# TABLE OF CONTENTS

## Part I: General DPT Curriculum

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Academic Course Load/Curriculum Description</td>
<td>4</td>
</tr>
<tr>
<td>Academic Standing</td>
<td>4</td>
</tr>
<tr>
<td>Academic Integrity</td>
<td>4</td>
</tr>
<tr>
<td>Admissions Criteria</td>
<td>5</td>
</tr>
<tr>
<td>Admission Status</td>
<td>5</td>
</tr>
<tr>
<td>Advisement</td>
<td>5</td>
</tr>
<tr>
<td>Americans with Disabilities Act</td>
<td>6</td>
</tr>
<tr>
<td>Attendance and Preparation</td>
<td>6</td>
</tr>
<tr>
<td>Bookstore</td>
<td>7</td>
</tr>
<tr>
<td>Computer Technology Requirements</td>
<td>7</td>
</tr>
<tr>
<td>Degree Application</td>
<td>7</td>
</tr>
<tr>
<td>Dismissal/Withdrawal</td>
<td>8</td>
</tr>
<tr>
<td>Drug Testing</td>
<td>8</td>
</tr>
<tr>
<td>Electronic Class Handouts and Resources</td>
<td>8</td>
</tr>
<tr>
<td>Evaluation of Faculty and Courses by Students</td>
<td>8</td>
</tr>
<tr>
<td>Examination Procedures</td>
<td>8</td>
</tr>
<tr>
<td>Exit Interview Policy</td>
<td>10</td>
</tr>
<tr>
<td>Experiential Learning</td>
<td>10</td>
</tr>
<tr>
<td>Extended Disaster Leave</td>
<td>10</td>
</tr>
<tr>
<td>Facilities Access</td>
<td>10</td>
</tr>
<tr>
<td>Grading</td>
<td>11</td>
</tr>
<tr>
<td>Graduate PT Student Role</td>
<td>12</td>
</tr>
<tr>
<td>Graduate Outcomes</td>
<td>12</td>
</tr>
<tr>
<td>Grievance Procedure</td>
<td>13</td>
</tr>
<tr>
<td>Health Policies</td>
<td>13</td>
</tr>
<tr>
<td>Incident Reports</td>
<td>13</td>
</tr>
<tr>
<td>Incomplete Grade</td>
<td>14</td>
</tr>
<tr>
<td>Length of Program</td>
<td>14</td>
</tr>
<tr>
<td>Library</td>
<td>14</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>14</td>
</tr>
<tr>
<td>Practical Exam</td>
<td>14</td>
</tr>
<tr>
<td>Professional Organization Membership</td>
<td>15</td>
</tr>
<tr>
<td>Program Accreditation</td>
<td>15</td>
</tr>
<tr>
<td>Progression</td>
<td>15</td>
</tr>
<tr>
<td>Program Purpose</td>
<td>15</td>
</tr>
<tr>
<td>Release of Student Information</td>
<td>16</td>
</tr>
<tr>
<td>Technical Standards</td>
<td>16</td>
</tr>
<tr>
<td>Technology in Classrooms</td>
<td>17</td>
</tr>
<tr>
<td>Technology Resources</td>
<td>18</td>
</tr>
<tr>
<td>Transfer Credit</td>
<td>18</td>
</tr>
<tr>
<td>Uniform/Professional Dress Policy</td>
<td>19</td>
</tr>
<tr>
<td>Writing and Computer Requirements</td>
<td>20</td>
</tr>
</tbody>
</table>
Part II: Clinical Education Curriculum

Mission of William Carey University ............................................................... 21
Mission of Doctor of Physical Therapy Program ................................................. 21
Physical Therapy Program Goals ....................................................................... 21
Philosophy of WCU DPT Clinical Education ..................................................... 21
Expected Outcomes of WCU DPT Clinical Education ....................................... 21
Components of WCU DPT Clinical Education ................................................... 22
Expectations of Experiential Learning ................................................................. 24
Establishment of New Clinical Partnerships ...................................................... 28
Roles of DCE, CI and CCCE ............................................................................... 29
Clinical Instructor Qualifications ...................................................................... 29
Rights and Responsibilities of Clinical Faculty .................................................. 29
Student Site Selection Process .......................................................................... 31
Eligibility for Experiential Learning .................................................................. 32
On-Site Professional Appearance ...................................................................... 32
Clinical Attendance ........................................................................................... 33
On-Site Expenses ............................................................................................... 33
Student Forms and Evaluations ........................................................................ 33
Electronic Devices ............................................................................................. 34
Student Injury or Illness ..................................................................................... 34
International Clinical Education Policies ......................................................... 34
Grading Responsibilities .................................................................................... 35
Termination of Clinical Experience .................................................................. 35
Right to Privacy .................................................................................................. 35

Appendices:
  Appendix A: Handbook and Essential Functions Agreement .......................... 37
  Appendix B: Sample Contract ......................................................................... 38
  Appendix C: Professional Behaviors Assessment Tool ..................................... 41
  Appendix D: WCU DPT Professional Behavior Self-Assessment ...................... 48
  Appendix E: Clinical Educator's Self-Assessment .......................................... 49
  Appendix F: Negotiated Learning Contract ..................................................... 58
  Appendix G: Critical Incident Report ............................................................... 59
  Appendix H: Weekly Planning Form ............................................................... 60
INTRODUCTION
THIS CATALOG IS PREPARED AS A RESOURCE FOR STUDENTS ENROLLED IN THE DOCTOR OF PHYSICAL THERAPY (DPT) PROGRAM AT WILLIAM CAREY UNIVERSITY. IT CONTAINS INFORMATION REGARDING THE POLICIES AND PROCEDURES THAT GOVERN AND GUIDE GRADUATE STUDENTS AND FACULTY. POLICIES AND PROCEDURES ARE UPDATED ANNUALLY, BUT MAY BE REVISED MORE FREQUENTLY WITH THE APPROVAL OF THE PROGRAM AND COLLEGE OF HEALTH SCIENCE (COHS). CHANGES ARE COMMUNICATED TO STUDENTS THROUGH EMAIL, ANNOUNCEMENTS IN CLASS, OR BY OTHER MEANS DEEMED NECESSARY BY THE FACULTY OR ADMINISTRATION OF THE SON OR UNIVERSITY. STUDENTS ARE ALSO ADVISED TO CONSULT THE UNIVERSITY GRADUATE ACADEMIC CATALOG.
ACADEMIC COURSE LOAD/ CURRICULUM DESCRIPTION

The Doctor of Physical Therapy Program is designed for learners who are seeking entry into the physical therapy profession. Physical therapists are health care professionals who diagnose and treat individuals of all ages with medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives. The physical therapist is dedicated to promoting wellness, preventing disability, and supporting participation in activities that impact quality of life. The Doctor of Physical Therapy Program at William Carey University prepares learners for these professional responsibilities by providing high quality academic and clinical education experiences. The program is a cohort based program of full time study. Learners earn 119-122 hours of graduate semester credit in lecture, discussion, case-study, and clinical learning modalities.

The Physical Therapy Program, in collaboration with Student Financial Services, defines full-time study as 6 credit hours per semester for students enrolled in cohort-based graduate programs.

ACADEMIC STANDING

An overall 3.0 GPA on graduate courses taken at WCU is required for graduation. A student whose GPA drops below a 3.0 in any trimester is placed on academic probation. Students on academic probation must raise their GPA to a 3.0 by the end of the next trimester of enrollment. Students must also pass all course work in the program.

Earning a grade of “F” or failing to be removed from probation will result in further academic disciplinary action which may include:

1) Dismissal - the usual form of academic discipline.
2) Reclassification - in extenuating circumstances a student may appeal to the program director to be reclassified. In this instance the student may be permitted to withdraw from matriculation and offered remediation by retaking one or more courses recommended by the faculty. The usual recommendation is to repeat an entire year of study as all courses are offered in sequence and only once each academic year. Such a student is required to indicate in writing the intention to reinstate. Students should also be aware that repeating course work already passed may have financial aid/student loan implications.

ACADEMIC INTEGRITY

William Carey University (WCU) seeks to create an environment that encourages continued growth of moral and ethical values which include personal honesty and mutual trust. The University places the highest value on academic integrity and regards any act of academic dishonesty as a serious offense. Academic dishonesty is considered unethical and in violation of William Carey University’s academic standards and Christian commitment.

A full explanation of the procedures for responding to instances of academic dishonesty is contained in the university’s Policies and Procedures Manual and in the student handbook, The Redbook.

Plagiarism is using someone else’s thoughts or words as one’s own. Plagiarism is an act of academic dishonesty and will not be tolerated. It can result in failure of a project, failure of a course, or dismissal from WCU. It is HIGHLY recommended that the student view the online presentation on plagiarism at the WCU library website.
The DPT Program considers each course assignment to be essential to achieving the graduate outcomes of the program; therefore, the student should turn in original work for each course. Although thoughts and excerpts from previous, similar assignments are permissible, they should be synthesized, integrated, and referenced in subsequent assignments and may only represent a small portion of the completed assignment. **No student may turn in an assignment from one course in the DPT program in its entirety to meet the requirements of a different course.**

**ADMISSIONS CRITERIA**

The DPT Program admits students without regard to age, sex, race, disability, national origin, religion, or political affiliation. To begin the admission process, students must submit an application and all required forms and transcripts to the Graduate Admissions Office. Once all application materials are received, the admissions committee will review the files.

