employee relationship, partnership, or payment obligation of any kind
by either party.

This contract shall supersede any and all prior contracts between the parties regarding the
subject matter hereof.

This Agreement constitutes the entire agreement between the parties hereto and it is
understood and agreed that all undertakings and Agreements heretofore had between the
parties are merged herein. The provisions herein shall inure to the benefit of, and shall be
binding upon, the parties hereto and their representatives, successors and assigns. This
agreement may only be modified by written agreement executed by all parties hereto.

This Agreement is intended to be formed in accordance with, and only to the extent permitted
by, all applicable law, ordinances, rules and regulations. If any provision of this Agreement or
the application thereof to any person, entity or circumstance shall for any reason and to any
extent be held to be invalid or unenforceable the remainder of this Agreement and the
application of such shall not be affected thereby, but shall be enforced to the greatest extent by
law.
For Affiliate:
Signature: __________________________

Title: __________________________

Date: __________________________

For University:

________________________________
Tommy King, President, WCU

Date: __________________________

________________________________
Cynthia Scott, Physical Therapy Program Director

Date: __________________________
<table>
<thead>
<tr>
<th>Generic Abilities</th>
<th>Beginning Level Behavioral Criteria</th>
<th>Developing Level Behavioral Criteria</th>
<th>Entry Level Behavioral Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to learning</td>
<td>Identifies problems; formulates appropriate questions; identifies and locates appropriate resources; demonstrates a positive attitude (motivation) toward learning; offers own thoughts and ideas; identifies need for further information</td>
<td>Prioritizes information needs; analyzes and subdivides large questions into components; seeks out professional literature, sets personal and professional goals; identifies own learning needs based on previous experiences; plan and presents in-services, or research or case study; welcomes and/or seeks new learning opportunities</td>
<td>Applies new information and re-evaluates performance; accepts that there may be more than one answer to a problem; recognizes the need to and is able to verify solutions to problems; reads articles critically and understands the limits of application to professional practice; researches and studies areas where knowledge base is lacking</td>
</tr>
<tr>
<td></td>
<td>Demonstrates awareness of own strengths and limitations; seeks guidance to address limitations;</td>
<td>Establishes a plan for professional development; participates in opportunities for professional growth;</td>
<td>Demonstrates knowledge of current professional issues and practice; accepts responsibility for continuous professional learning;</td>
</tr>
<tr>
<td></td>
<td>Recognizes inadequate knowledge; seeks out appropriate resources, faculty members, or mentors; develops strategies to maximize learning; Recognizes their own individual learning style(s) and learning needs; participates in on-line classroom discussions; communicates with instructor about all class absences, whenever possible prior to the absence, comes to class prepared to participate in classroom activities</td>
<td>Completes additional study based on patient caseload, or identified learning needs; initiates new topics in on-line classroom discussions; focuses on learning needs rather than exam performance.</td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>Maintains professional demeanor in all professional interactions; demonstrates interest in patients as individuals; respects cultural and personal differences of others; is non-judgmental about patients’ lifestyles; communicates with others in a respectful, confident manner; respects personal space of patients and others; maintains confidentiality in all clinical interactions; demonstrates acceptance of limited knowledge and experience</td>
<td>Recognizes impact of non-verbal communication and modifies accordingly; assumes responsibility for their own actions; motivates others to achieve; establishes trust, seeks to gain knowledge and input from others; respects role of support staff</td>
<td>Listens to patient but reflects back to original concern; works effectively with challenging patients; responds effectively to unexpected circumstances; talks about difficult issues with sensitivity and objectivity; delegates to others as needed; approaches others to discuss differences in opinion; accommodates differences in learning styles</td>
</tr>
<tr>
<td></td>
<td>Maintains privacy and modesty of patients and classmates; Respects personal and cultural differences; maintains respect for classmates, instructors, faculty, other professionals, and patients. Classroom Examples: Demonstrates interest in other students comments and questions in class, encourages participation from classmates; respects needs of classmates and is flexible with sign-ups for practical exams, observations, and activities.</td>
<td>Seeks feedback from classmates and other professionals about how they are being perceived, and considers feedback when modifying styles of interaction; Classroom Example: Resolves conflicts and scheduling issues through negotiation with classmates.</td>
<td></td>
</tr>
<tr>
<td>Generic Abilities</td>
<td>Beginning Level Behavioral Criteria</td>
<td>Developing Level Behavioral Criteria</td>
<td>Entry Level Behavioral Criteria</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------</td>