The criteria for admission to the DPT include the criteria for admission to the graduate school. These are:

a) hold a baccalaureate degree from official college/university transcripts from an accredited university or school

b) Submit an application

c) Provide official transcripts of all college work completed to date

d) Pay the application fee.

Additionally, the DPT program requires that the applicant:

a) Has completed two semesters of undergraduate biology, two semesters of anatomy and physiology, two semesters of chemistry, two semesters of physics, and one semester of statistics. Science courses must be those intended for science majors, and the statistics course should be from the psychology, mathematics, or education departments.

b) Have an overall undergraduate GPA of 3.0.

c) Submit official GRE Scores.

d) Submit a statement of professional goals and current resume.

e) Comply with current admissions deadlines as stated on the DPT Program webpage.

Admission to the DPT program is competitive in nature, and students with strong academic backgrounds are encouraged to apply. Once the admissions committee has finalized the accepted applicants, they will be notified by email of their admission status. Students may be fully accepted, placed on an alternate list, or denied admission.

**ADMISSION STATUS**

Due to the competitive nature of the admissions process, students who meet all the criteria and are recommended by the admissions committee for acceptance will be admitted under **Regular Admission Status.**

**ADVISEMENT**

The plan of study is a cohort based full time plan of study, with each class of students enrolling in a pre-determined curriculum each semester. Students will be assigned a faculty advisor for purposes of reviewing the curriculum, gaining access to student services, and general support. Students should meet with their faculty advisor at least once during each trimester of enrollment.
AMERICANS WITH DISABILITY ACT

Students with disabilities who are protected by the Americans with Disabilities Act of 1990 and require special accommodations should contact Mrs. Valerie Bridgeforth at 601-318-6188. Mrs. Bridgeforth’s office is located in the Student Services Office in Lawrence Hall.

ATTENDANCE AND PREPARATION

As part of the preparation for the professional Doctor of Physical Therapy role, the faculty of the DPT program expect candidates to adhere to the highest level of punctuality, attendance, and participation in all scheduled activities. Absences may seriously affect the work of the whole class as well as that of the individual who is absent. In no circumstances will students receive credit for a course if they are noncompliant with the WCU requirement of meeting class at least 75% of the scheduled meeting time (classroom and clinical calculated separately). Students are responsible for their own transportation. The DPT Program adheres to the following guidelines:

1. Class Attendance
   a. The student is expected to attend class 100% of the time.
   b. If absence does occur, the student will be held responsible for any announcements and materials missed. The student is also responsible for all assignments due that day.
   c. Any missed activities or assignments may be made up at the discretion of the course faculty. In extreme circumstances, such as illness or death in the immediate family, a student may be allowed to make up a project or in class assignment at a later time provided the instructor has been notified of the need to be absent as indicated by the instructor in the syllabus. If the student fails to notify the instructor by provided guidelines, a grade of “0” will be assigned.
   d. Faculty members have the right to request appropriate documentation regarding an absence.
   e. The program director has the right to intervene if a pattern of absences is noted.
   f. Students must meet WCU requirements for attendance for hybrid courses. For these courses, assignments must be submitted by the deadlines as outlined in the syllabus and/or addendum, and attend face-to-face meeting.

2. Tardiness
   a. Punctuality for class is considered an integral part of professional behavior. Tardiness and leaving class early are considered unprofessional behaviors, and are disruptive to the learning environment.
   b. Students are expected to be in their seats and ready to perform when class begins.
   c. Students exhibiting a pattern of tardiness or departing early will be referred to the program director.

3. Class Preparation
   a. Students are expected to be prepared for/and participate appropriately in every class.
   b. Students should show respect for classmates. This includes attendance for/and participation in the presentations of others.
   c. Students should come to class prepared and in possession of appropriate class materials.

5. Written Assignments
   a. All written assignments are to be typed and in revised AMA format unless otherwise specified. Incorrect AMA format and style, incorrect grammar, inaccurate spelling, and typographical errors are unacceptable and will result in grading penalty up to failure of the assignment.
b. Written assignments will be presented to the instructor in the designated manner (Canvas Drop Box or as instructed by faculty.)
c. Written work submitted late will be assessed a penalty as determined by the individual instructor.

6. Attendance/Punctuality for Experiential Learning Exercises
   a. Students are expected to attend clinical education experiences as scheduled with their clinical instructor. Should an assigned day need to be missed, the director of clinical education and clinical instructor must be notified as soon as possible.
   b. The missed day must be made up in order to meet contact hour requirements.
   c. Punctuality for scheduled clinical experiences is expected as part of professional behavior.
   d. See clinical education manual for further information

7. Behavior During Experiential Learning
   a. Students are expected to dress and behave in a professional manner at all times during clinical experiences (see Uniform/Professional Dress Policy).
   b. Consistent unprofessional or unsafe behaviors may result in failure of the course.

8. Other
   a. Smoking is not permitted on WCU campuses.
   b. Smoking or drinking alcoholic beverages while representing WCU in any capacity is not permitted.
   c. If food/drink are permitted during class, debris must be disposed of in an appropriate manner.

BOOKS/BOOKSTORE

The WCU bookstore is operated by Barnes & Noble, located in McMillan Hall. Faculty select electronic textbooks, which are made available to students through the bookstore at www.wmcarey.bkstore.com. The bookstore also carries a variety of traditional textbooks and reference books, school supplies, snacks, gifts, and clothing. Store hours and the policy on book returns and buy-back of books are stipulated in The Red Book.

COMPUTER TECHNOLOGY REQUIREMENTS

Technology is an essential and integral aspect of a web-enhanced curriculum. The student must have access to a computer and stable connection to the Internet on a regular basis, software to meet course requirements and adequate system capacity. A high-speed internet connection, such as a cable modem or DSL is preferred. The student will need access to the most current version of Microsoft Office Software, including: Word, PowerPoint, and Excel. As web-enhanced lectures may contain an audio component and you may be required to use voice over capabilities, the student will additionally need the capability to access audio through speakers and record through a microphone.

DEGREE APPLICATION

Participation in the graduation ceremony is required. Degrees are not conferred in absentia, except with permission by the Office of Academic Affairs. Students must submit a written request for permission to miss the commencement ceremony.

Students who are candidates for August graduation are required to file applications for their degrees in the Registrar’s office by March 31. Late applications will be accepted up to 30 days after the deadline. Should degree applications be received late, a late fee is assessed by the business office. It is the student’s responsibility to satisfy requirements for a degree.
DISMISSAL/WITHDRAWAL

When students’ conduct, or health endangers the well-being of others or makes it inadvisable to remain in the nursing program, the faculty reserves the right to dismiss the individual from the course or program. Students may choose to withdraw from the program at any time. Students who wish to withdraw from a course must follow the withdrawal procedure in the Graduate Academic Catalog.

DRUG TESTING

All students enrolled must provide evidence of a negative drug screen within one month of beginning courses. A urine 10-panel drug screen is required. Random drug screening may be done for students enrolled in clinical courses. Refusal by a student to submit to drug testing will result in denial of admission for new students and immediate dismissal from the DPT Program for continuing students. Any admitting or continuing student who tests positive for illegal drugs must withdraw from the program. The student may reapply for admission at the next available admission cycle will be admitted based on admission criteria as any new student making application.

All costs associated with drug testing are the responsibility of the student.

ELECTRONIC CLASS HANDOUTS AND RESOURCES

All class syllabi, documentation, and handouts will be provided electronically during your journey at WCU DPT Program. If you choose to print you may do so using your personal printing resources.

Handouts will be posted on the current Learning Management System (Canvas) 48 hours before a class session to allow adequate time for personal preparation. Please be advised that while faculty make a good faith effort to post handouts 48 hours prior to class, instructors may, at their discretion, modify handouts up until the time of the actual class session to insure current and up to date information.

EVALUATION OF FACULTY AND COURSES BY STUDENTS

Students will have the opportunity to evaluate faculty and courses at the end of the term as specified by the University evaluation schedule. In addition, learners are encouraged to provide constructive feedback informally throughout the trimester.

EXAMINATION PROCEDURES

Students are expected and ethically obliged to take examinations honestly and resist any temptation to obtain an unfair advantage during an examination.

- Examinations will be given/taken in electronic format whenever possible. Students must provide their own computing device for in-class examinations
- Examinations are given frequently throughout the curriculum. The examination period starts with the first student tested and continues until the last student has completed the examination. Discussing a written, practical or oral examination with any class member during this time period is considered a breach of academic honesty and will be handled accordingly. In the event that a
student is unable to take the exam during the scheduled time frame, The Instructor of Record will notify students that the exam period has been extended.