<td>-------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>3.</td>
<td>Novice</td>
<td>Entry-level</td>
<td></td>
</tr>
<tr>
<td><strong>Communication Skills</strong></td>
<td>Demonstrates understanding of basic English (verbal and written); able to project voice adequately; uses correct grammar, accurate spelling and expression; writes legibly, recognizes impact of non-verbal communicate (in self, classmates, faculty and patients); listen actively, maintains eye contact. Maintains productive working relationship with classmates, faculty, other professionals, patients, and families; manages conflict in constructive ways; demonstrates professionally and technically correct verbal and written communications. Classroom Examples:</td>
<td>Utilizes non-verbal communication to augment verbal message; restates, reflects, and clarifies message; collects necessary information from the patient interview. Initiates communication in difficult situations; selects appropriate person with whom to communicate; interprets and responds to the non-verbal communication of others. Presents thoughts in an organized fashion in written and verbal interactions; effectively re-states the comments of others (patients or classmates), demonstrates basic knowledge of various communication tools, and when they are most appropriately used (email, phone, written, face to face).</td>
<td>Modifies communication (verbal and written) to meet the needs of different audiences; presents verbal and written messages with logical organization and sequencing; maintains open and constructive communication; utilizes communication technology effectively; dictates clearly and concisely. Evaluates the effectiveness of his/her own communication and modifies communication accordingly.</td>
</tr>
<tr>
<td>4.</td>
<td>Novice</td>
<td>Entry-level</td>
<td></td>
</tr>
<tr>
<td><strong>Effective Use of Time and Resources</strong></td>
<td>Focuses on tasks at hand without dwelling on past mistakes; recognizes own resource limitations; uses existing resources effectively; uses unscheduled time efficiently; completes assignments in a timely fashion. Identifies tasks that are appropriate for delegation in a clinical setting. Classroom Examples: Completes individual work for group projects responsibly and on time; is prompt for class, meetings, clinic activities; communicates appropriately if unable to be on time or if unable to attend scheduled activity.</td>
<td>Sets up own schedule; coordinates schedule with others; demonstrates flexibility, plans ahead. Delegates appropriately to clinical support personnel. Able to appropriately prioritize demands of classroom activities, clinical education responsibilities, work, community, and family/friends.</td>
<td>Sets priorities and reorganizes when needed; considers patient's goals in context of patient, clinic and third party resources; has ability to say &quot;no&quot;; performs multiple tasks simultaneously and delegates when appropriate; uses scheduled time with each patient efficiently. Monitors care delivered by support personnel, and provides appropriate feedback to support personnel.</td>
</tr>
<tr>
<td>Generic Abilities</td>
<td>Beginning Level Behavioral Criteria</td>
<td>Developing Level Behavioral Criteria</td>
<td>Entry Level Behavioral Criteria</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------</td>
<td>-------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>5.</td>
<td>Novice</td>
<td>Novice</td>
<td>Entry-level</td>
</tr>
<tr>
<td><strong>Use of constructive Feedback</strong></td>
<td>Demonstrates active listening skills; actively seeks feedback and help; demonstrates a positive attitude toward feedback; critiques own performance; maintains two-way information; Accepts criticism without defensiveness; Provides constructive feedback on course, instructor, faculty, and peer evaluations; seeks faculty, CI, and classmate feedback in deficient areas; incorporates feedback from others and self-assessment when identifying areas of weakness; Classroom Example: Switches partners with lab activities frequently in order to receive more feedback;</td>
<td>Assesses own performance accurately; utilizes feedback when establishing pre-professional goals; provides constructive and timely feedback when establishing pre-professional goals; develops plan of action in response to feedback; Uses identified areas of limitations to set goals for clinical rotations, additional study, and practice; follows through on action plan for improvement; provides thorough feedback to classmates about performance of skills in lab, classroom, and group activities.</td>
<td>Seeks feedback from clients; modifies feedback given to clients according to their learning styles; reconciles differences with sensitivity; considers multiple approaches when responding to feedback.</td>
</tr>
<tr>
<td>6.</td>
<td>Novice</td>
<td>Novice</td>
<td>Entry-level</td>
</tr>
<tr>
<td><strong>Problem-solving</strong></td>
<td>Recognizes problems and makes a commitment to solve the problem; states problems clearly; describes known solutions to problem; identifies resources needed to develop solutions; begins to examine multiple solutions to problems; Makes choices after considering the consequences to self and others;</td>
<td>Prioritizes problems; identifies contributors to problem; considers consequences of possible solutions; consults with others to clarify problem; Utilizes information from multiple data sources to make decisions; Presents cogent and concise arguments or rationale for clinical decisions; Describes sources of error in the collection of clinical data; Able to appropriately prioritize demands of classroom activities, clinical education responsibilities, work, community, and family/friends in order to complete tasks.</td>