- Proctors will be present during every examination. Proctors may be faculty, graduate students or staff. Students are expected to police themselves regarding inappropriate behavior and are expected to treat all proctors with the respect.
- All personal effects, including books, newspapers, magazines, jackets, hats, book bags, audio devices, PDAs, cell phones, and other electronic devices are to be removed from desk tops during examinations. If calculators are required, you will be notified ahead of time; only simple, non-programmable calculators are permitted. Computing devices used to access the examination are exempt.
- The use of electronic data devices during any part of an examination period to give, receive or retrieve information is strictly prohibited, unless specifically permitted in the instructions for the exam (as in an open book test).
- Personal breaks are allowed but discouraged. If a break is necessary, the student must leave all data devices with the proctor while absent from the room. The length of time during which the student is out of the room will be noted by the proctor and shall not exceed 10 minutes. Examination time will not be extended for a student who has taken a break.
- Announcements made to the class while a student is out of the room will not be repeated.
- No examination questions will be changed, corrected, or interpreted during the examination.
- Students are not permitted to ask the proctor questions once the examination has begun. However, obvious typographical errors discovered by the faculty or students that compromise the value of an examination question will be rectified by a general announcement.
- The examination beginning and ending times will be announced at the beginning of the examination. They will be followed strictly. The electronic testing format notes time of submission of an exam. Late submissions will be subject to grading penalty.
- In the event that the fire alarm sounds during an examination, all students must leave all personal computing devices in the area and exit the room or building as instructed. Upon return to the examination the Proctor will announce a revised ending time.
- Once the student has submitted his or her examination materials electronically, they may not be altered or changed in any way.
- It is the prerogative of the course faculty to determine the nature of the examination to be given and the date the examination will be scheduled.
- In the rare situation when illness or an unexpected emergency prevents a student from taking an examination at the scheduled time, the Instructor of Record must be notified immediately by email prior to the examination. The Instructor of Record, in collaboration with the Program Director will decide if and when the examination may be made up.
- If a student has a very compelling reason that he or she cannot be present for an examination, he or she must secure the permission of the instructor of record to reschedule the exam via written email with the Program Director copied on the request. Unless the absence is due to an emergency, a request for a change in exam must be given to the course coordinator within 72 hours of receiving the course syllabus. The instructor of record has the right to determine whether it is reasonable to reschedule the exam and the nature of the rescheduled examination. If the instructor of record approves the absence and agrees to reschedule the examination, the student and the faculty member will mutually determine a date for the exam. Ordinarily, the exam will be scheduled prior to the absence.
- A score of zero will be recorded for unexcused missed examinations.
- No examination materials, results, or answer keys will be released for review until all students have taken the examination.
- Course faculty determines whether the examinations are retained or returned to the student. If examinations are retained, they will be available for student review at a time determined by the Course Coordinator.
• Requests for a change of a grade on an examination or assignment must be directed to the Course Coordinator within five (5) business days of notification of the grade.
• Requests submitted after this time will not be honored and no grade change will be made. The student will receive notification whether a change in grade is made.

EXIT INTERVIEW POLICY

A student who withdraws from the DPT Program for any reason is required to meet with the Program Director and complete an Exit Interview. Once completed, a copy of the form is sent to the Special assistant to the Dean of the College of Health Sciences.

Every reasonable effort is made to meet with each student who withdraws from the DPT program – regardless of cause. In the event that a student refuses to meet with the Program Director, it will be noted on the form the student’s refusal to participate.

EXPERIENTIAL LEARNING

The Doctor of Physical Therapy Program contains 33 weeks of full time clinical experiences, and 10+ weeks of part time and integrated experiences. Students are expected to follow all guidelines found in the Experiential Learning Handbook, found on the Program’s Website. Failure to comply may result in disciplinary action, up to and including dismissal from the program.

EXTENDED DISASTER LEAVE

In the event of closure or cancellation of classes due to a natural/man- made disaster or other emergency cause, general information will be forwarded to local media, posted on the WCU website, and sent via automated process to your WCU student email address or cell phone; through Sader Watch. Specific information regarding the continuation of coursework will be posted on the University’s course management system (Canvas) at https://elearning.wmcarey.edu. For up-to-the-minute alerts regarding emergency situations, sign up to receive notifications through Sader Watch, the WCU emergency text message service. Instructions can be found under “Current Students” on the WCU homepage.

FACILITIES ACCESS

The WCU DPT Program facilities are available to students for class–related activities including but not limited to:

• quiet study space;
• group meetings;
• skill practice using equipment (such as plinths and assistive devices)

The following rules are designed to protect the students while in the building after hours:

• Enrolled students are allowed to use the physical facilities in the Rehabilitation Services Building 24 hours a day, 7 days per week except on days when the building itself is closed for holidays. Students are expected to abide by all rules and regulations of the building.
• “After hours” is defined as between 6 p.m. and 7:30 a.m. Monday-Friday and from 6 p.m. Friday until 7:30 a.m. on Monday. Please note: the heating/air conditioning system is turned off after business hours on weekdays, and all day on Saturday and Sunday, so dress accordingly.
• Students must use their WCU ID card to gain entry into the building. This card registers the student by name and provides PTHMS a record of use.
• Use of the DPT Program facilities is for registered students only; no guests are permitted.
• Students must never use the facilities after hours alone.
• Students are asked to bring a cell phone with them.
• The WCU ID card must be used to gain entry into classroom, laboratory, lounge and study areas appropriate for the trimester of study.
• Students must always lock the door behind them upon entering and always lock all doors when departing.
• Instructors of record of each course will determine and announce the equipment that cannot be used unsupervised in each trimester.
• Students are not permitted to use the AV systems without prior permission and appropriate orientation.
• Students must not test patients who are subjects for a group research project if the faculty advisor is not present.
• In the event that a student is injured after hours, regardless of whether emergency care is sought, he or she must report the incident to the instructor of record by 10 a.m. of the next workday.
• If equipment breaks while students are using it, they must notify the course coordinator by 10 a.m. the next workday. However, the student should take the responsibility to put a sign on the equipment and isolate it so that other students do not risk injury by trying to use it before the department is notified.
• Students are expected to maintain the floor in a tidy condition and to return all equipment used.
• Use of the rehabilitation facilities after hours is a privilege. Abuse of the privilege could result in a student being denied access to the floor or, depending on the severity of the abuse, could result in more severe disciplinary action.
• Ongoing misuse by a larger portion of the student body will result in loss of access for all students.

GRADING

The University uses the following grading system for graduate students:

- A Reserved for work which is definitely superior in quality
- B Earned for work which is consistently good and would be considered above average
- C Earned for minimal work and shows that basic requirements in class assignments have been met, but is not considered standard work for graduate students
- F Earned when the student has failed the course
- I ("Incomplete") assigned only when unavoidable circumstances prevent completion of the work of the course on schedule and must be approved by the instructor and the program director (see graduate catalogue for further explanation)

The Doctor of Physical Therapy Program has interprets this grading system as follows:

- A 90-100 %
- B 80-89 %
- C 70-79 %
- F less than 70 %
GRADUATE STUDENT ROLE

DPT Program faculty and administration believe that graduate students are self-motivated to learn and expand their professional behavior beyond that of the baccalaureate level. Students are expected to maintain a positive professional attitude that allows for academic growth. Students are accountable for achieving higher levels of leadership, consultation, collaboration, communication, therapeutic interventions, and scholarship.

In addition, students are expected to demonstrate the Core Values of the physical therapy profession, developed by the American Physical Therapy Association at all times when in the role of a WCU DPT student. Students who do not consistently display these professional behaviors will be subject to disciplinary action. In addition, the student who is consistently non-compliant will not be allowed to represent WCU in experiential learning activities. The core values are as follows:

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

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

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

**Excellence** - 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.

**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.

**Professional duty** - The commitment to meeting one’s obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.

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

GRADUATE OUTCOMES FOR DPT

Students and Graduates of the DPT Program will:

1. Be prepared as generalist practitioners to assume an entry level practice role in any practice setting as evidenced by pass rates on the licensing exam, employment rate, and diversity of practice settings.
2. Practice professionalism by demonstrating the core values of the profession of Physical Therapy; accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility.
3. Invest in the profession of physical therapy and promote it by remaining active in professional organizations, educating physical therapy students, and advocating for the
profession and the patients it serves.
4. Seek leadership roles in their professional and personal lives.
5. Strive for excellence in practice by participating in professional development activities, integrating current evidence into practice, and using tools to promote quality of care.
6. Advocate for underserved populations in local, state, national and international communities.
7. Address health promotion and preventive issues at the individual, group, and community levels.

GRIEVANCE PROCEDURE

The DPT Program seeks to provide each student with a positive educational experience. Students who experience difficulty are encouraged to make every effort to resolve the problem informally by discussing it with persons closest to the source. However, students who wish to file formal complaints should do so in accordance with William Carey University and DPT Program policies.