<td>Implements solutions; re-assesses solutions; evaluates outcomes; updates solutions to problems based on current research; accepts responsibility for implementing solutions; Demonstrates an ability to make clinical decisions in ambiguous situations; Distinguishes practices based on traditional beliefs from practices that are scientifically based.</td>
</tr>
<tr>
<td>Generic Abilities</td>
<td>Beginning Level Behavioral Criteria</td>
<td>Developing Level Behavioral Criteria</td>
<td>Entry Level Behavioral Criteria</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------</td>
<td>------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>7. Novice</td>
<td></td>
<td>Entry-level</td>
<td></td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td>Abides by the APTA Code of Ethics; demonstrates awareness of state licensure regulations; abides by facility policies and procedures; projects professional image, attends professional meetings; demonstrates honesty, compassion, courage and continuous regard for all</td>
<td>Identifies positive professional role models; discusses societal expectations of the profession; acts on moral commitment; involves other health care professionals in decision-making; seeks informed consent from patients</td>
<td>Demonstrates accountability for professional decisions; treats patients within scope of expertise; discusses role of physical therapy in health care; keeps patient as priority</td>
</tr>
<tr>
<td></td>
<td>Adapts to change;</td>
<td>Recognizes situations in which ethical questions are present; identifies situations in which legal questions are present</td>
<td>Reports violations of ethical practice; reports violations of Iowa governing practice of PT; Advocate for Physical therapy</td>
</tr>
<tr>
<td></td>
<td>Follows the UNC Honor Code;</td>
<td>Acts as role model for incoming students</td>
<td>Involved in organizations, professional associations, and other activities in areas of professional interest.</td>
</tr>
<tr>
<td></td>
<td>demonstrates commitment to the community and profession through volunteerism and community involvement; maintains the privacy of patients during all interactions;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Novice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Responsibility</strong></td>
<td>Demonstrates dependability; demonstrates punctuality; follows through on commitments; recognizes own limits</td>
<td>Accepts responsibility for actions and outcomes; provides safe and secure environment for patients; offers and accepts help; completes projects without prompting</td>
<td>Directs patients to other health care professionals when needed; delegates as needed; encourages patient accountability</td>
</tr>
<tr>
<td></td>
<td>Wears attire consistent with the expectation of the environment; demonstrates initiative (ex: uses time in clinical setting to learn about professional topics),</td>
<td>Assists in assessing resources, advocates for patient needs;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Follows up on needs for additional study and completes work to bring skills up to adequate level</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Classroom Examples: Makes sure personal information is up to date with Div of PT, follow through and complete immunizations, CPR certification, health ins documentation, bio, goals, etc with minimal reminders; Keeps classroom spaces clean and free of clutter; reports equipment problems; assists in maintaining classroom security.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Abilities</td>
<td>Beginning Level Behavioral Criteria</td>
<td>Developing Level Behavioral Criteria</td>
<td>Entry Level Behavioral Criteria</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------------------</td>
<td>-------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td><strong>9.</strong></td>
<td>Novice</td>
<td>Entry-level</td>
<td></td>
</tr>
<tr>
<td><strong>Critical Thinking</strong></td>
<td>Raises relevant questions; considers all available information; states results of scientific literature; recognizes &quot;holes&quot; in knowledge base; articulates ideas</td>
<td>Feels challenged to examine ideas; understands scientific method; formulates new ideas; seeks alternative ideas; formulates alternative hypotheses; critiques hypotheses and ideas</td>
<td>Exhibits openness to contradictory ideas; assesses issues raised by contradictory ideas; justifies solutions selected; determines effectiveness of applied solutions</td>
</tr>
<tr>
<td></td>
<td>Looks for support in literature, and from valid sources for material presented.</td>
<td>Makes clinical decisions based on sound judgment, experience, and scientific evidence when possible.</td>
<td></td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td>Novice</td>
<td>Entry-level</td>
<td></td>
</tr>
<tr>
<td><strong>Stress Management</strong></td>
<td>Recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance as needed; maintains professional demeanor in all situations</td>
<td>Maintains balance between professional and personal life; demonstrates effective affective responses in all situations; accepts constructive feedback; establishes outlets to cope with stressors</td>
<td>Prioritizes multiple commitments; responds calmly to urgent situations; tolerates inconsistencies in health care environment</td>
</tr>
<tr>
<td></td>
<td>Able to manage conflict with faculty, CI's, classmates, and patients in a productive manner.</td>
<td>Recognizes the ambiguity inherent in the profession of physical therapy, seeks appropriate resources and evidence to make sound judgments.</td>
<td></td>
</tr>
</tbody>
</table>
NEGOTIATED LEARNING CONTRACT®