For the graduate DPT student who is dissatisfied with the courses, faculty, procedures, policies, or other issues; the student must submit concerns in writing with supporting evidence to the instructor of the course. If no resolution is achieved, the student may appeal to the Associate Dean of Graduate Programs, then to the DPT Program Director. If no satisfactory outcome is reached, the student may appeal to the Graduate Academic Appeals committee. If the Associate Dean of Graduate Programs is the instructor of the course in question, the student must first negotiate with the instructor. If no resolution is achieved, the student may appeal to DPT Program Director. If the outcome is not satisfactory, the student may appeal to the Graduate Academic Appeals Committee. If the instructor of the course in question is the DPT Program Director, the student must first negotiate with the instructor. If the outcome is still not satisfactory, the student may appeal to the Associate Dean of Graduate Programs. If the outcome is still not satisfactory, the student may appeal to the Graduate Academic Appeals Committee.

HEALTH POLICIES

Students must submit a WCU College of Health Sciences history and physical form to the designated DPT staff member within 2 weeks of admission. Any changes in physical status must be reported to the program director. Documentation of current CPR, hepatitis B series (or a positive titer) or declination statement, annual PPD or negative Chest X-ray, varicella immunization or immunity, two MMR or MMR titer, malpractice insurance, health insurance, release of information form, and HIPAA form must be on record within two weeks of admission. No clinical hours can be accrued without satisfactory completion of all proofs.

Students should also consult the contract and/or Director of Clinical Education for additional requirements of specific assigned clinical facilities.

INCIDENT REPORTS

Any time a student encounters an injury or damaging event while on the WCU campus, they should report the incident to the program director. The program director will assist the student in making the appropriate contacts and reports to document the incident.

If at any time a student encounters a clinical situation that requires reporting, the student is to fill out the incident report of the clinical facility. A copy must be provided to the faculty of that course and the campus director of clinical education. William Carey University is not responsible for any costs
associated with incidents occurring in the clinical setting.

**INCOMPLETE GRADE**

The grade of “I” (Incomplete) is given only by written agreement of the instructor and student. If requested, it is the student’s responsibility to contact the instructor and submit work or take examinations appropriate to the removal of the Incomplete. When completed, the instructor will change the Incomplete (I) to the earned letter grade by submitting the appropriate form to the Registrar’s Office. This process must be completed no later than the end of the next term. The grade of Incomplete automatically becomes an “F” if not resolved prior to the end of the next term.

**LENGTH OF PROGRAM**

The program is a 36 month continuous full time program. It is a cohort based program in which courses are offered in sequence once a year. Students enroll in a specified curriculum each trimester and are expected to successfully complete all courses in a trimester prior to progressing to the next trimester.

**LIBRARY**

WCU has a full service library on both the Hattiesburg and Tradition campuses. Hours of operation have been established to best meet the needs of students on each campus. Many of the online databases may be accessed from off campus computers. DPT students will be required to utilize library resources throughout the program.

**MALPRACTICE INSURANCE**

The student is responsible for providing documentation of malpractice insurance within two weeks of admission into the DPT program. Group malpractice insurance is available through WCU at the time of enrollment. Failure to do so will prevent students from attending any clinical practice or practicum experiences and may jeopardize the completion of the program.

**PRACTICAL EXAMINATIONS**

The WCU DPT Program has a contractual and professional obligation to the clinical community to ensure, to the best of its ability, that all students entering a clinical education experience sanctioned by the program have demonstrated safe performance of the skills taught prior to the start of the clinical experience and are ready to utilize these skills under supervision with patients/clients.

Performance on practical examinations will be assessed according to established criteria, which will be provided to students at least one calendar week prior to date of practical examination. All practical examinations are considered cumulative in nature, and may include assessment of all information previously provided in the curriculum sequence.
PROFESSIONAL ORGANIZATION MEMBERSHIP

Learners are required to be active members of the American Physical Therapy Association and the Mississippi Physical Therapy Association for the duration of their educational experience in the DPT program. Many courses require access to resources developed by the organization. Students should provide proof of membership within two weeks of enrollment, and at the beginning of each Fall Trimester thereafter.

In addition, learners may be assigned to attend district, state and/or national professional activities when they are in reasonable proximity to WCU. Students should be prepared financially to absorb the cost of these activities. Faculty will make good faith attempts to provide advance notice when attendance is required.

PROGRAM ACCREDITATION

William Carey University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, 1866 Southern Lane, Decatur, GA 30033-4097, (404) 679-4501, to award bachelor and master degrees and doctoral degrees.

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone: 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

William Carey University is seeking accreditation of a new physical therapist education program from CAPTE. The program will submit an Application for Candidacy, which is the formal application required in the pre-accreditation stage. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the professional phase of the program; therefore, no students may be enrolled in professional courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

In the event that the WCU program is unable to successfully complete the Accreditation Process, the program will make a good faith attempt to transfer students to other accredited programs for completion of the degree and subsequent eligibility for licensure. In the absence of availability of a transfer program, all student tuition and fees will be refunded.

PROGRESSION

The student will be able to progress based on the satisfactory completion of previous terms and a status of good standing in the DPT program. See individual syllabi for progression policies for specific courses.

PURPOSE/MISSION

In concert with the William Carey University mission statement, the mission of the physical therapy program is 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.

RELEASE OF STUDENT INFORMATION

William Carey University has a responsibility to protect the privacy of our students. Only directory information may be released without students’ written permission. Students may request additional information be released by completing the Release of Information form and submitting it to the Registrar’s office.

TECHNICAL STANDARDS

The Doctor of Physical Therapy program will attempt to develop creative ways of opening admissions to individuals with disabilities. In doing so, however, the program must maintain curriculum requirements deemed essential to the education of a doctor of physical therapy.

It is the policy of WCU that no student shall be excluded from participating in, be denied the benefits of, or be subjected to discrimination in any program sponsored by WCU. (See Nondiscrimination Policy and Diversity Statement.)

Regarding individuals with disabilities, the physical therapy program does not discriminate against such individuals who are otherwise qualified. The program does require applicants and students meet minimal technical standards. These standards identify reasonable expectations of Doctor of Physical Therapy students, and physical therapists, in performing common functions.

A candidate for the Doctor of Physical Therapy degree must have multiple abilities and skills including observation; communication; conceptual, integrative, and quantitative skills; adequate motor function and behavioral and social abilities. Accommodations can be made for various disabilities, but a candidate must be able to perform in a reasonably independent manner. Those individuals who need accommodations and are otherwise qualified may request accommodation in writing to the Program Director. He/she will talk with the individual, may request documentation, and may refer the student for individual assessment by qualified experts. Self-identified students will be referred to the Office of Disabilities at WCU for evaluation, assessment, and recommendation for accommodation. (See Red Book for details)

- **Observation** - The candidate must be able to acquire a level of required information as represented through demonstrations and experiences in the basic sciences. This includes, but is not limited to, information conveyed through physiologic and pharmacological demonstrations in normal and pathologic states. Furthermore, a candidate must be able to observe a patient accurately, at a distance and close at hand; acquire information from written documents; and see information presented in images on paper, film, slide, or video. The student must be able to interpret X-ray and other graphic images and digital or analog representations of physiologic phenomenon (such as EKGs). Assistive devices may be used if necessary. Observing and acquiring information from these sources usually requires functional visual, auditory, and somatic sensation enhanced by other sensory modalities.

- **Communication** - The candidate must be able to communicate effectively, efficiently, and sensitively with patients and their families and with all members of the health care team. The student should be able to elicit information, describe psychosocial changes and interpret non-verbal communication. The ability to read, write, and effectively utilize the English language is essential.
• **Motor** - Candidates and students should have sufficient motor functions to execute movements that are required to provide general care and emergency treatment to patients. Examples include cardiopulmonary resuscitation, and general first aid techniques, transfer and mobility training, and fall prevention. Candidates should possess the motor skills necessary to directly perform palpation, percussion, auscultation and other diagnostic maneuvers and procedures. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

• **Sensory** – Physical therapy candidates need exceptional sensory skills, and it is therefore necessary to thoroughly evaluate individuals who are otherwise qualified but who have significant tactile sensory or proprioceptive disabilities.

• **Intellectual, Conceptual, Integrative, and Quantitative Abilities** - The candidate must be able to measure, calculate, reason, analyze, and synthesize objective and subjective data in a timely fashion. The student is expected to have problem solving-skills in order to make decisions that reflect consistent and thoughtful clinical judgment. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structure.

• **Behavioral and Social Attributes** - Candidates must possess the emotional health required to fully utilize their intellectual abilities, to responsibly attend to the diagnosis and care of a patient, and to develop mature, sensitive, and effective relationships with patients. Candidates and students must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of patients. The core values of the physical therapy profession include accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. These personal qualities will be assessed during the admission and educational processes.

• **Immunization** - The student must be able to comply with requirements for immunizations of all hospitals accredited by the Joint Commission on Accreditation of Healthcare (JCAHO)/Healthcare Facilities Accreditation Program (HFAP).

### TECHNOLOGY IN THE CLASSROOM

The use of technology in classroom is intended to enrich the educational environment for all students. While we encourage an electronic, paper-free environment, the use of technology that interferes with the educational environment, encourages academic dishonesty, or promotes illegal activities (such as copyright infringement) is prohibited by faculty, instructors and the DPT program at WCU.

Students may use hand held electronic devices, mobile computing technologies, and cellphones only as permitted by the instructor. Mobile technologies will be expected to be utilized as appropriate when professors or students need to reference information to further classroom inquiry or when utilized as a part of instruction. To minimize distractions and keep students’ full intellectual energies inside the classroom, students are required to observe the following when present in the classroom and lab settings.

• During classes, cell phones, pagers and beepers must be turned off or placed on silent mode. Students are expected to show courtesy to classmates and faculty by not using computers or cell phones for texting, playing games, or sending/responding to personal communications during class. If a family emergency requires that the student be available by phone or pager during class
times, special permission to leave the communication devices on during classes may be obtained from the Instructor of Record. If permission is granted, students must place the device on silent mode, and must leave the classroom to interact with the technology when it is not used as a part of classroom instruction.

- The use of a tablet or a computer in the classroom is a privilege, not a right, and should be used for note taking or to further the educational inquiry of the student (i.e.: referencing information pertinent to classroom activities). If a tablet or a computer is utilized for texting, e-mail, or accessing social media sites (without the explicit permission of the instructor), the instructor may ask the student to discontinue use of the technology for the remainder of the class period.

- Digital recording of any class is only for personal educational purposes or for sharing recording between cohort classmates. A faculty member may reserve the right not to be digitally recorded. Recordings must not be shared outside of WCU DPT Program.

- Students may not post ANY material from physical therapy classes on any social networking sites (Facebook, YouTube), or file sharing sites without the explicit written permission of the instructor. In addition, written permission must be sought from any person that is present in any digital media prior to sharing of recordings in any forum. At no time shall any patient encounter be recorded by any means without the express written permission of the patient or caregiver. Students shall not approach a patient or caregiver on an individual basis.

- Students who have official documentation from the Services for Students with Disabilities (SSD) that recommends the use of technology to accommodate verified learning needs will be accommodated to use the recommended technology during class.

TECHNOLOGY RESOURCES

William Carey University provides a number of technological resources to enhance students’ learning experiences and environment.

- Indigo Portal allows access to transcripts, registration, grades, etc., as well as library resources and databases.
- Carey Air wireless network can be accessed from anywhere on campus.
- The primary means by which WCU communicates with students is the Student Email Account.
- Canvas is the web platform WCU uses for online enrichment, hybrid, and online courses. Canvas allows students quick access to course content, assignments, discussions, quizzes, etc. DPT students are required to utilize Canvas in a variety of ways; therefore, it is imperative to have a functioning account.

The information technology department provides a Student Technology User Guide to assist students with the setup and troubleshooting of these resources. The user guide can be accessed at the WCU homepage under “Technology.”

TRANSFER CREDIT

Due to limited class seat availability, the DPT Program does not typically accept transfer students from other professional DPT programs. Individuals with extenuating circumstances may inquire with the program director. Decisions regarding transfer will be made on a case by case basis.
UNIFORM/PROFESSIONAL DRESS POLICY

Learners must present a professional appearance at all times while representing the WCU DPT Program. As participants in a professional program, learners should project the image of a doctor of physical therapy. Faculty may excuse a student from class or lab due to inappropriate dress. Any classwork missed will be made up at the faculty member’s discretion. Learners who are consistently non-compliant with the professional dress policy may be referred to the program director for appropriate discipline.

Classroom and clinical attire consists of business casual dress and white laboratory coat with official WCU DPT Patch affixed to the left shoulder. William Carey University identification badge should be worn at all times. Prohibited fashion items include:
- clothing that is dirty, wrinkled or in poor repair
- poorly fitting clothing (either too tight or too loose)
- jeans, shorts, or athletic styles
- athletic shoes or sandals
- revealing clothing (too short or low cut, etc.)
- scraps
- graphic t-shirts
- extremes in jewelry, accessories, hair, or make-up
- visible tattoos and body piercing
- headwear of any type unless medically or culturally required

Refer to the clinical education manual for further details regarding dress during clinical experiences.

Laboratory attire consists of loose fitting clothing that allows learners to access appropriate body parts for peer to peer practice. Students should have laboratory clothing available at all times. In general, recommendations for women include sports bra or halter with t-shirt or cover –up and loose fitting shorts. Recommendations for men include loose fitting shorts and t-shirts. Hair should be pulled off the shoulders if worn long. Please refer to the course syllabus for requirements for specific laboratories.

In no circumstances should students wear lab attire outside the laboratory setting.

Casual Fridays allow for more informal dress during scheduled learning activities. Jeans, Bermuda shorts, or scrubs with William Carey University or Physical Therapy themed t-shirts may be worn. Athletic shoes and sandals are allowed. Casual Fridays are not observed when guest speakers or special events are scheduled, or while on experiential learning exercises. The program director may cancel Casual Friday at his/her discretion.

Personal hygiene of all learners is expected to be impeccable at all times. Frequent bathing, brushing of teeth, use of deodorant are highly recommended. Hair should be clean and worn in conservative styles. Nails should clean and short in length.
WRITING AND COMPUTER REQUIREMENTS

Students in the DPT Program are expected to demonstrate communication proficiency in written, computer, and verbal skills. Written papers are to be typed using AMA format. Written papers should be logically and completely developed as well as demonstrate proper spelling and grammar.

Computer skills will be utilized throughout the program. Students will be expected to integrate current online information into discussion forums, papers, and presentations. Online sources may include rehabilitation journals and research reports. Students must utilize Microsoft Office Software Programs in submitting papers and presentations.
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-based clinical experiences foster the integration of subject material and cultivate effective clinical reasoning skills. WCU PT clinical education provides exposure to a variety of practice settings in which students participate in quality patient care that enhances wellness, minimizes disability, and supports the participation of clients across the lifespan in activities that positively impact quality of life. WCU PT values and promotes interprofessional clinical experiences, community and global cultural competence, application of evidence-based practice, 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 PT clinical education is integrated into the didactic curriculum to promote the translation of basic science and physical therapy course content into evidence-based 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 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 in a variety of settings.

The sequence of clinical education components begins with faculty mentored practice during on campus physical therapy lab sessions in which community members with rehabilitation needs provide early patient contact for students. The sequence continues with case-based coursework and faculty mentored experiences 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 promotes service to a diverse society. The physical therapy program supports this mission and requires student participation in clinical experience in low resource 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. Lab sessions using this pool of community volunteers provide realistic clinical experiences as well as service to the community. Life stories 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.

- Integrated Clinical Experiences (ICE)
  Each intervention-based didactic course includes a minimum of one ICE, in which course faculty accompany students into the community where students practice clinical skills learned during the didactic portion of the course. Psycho-motor skills, clinical decision making and professional behavior development are emphasized. ICE’s 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 that promotes student social responsibility, advocacy, civic engagement and leadership, and that positively benefits participating communities, corporations or organizations.

• Clinical Decision Making I–IV
  Course series presents clinical decision making tools and approaches, with application to progressively complex case studies. Case-based coursework includes appraisal of evidence and design of evaluation and intervention plans for a variety of patients and patient conditions.

• Short Term Experiential Learning
  Experiential Learning I occurs Year 1, spring trimester. This part-time experience allows students to participate in the daily management and care of physical therapy patients. Clinical performance, professional behaviors, and patient safety are emphasized. Students attend clinic two mornings per week for three hours each day.

  Experiential Learning II occurs Year 2, winter trimester. This full-time, short term 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. Students attend clinic from 8:00 a.m. to 5:00 p.m. Monday through Friday for six weeks.

• Long Term Experiential Learning
  Experiential Learning III begins in the fall trimester of Year 3 and lasts for 15 weeks. Students are assigned a caseload and are expected to independently manage patients with simple conditions, while managing patients with complex conditions with assistance from their clinical instructor.