Memorandum of Agreement

“I have read and understood the contents of the following:

(Identify the name of relevant documents, policies, agreed upon expected behaviors, or the level of performance to be attained with respect to clinical education performance.)

(Clearly specify for all involved parties the specific consequences when the identified criteria are successfully achieved and the consequences when the identified criteria are not achieved)

I agree to abide by the policies and procedures and agreed upon expected performance standards as stated in the above listed materials.”

_________________________  
Student Name (Printed)  
_________________________  
CI Signature

_________________________  
Student Signature  
_________________________  
CCCE Signature

_________________________  
Date  
_________________________  
Date

*This information was used with permission and taken from the presentation “Legal Context for Evaluating and Dismissing Physical Therapy Students” by Steve Milam, Senior Counsel and Assistant Attorney General, Health Sciences and Medical Centers, University of Washington, Seattle, WA. Content found in: APTA Clinical Instructor Education and Credentialing Program, American Physical Therapy Association, Alexandria, Va, September 2005: Section V-6.
**Critical Incident Report**

*Directions:* Record each entry clearly and concisely without reflecting any biases.

**Student’s Name:**

**Evaluator/Observer:**

<table>
<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
</table>

*Student Initials:*

*Evaluator Initials:*

<table>
<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
</table>

*Student Initials:*

*Evaluator Initials:*

<table>
<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
</table>

*Student Initials:*

*Evaluator Initials:*

<table>
<thead>
<tr>
<th>Date (Time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
</table>

**Student’s Signature:**

**Evaluator’s Signature:**

Weekly Planning Form

Dates: ___________________________  Week #: ________________

Summary of Previous Week:
(Progress, Feedback)

Student:

Clinical Instructor:

Goals for the Upcoming Week:

Student’s Signature

Clinical Instructor’s Signature

APTA CI Credentialing and Education Program
William Carey University Physical Therapy Program
CLINICAL FEEDBACK FORM

Clinical site: ___________________________ City/State: ___________________________
Name of person completing this form: ____________________________________________
Email of person completing this form: ___________________________________________
Date: ___________ Student’s Name _____________________________________________

Primary type of experience:
- Acute care
- SNF/Sub-acute
- IP Rehab
- Home Health
- Out-patient ortho
- Out-patient neuro
- Pediatric
- School system
- Gen out-patient rehab
- Other (explain)

Evaluation of Curriculum
Information from this evaluation will be used to monitor the quality, timing, and content of both didactic and clinical curricula at William Carey DPT. Your input into the physical therapy curriculum is a vital component of our program. Please comment on your perceptions of the student’s academic preparation:

<table>
<thead>
<tr>
<th>AREA</th>
<th>Very well prepared</th>
<th>Adequately prepared</th>
<th>Not adequately prepared</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written communication and documentation</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>General Examination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment/evaluation interpretation, including clinical problem solving</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan of care including discharge planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spine orthopedics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremity orthopedics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic manual therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuromuscular</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modalities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geriatrics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient/family education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence based practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention, health promotion and wellness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall preparation of the student.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please comment on any specific areas in which the academic preparation could be improved:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Feedback for DCE:
William Carey DPT values your evaluation of the clinical education program and seeks your recommendations for improvement. We appreciate your honest feedback.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>The process of assigning PT students to your facility has gone smoothly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information regarding students (immunizations, goals etc) has been</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>complete and timely.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with WCU regarding the clinical contract has been</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>appropriate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The clinical affiliation process with WCU has been completed smoothly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information about the goals and expectations for students from WCU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT was readily available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with the DCE regarding student performance has been</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>appropriate in timing and amount.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The DCE at WCU DPT was an effective resource with issues related to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CPI is an effective tool to evaluate student performance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CPI is an effective tool to provide student feedback.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The length of clinical rotations at WCU DPT is appropriate for this</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>setting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The timing of clinical rotations at WCU DPT works well for this facility.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WCU DPT students are generally well prepared academically for their</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>clinical rotations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall, we find working with WCU DPT to be an easy process.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We plan to continue to work with WCU DPT students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How can we improve the clinical experience for students from WCU DPT?

How can we best support you in your role as CCCE or CI working with WCU DPT students?