  Experiential Learning IV begins in May of Year 3 and lasts for 12 weeks. Students are expected to manage a caseload similar to a new graduate physical therapist, and to manage patients with both simple and complex conditions, with consultations from their 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 3 students in good standing.
Expectations for Experiential Learning Experiences

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

WCU PT believes that professional behavior is a necessary aspect of competent physical therapy practice. The development of professional behaviors will be emphasized across the didactic and clinical curriculum. Student grades in this area will be 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. Ten professional behaviors and criteria for evaluation are listed in the appendix. 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 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 center for a part-time clinical education experience. The student will practice clinical skills learned to date in a patient care setting under supervision of clinical staff. The student has successfully completed all professional coursework in their first and second trimesters with a minimum grade of “C,” has passed all cumulative examinations during the first and second trimesters, and has 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
  Kinesiology I & II
  PT Practice I, II, II
  Foundations of Professionalism I
  Neuroscience*
  Neurology I (Motor Learning)*
  Physiology
  *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
During this clinical experience, students are expected to require close clinical supervision 100% of the time, managing patients with 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 center for a full-time clinical education experience which lasts 6 weeks. The student will practice clinical skills learned to date 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 with a minimum grade of “C,” 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:
  - Anatomy & Physiology I & II
  - Kinesiology I & II
  - PT Practice I, II, III, IV
  - Foundations of Professionalism I, II
  - Neuroscience
  - Neurology I (Motor Learning)
  - Exercise Physiology
  - Neurology II (CVA, TBI, SCI)
  - Wellness and Prevention
  - Biostatistics/ Research
  - Musculoskeletal I & II (upper and lower quadrants)
  - PT Practice V (physical agents)
  - Integumentary
  - Cardiopulmonary

Students should be able to perform the following:
  - Manual muscle testing
  - Range of motion measurement and exercise
  - Patient positioning and draping
  - Crutch, walker, 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 require 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 consistently perform skilled examinations, interventions, and clinical reasoning. 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 center for a full-time clinical education experience which lasts 15 weeks. The student will practice clinical skills, assessments and design plans of care with increasing independence and infrequent supervision of clinical faculty. Student has successfully completed all professional coursework to date with a minimum grade of “C”; student has passed all cumulative examinations to date; student has 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 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 based on Clinical Performance Instrument (CPI):
Performance on CPI items is expected to progress from Intermediate Performance to a minimum of Advanced Intermediate Performance.

Expectations for level of independence:
At beginning of the clinical experience the student is expected to require 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 case load.
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 center for a full-time clinical education experience which lasts 12 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: Student has successfully completed all professional coursework to date with a minimum grade of “C”; student has passed all cumulative examinations to date; student has demonstrated acceptable professional behaviors as defined in the clinical education handbook during didactic and clinical activities.

The student has 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 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 based on Clinical Performance Instrument (CPI): Performance on CPI items is expected to progress to a minimum of Entry Level Performance on all items by the end of this clinical experience.

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 is capable of maintaining 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 with observation of patient care provided at 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 on staff
   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, continuous 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 will be used to re-evaluate clinical sites every three years, with the additional consideration of past communication between CI, CCCE and DCE, and contract review process as described in clinical site contract.
Roles of DCE, CCCE and CI

Role of the Director of Clinical Education (DCE):
The DCE is responsible for coordinating and managing the collaboration of academic and clinical sites for the education and preparation of PT students. The DCE develops, maintains and evaluates clinical sites and maintains 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 coordinates and teaches clinical education courses, coordinates student assignments to clinical sites, monitors student progress during clinical internships, and provides 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 student’s level of expertise, and promotes progression of student goals. The CI defines expectations for students, collaborates with the student 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

Rights and Responsibilities of Clinical Faculty

Rights:
WCU PT 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 PT provides CCCE’s and CI’s access to WCU library resources and textbooks, reduced fees on continuing education
presented by WCU PT, a listener’s license for free attendance to approved courses or lectures presented by WCU PT 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, CCCE’s and CI’s 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.

Responsibilities:

- Collaborate with the DCE 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 student’s skills and abilities progress. Support student participation and self-direction in the learning process by using positive questioning and coaching, encouraging student self-assessment and reflection, and providing 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 student’s problem solving skills based on evidence from the literature. Confirm that students are able to 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 student’s 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 student’s performance 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 to initiate a student learning contract. Immediately notify the DCE 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.

• Partner with the university by participating in needs assessment surveys and reciprocal constructive feedback activities regarding clinical education experiences, PT Program curriculum, DCE performance, and quality of collaboration between clinic and university.

STUDENT ROLES AND RESPONSIBILITIES

Student Site Selection Process

WCU PT 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 that maintain a relationship 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, cardiology, wound care, sports medicine, industrial rehabilitation, and pediatrics.

It is the responsibility of the DCE 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 the 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. Professional liability insurance (yearly)
3. Health insurance (yearly)
4. Immunizations, as per CDC guidelines for healthcare workers:
   a. Measles, Mumps, Rubella (MMR)
   b. Hepatitis B vaccine or completed waiver form
   c. Varicella (Chicken Pox)
   d. Tetanus, Diphtheria, Pertussis (Td/Tdap)
   e. Meningococcal
5. Negative Tuberculosis (TB) test (yearly)
6. Criminal background check
7. Drug screen
8. Essential Functions compliance (signed form)
9. CPR certification for healthcare providers (every two years)
10. Completion of OSHA training (yearly)
11. Completion of HIPAA training
12. Blood Borne Pathogens training
13. International health and medical evacuation insurance, passport, and designated preventative medications and vaccinations for all students with international clinical placement

Note that some requirements must be updated on a yearly basis. 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 after clinicals 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 January 5 of each year.

In addition to the above requirements, each student must pass all cumulative exams and prior clinical experiences in order to participate in assigned clinical affiliations.

On-Site Professional Appearance

While on clinical experiences students will adhere to Uniform/Professional Dress Policy as indicated in the WCU PT Graduate Handbook. Students will not observe Casual Friday dress during clinical experiences.

Clinical facilities will generally have dress guidelines and it is the student’s responsibility to determine the dress code prior to arrival. Unless stated by the facility to which the student is assigned, business casual attire will be expected during clinical experiences. Students should not assume they are allowed to dress in a less formal manner similar to staff unless they have permission from the DCE and 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 will be notified if a student dresses inappropriately or demonstrates an unprofessional appearance. Continued inappropriateness of dress is sufficient for removal from the clinical experience.

In addition to dress code requirements outlined in the WCU PT 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 should also be observed:

- No cologne or body spray (no scents)
- Only small earrings
- Hair that is shoulder length or longer must be secured in clip, pony tail, etc.
- 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 CI and the DCE. Absences greater than three days are to be 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.

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 will be the student’s responsibility to locate and make arrangements for housing. Consideration of financial issues will be 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 the beginning, mid-term and end of each clinical experience, students are required to self-assess and reflect on their performance of clinical skills and professional behavior. At these three times during each clinical experience, students will complete the CPI and the Professional Behaviors Self-Assessment and have them signed and dated by their clinical instructor or CCCE.

Students are required to collaborate with their clinical instructor to write objectives for each clinical experience. In conjunction with these objectives, students will complete weekly planning forms to monitor and facilitate progress in meeting the 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.
**Electronic Devices**

Student physical therapists are expected to 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, email or phone calls is a distraction, is not allowed and will not be tolerated during clinic hours. Students may check their phones prior to clinic hours, at lunch break, and after clinic hours. Cell phones should not carried by the student during clinic hours.

**Student Injury, Illness or Request for Accommodations**

It is the responsibility of a student to request reasonable accommodation in the clinic prior to clinic assignments if the need for modifications is anticipated. Students are to discuss their 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.

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 are requested to 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 PT will maintain a limited number of international clinical learning opportunities. These clinical experiences will be supervised by a 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, AND the clinical instructor is able to communicate with WCU PT in English. The exception to this policy will be short term clinical experiences in which the student is accompanied by a faculty member.

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

Students are allowed only one international clinical experience.
EVALUATION OF EXPERIENTIAL LEARNING

Grading of Clinical Experiences

Final grades 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 PT complies with the Health Insurance Portability and Accountability Act (HIPAA). WCU and WCU PT 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 are 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.
I have read this handbook and agree to abide by its contents.

Signed: _____________________________________________

Date: _______________________________________________

I understand the Essential Functions listed in this handbook, and I am able to perform all essential functions (with or without reasonable modifications).

Signed: _____________________________________________

Date: _______________________________________________
Agreement for Clinical Education

William Carey University
School of Physical Therapy
(“University”)

and

(“Affiliate”)

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.

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.

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

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.

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 shall continue indefinitely or until terminated. 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, students shall be allowed to complete any previously scheduled clinical assignment with the Affiliate.

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.
Professional Behaviors

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

**Beginning Level:**
- Raises relevant questions
- Considers all available information
- Articulates ideas
- Understands the scientific method
- States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)
- Recognizes holes in knowledge base
- Demonstrates acceptance of limited knowledge and experience

**Intermediate Level:**
- Feels challenged to examine ideas
- Critically analyzes the literature and applies it to patient management
- Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
- Seeks alternative ideas
- Formulates alternative hypotheses
- Critiques hypotheses and ideas at a level consistent with knowledge base
- Acknowledges presence of contradictions

**Entry Level:**
- Distinguishes relevant from irrelevant patient data
- Readily formulates and critiques alternative hypotheses and ideas
- Infers applicability of information across populations
- Exhibits openness to contradictory ideas
- Identifies appropriate measures and determines effectiveness of applied solutions efficiently
- Justifies solutions selected

**Post-Entry Level:**
- Develops new knowledge through research, professional writing and/or professional presentations
- Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- Weighs information value based on source and level of evidence
- Identifies complex patterns of associations
- Distinguishes when to think intuitively vs. analytically
- Recognizes own biases and suspends judgmental thinking
- Challenges others to think critically

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

**Beginning Level:**
- Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- Recognizes impact of non-verbal communication in self and others
- Recognizes the verbal and non-verbal characteristics that portray confidence
- Utilizes electronic communication appropriately
**Intermediate Level:**
- Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- Restates, reflects and clarifies message(s)
- Communicates collaboratively with both individuals and groups
- Collects necessary information from all pertinent individuals in the patient/client management process
- Provides effective education (verbal, non-verbal, written and electronic)

**Entry Level:**
- Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
- Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
- Maintains open and constructive communication
- Utilizes communication technology effectively and efficiently

**Post Entry Level:**
- Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning
- Effectively delivers messages capable of influencing patients, the community and society
- Provides education locally, regionally and/or nationally
- Mediates conflict

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

**Beginning Level:**
- Recognizes problems
- States problems clearly
- Describes known solutions to problems
- Identifies resources needed to develop solutions
- Uses technology to search for and locate resources
- Identifies possible solutions and probable outcomes

**Intermediate Level:**
- Prioritizes problems
- Identifies contributors to problems
- Consults with others to clarify problems
- Appropriately seeks input or guidance
- Prioritizes resources (analysis and critique of resources)
- Considers consequences of possible solutions

**Entry Level:**
- Independently locates, prioritizes and uses resources to solve problems
- Accepts responsibility for implementing solutions
- Implements solutions
- Reassesses solutions
- Evaluates outcomes
- Modifies solutions based on the outcome and current evidence
- Evaluates generalizability of current evidence to a particular problem
**Post Entry Level:**
- Weighs advantages and disadvantages of a solution to a problem
- Participates in outcome studies
- Participates in formal quality assessment in work environment
- Seeks solutions to community health-related problems
- Considers second and third order effects of solutions chosen

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

**Beginning Level:**
- Maintains professional demeanor in all interactions
- Demonstrates interest in patients as individuals
- Communicates with others in a respectful and confident manner
- Respects differences in personality, lifestyle and learning styles during interactions with all persons
- Maintains confidentiality in all interactions
- Recognizes the emotions and bias that one brings to all professional interactions

**Intermediate Level:**
- Recognizes the non-verbal communication and emotions that others bring to professional interactions
- Establishes trust
- Seeks to gain input from others
- Respects role of others
- Accommodates differences in learning styles as appropriate

**Entry Level:**
- Demonstrates active listening skills and reflects back to original concern to determine course of action
- Responds effectively to unexpected situations
- Demonstrates ability to build partnerships
- Applies conflict management strategies when dealing with challenging interactions
- Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

**Post Entry Level:**
- Establishes mentor relationships
- Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

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

**Beginning Level:**
- Demonstrates punctuality
- Provides a safe and secure environment for patients
- Assumes responsibility for actions
- Follows through on commitments
- Articulates limitations and readiness to learn
- Abides by all policies of academic program and clinical facility
Intermediate Level:
- Displays awareness of and sensitivity to diverse populations
- Completes projects without prompting
- Delegates tasks as needed
- Collaborates with team members, patients and families
- Provides evidence-based patient care

Entry Level:
- Educates patients as consumers of health care services
- Encourages patient accountability
- Directs patients to other health care professionals as needed
- Acts as a patient advocate
- Promotes evidence-based practice in health care settings
- Accepts responsibility for implementing solutions
- Demonstrates accountability for all decisions and behaviors in academic and clinical settings

Post Entry Level:
- Recognizes role as a leader
- Encourages and displays leadership
- Facilitates program development and modification
- Promotes clinical training for students and coworkers
- Monitors and adapts to changes in the health care system
- Promotes service to the community

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

Beginning Level:
- Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Projects professional image
- Attends professional meetings
- Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

Intermediate Level:
- Identifies positive professional role models within the academic and clinical settings
- Acts on moral commitment during all academic and clinical activities
- Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
- Discusses societal expectations of the profession

Entry Level:
- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- Discusses role of physical therapy within the healthcare system and in population health
- Demonstrates leadership in collaboration with both individuals and groups
Post Entry Level:
- Actively promotes and advocates for the profession
- Pursues leadership roles
- Supports research
- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor
- Advocates for the patient, the community and society

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

Beginning Level:
- Demonstrates active listening skills
- Assesses own performance
- Actively seeks feedback from appropriate sources
- Demonstrates receptive behavior and positive attitude toward feedback
- Incorporates specific feedback into behaviors
- Maintains two-way communication without defensiveness

Intermediate Level:
- Critiques own performance accurately
- Responds effectively to constructive feedback
- Utilizes feedback when establishing professional and patient related goals
- Develops and implements a plan of action in response to feedback
- Provides constructive and timely feedback

Entry Level:
- Independently engages in a continual process of self evaluation of skills, knowledge and abilities
- Seeks feedback from patients/clients and peers/mentors
- Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities
- Uses multiple approaches when responding to feedback
- Reconciles differences with sensitivity
- Modifies feedback given to patients/clients according to their learning styles

Post Entry Level:
- Engages in non-judgmental, constructive problem-solving discussions
- Acts as conduit for feedback between multiple sources
- Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients
- Utilizes feedback when analyzing and updating professional goals

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

Beginning Level:
- Comes prepared for the day’s activities/responsibilities
- Identifies resource limitations (i.e. information, time, experience)
- Determines when and how much help/assistance is needed
- Accesses current evidence in a timely manner
- Verbalizes productivity standards and identifies barriers to meeting productivity standards
- Self-identifies and initiates learning opportunities during unscheduled time
**Intermediate Level:**
- Utilizes effective methods of searching for evidence for practice decisions
- Recognizes own resource contributions
- Shares knowledge and collaborates with staff to utilize best current evidence
- Discusses and implements strategies for meeting productivity standards
- Identifies need for and seeks referrals to other disciplines

**Entry Level:**
- Uses current best evidence
- Collaborates with members of the team to maximize the impact of treatment available
- Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
- Gathers data and effectively interprets and assimilates the data to determine plan of care
- Utilizes community resources in discharge planning
- Adjusts plans, schedule etc. as patient needs and circumstances dictate
- Meets productivity standards of facility while providing quality care and completing non-productive work activities

**Post Entry Level:**
- Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)
- Applies best evidence considering available resources and constraints
- Organizes and prioritizes effectively
- Prioritizes multiple demands and situations that arise on a given day
- Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

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

**Beginning Level:**
- Recognizes own stressors
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations

**Intermediate Level:**
- Actively employs stress management techniques
- Reconciles inconsistencies in the educational process
- Maintains balance between professional and personal life
- Accepts constructive feedback and clarifies expectations
- Establishes outlets to cope with stressors

**Entry Level:**
- Demonstrates appropriate affective responses in all situations
- Responds calmly to urgent situations with reflection and debriefing as needed
- Prioritizes multiple commitments
- Reconciles inconsistencies within professional, personal and work/life environments
- Demonstrates ability to defuse potential stressors with self and others
Post Entry Level:
- Recognizes when problems are unsolvable
- Assists others in recognizing and managing stressors
- Demonstrates preventative approach to stress management
- Establishes support networks for self and others
- Offers solutions to the reduction of stress
- Models work/life balance through health/wellness behaviors in professional and personal life

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

Beginning Level:
- Prioritizes information needs
- Analyzes and subdivides large questions into components
- Identifies own learning needs based on previous experiences
- Welcomes and/or seeks new learning opportunities
- Seeks out professional literature
- Plans and presents an in-service, research or cases studies

Intermediate Level:
- Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
- Applies new information and re-evaluates performance
- Accepts that there may be more than one answer to a problem
- Recognizes the need for and is able to verify solutions to problems
- Reads articles critically and understands limits of application to professional practice

Entry Level:
- Respectfully questions conventional wisdom
- Formulates and re-evaluates position based on available evidence
- Demonstrates confidence in sharing new knowledge with all staff levels
- Modifies programs and treatments based on newly-learned skills and considerations
- Consults with other health professionals and physical therapists for treatment ideas

Post Entry Level:
- Acts as a mentor not only to other PT’s, but to other health professionals
- Utilizes mentors who have knowledge available to them
- Continues to seek and review relevant literature
- Works towards clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the PT’s role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- Pursues participation in clinical education as an educational opportunity
WCU PT Professional Behaviors

Mid-term and Final Assessment

This is a self-assessment of your professional behaviors in the clinical setting. Complete at the midterm and end of each of your clinical affiliations. Review the attached definitions and criteria, highlight indicators that best describe your behavior, and use these highlighted indicators to complete this page. Sign, date and circle level of affiliation. After completion, ask your CI to review this page with you. If in agreement with your assessment, have the CI sign. Send to DCE at the end of each affiliation.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Beginner</th>
<th>Intermediate</th>
<th>Entry Level</th>
<th>Post Entry-Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Critical Thinking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Communication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Problem Solving</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Interpersonal Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Responsibility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Professionalism</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Use of Constructive Feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Effective Use of Time and Resources</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Stress Management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Commitment to Learning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Student: ___________________________ Type of Affiliation: ______________ Level of Affiliation: I, II, III, IV

I agree with this self-assessment

Clinical Instructor: __________________ Facility: __________________________ Date: ________

This self-assessment is based on Professional Behaviors developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to Generic Abilities.

SELF-ASSESSMENTS FOR CLINICAL INSTRUCTORS

1.0 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.

1. Do you, as the clinical instructor (CI), have at least 1 year of clinical experience? □ Yes □ No □ Developing

2. Do you demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching? □ Yes □ No □ Developing

3. Do you, as the CI, demonstrate competence as a physical therapist or a physical therapist assistant by:
   a) Utilizing the patient/client management model in the Guide to Physical Therapist Practice to demonstrate a systematic approach to patient care? □ Yes □ No □ Developing
   b) Using clinical reasoning and evidence-based practice in the delivery of health services? □ Yes □ No □ Developing
   c) Providing rationale for the patient/client?
      • Examination, evaluation, diagnosis, prognosis, interventions, outcomes, and reexaminations (PT) □ Yes □ No □ Developing
      • Interventions (including data collection and outcomes associated with those interventions) as directed and supervised by the PT and within the plan of care (PTA) □ Yes □ No □ Developing
   d) Demonstrating effective time-management skills? □ Yes □ No □ Developing

4. Do you, as the CI, adhere to legal practice standards?
   a) By holding a current license/registration/certification as required by the physical therapy practice act in the state in which you practice? □ Yes □ No □ Developing
   b) By providing physical therapy services that are consistent with your state practice act and interpretive rules and regulations? □ Yes □ No □ Developing
c) By providing physical therapy services that are consistent with state and federal legislation, including, but not limited to:

- Equal opportunity and affirmative action policies
- Americans With Disabilities Act (ADA)

5. Do you, as the CI, demonstrate ethical behavior, as outlined by the clinical education site policy and the APTA Code of Ethics and Guide for Professional Conduct?

6. Do you, as the CI, consistently demonstrate the APTA Core Values (http://www.apta.org/documents/public/education/professionalism.pdf) of accountability,* altruism,* compassion/caring,* excellence,* integrity,* professional duty,* and social responsibility*?

COMMENTS/PLAN:
2.3 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

1. Do you, as the CI, use verbal, nonverbal, and written communication skills and information technology to clearly express yourself to students to:
   a) Define performance expectations for students? □ Yes □ No □ Developing
   b) Collaborate to develop mutually agreed-on goals and objectives for the clinical education experience? □ Yes □ No □ Developing
   c) Provide feedback? □ Yes □ No □ Developing
   d) Demonstrate skill in active listening? □ Yes □ No □ Developing

2. Do you, as the CI, facilitate communication by:
   a) Encouraging dialogue with students? □ Yes □ No □ Developing
   b) Providing time and a place for ongoing dialogue to occur? □ Yes □ No □ Developing
   c) Initiating communication that may be difficult or confrontational around an issue of concern? □ Yes □ No □ Developing
   d) Remaining open to and encouraging feedback from students, clinical educators, and other colleagues? □ Yes □ No □ Developing

COMMENTS/PLAN:
3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you, as the CI, form a collegial relationship with students?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Do you model behaviors and conduct and instructional and supervisory skills that are expected of the PT or PTA?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Do you demonstrate an understanding of the impact of your behavior and conduct as a role model for students?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Do you promote the student as a colleague to others?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Do you demonstrate respect for and sensitivity to individual differences?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Are you willing to share your strengths and weaknesses with students?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Do you, as the CI, remain approachable by assessing and responding to student concerns with empathy, support, or interpretation, as appropriate?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Do you, as the CI, interact appropriately with patients, colleagues, and other health professionals to achieve identified goals?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Do you represent the physical therapy profession positively by assuming responsibility for career and self-development and demonstrate this responsibility to the student by participation in activities, such as:</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Continuing education courses?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Journal club?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) Case conferences?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) Case studies?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e) Literature review?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f) Facility sponsored courses?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g) Post-entry-level education?</td>
<td>□ Yes □ No □ Developing</td>
<td></td>
</tr>
<tr>
<td>h) Area consortia programs?</td>
<td>Yes</td>
<td>No</td>
<td>Developing</td>
</tr>
<tr>
<td>i) Membership and active involvement in the profession (e.g., America Physical Therapy Association)</td>
<td>Yes</td>
<td>No</td>
<td>Developing</td>
</tr>
</tbody>
</table>
4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS:

1. Do you, as the CI, implement, facilitate, and evaluate learning experiences for students based on a plan created in collaboration with students? □ Yes □ No □ Developing

2. Do you, as the CI, review the student’s academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience? □ Yes □ No □ Developing

3. Do you include learning experiences in the patient/client management model (e.g., examination, evaluation, diagnosis, prognosis, plan of care, intervention, and outcomes for the PT student; directed interventions with the plan of care for the PTA student) and practice management activities (e.g., billing, staff meetings, marketing)? □ Yes □ No □ Developing

4. Do you, as the CI, maximize learning opportunities by using planned and unplanned experiences within the entire clinical environment? □ Yes □ No □ Developing

5. Do you, as the CI, integrate knowledge of various learning styles to implement strategies that accommodate students’ needs? □ Yes □ No □ Developing

6. Do you, as the CI, sequence learning experiences to allow progression towards the student’s personal and educational goals? □ Yes □ No □ Developing

7. Do you, as the CI, monitor and modify learning experiences in a timely manner, based on the quality of the student’s performance? □ Yes □ No □ Developing

COMMENTS/PLAN:

49
5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS

1. Do you, as the CI, present clear performance expectations to students at the beginning of and throughout the learning experience?  
   □ Yes □ No □ Developing

2. Are goals and objectives mutually agreed on by you and students?  
   □ Yes □ No □ Developing

3. Do you, as the CI, provide both formal and informal feedback?  
   □ Yes □ No □ Developing

4. To provide student feedback, do you collect information through:
   a) Direct observation and discussions with students?  
      □ Yes □ No □ Developing
   b) Review of the students' patient/client documentation?  
      □ Yes □ No □ Developing
   c) Available observations made by others?  
      □ Yes □ No □ Developing
   d) Students' self-assessments?  
      □ Yes □ No □ Developing

5. Do you, as the CI, provide feedback to students that is:
   a) Frequent?  
      □ Yes □ No □ Developing
   b) Positive?  
      □ Yes □ No □ Developing
   c) Constructive?  
      □ Yes □ No □ Developing
   d) Timely?  
      □ Yes □ No □ Developing

6. Do you, as the CI, review and analyze feedback regularly and adjust learning experiences accordingly?  
   □ Yes □ No □ Developing

7. Do you, as the CI, perform constructive (interim) and cumulative (final) evaluations of the students' performance by:
   a) Participating with the student in ongoing constructive evaluations?  
      □ Yes □ No □ Developing
   b) Providing cumulative evaluations at least at midterm and at the completion of the clinical education experience?  
      □ Yes □ No □ Developing
   c) Including student self-assessments?  
      □ Yes □ No □ Developing
<table>
<thead>
<tr>
<th></th>
<th>THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you, as the CL, familiarize yourself with the students' evaluation instrument(s) prior to the clinical education experience? □ Yes □ No □ Developing</td>
</tr>
<tr>
<td>2.</td>
<td>Do you, as the CL, use and articulate available information and observations when evaluating students’ knowledge, skills, and behavior as related to specific performance criteria? □ Yes □ No □ Developing</td>
</tr>
</tbody>
</table>
| 3. | Do you, as the CL, recognize and document students' progress by identifying areas of:  
  a) Entry-level competence? □ Yes □ No □ Developing  
  b) Exceptional performance? □ Yes □ No □ Developing  
  c) Unsafe or ineffective performance? □ Yes □ No □ Developing  
  d) Appropriate progression? □ Yes □ No □ Developing |
| 4. | In collaboration with the CCCE and ACCE/DCE, do you plan activities that continue to challenge student performance based on areas of:  
  a) Exceptional performance? □ Yes □ No □ Developing  
  b) Appropriate progression? □ Yes □ No □ Developing  
  c) Specific deficits? □ Yes □ No □ Developing |
| 5. | Do you, as the CL, demonstrate awareness of the relationship between the academic program and clinical education site as it relates to:  
  a) Student performance evaluations? □ Yes □ No □ Developing  
  b) Grading? □ Yes □ No □ Developing  
  c) Remedial activities? □ Yes □ No □ Developing  
  d) Due process in the case of student failure? □ Yes □ No □ Developing |
| 6. | Do you, as the CL, demonstrate a constructive approach to student performance evaluation that is:  
  a) Educational? □ Yes □ No □ Developing  
  b) Objective? □ Yes □ No □ Developing  
  c) Reflective? □ Yes □ No □ Developing |

52
7. Do you foster student evaluation of the clinical education experience, including:
   a) Learning opportunities?
   b) CI performance?
   c) CCCE performance?
   d) The evaluation process?

   ☐ Yes ☐ No ☐ Developing

COMMENTS/PLAN:
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:

Student Initials:  
Evaluator Initials:

Student Initials:  
Evaluator Initials:

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
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