

**Moravian University
Doctor of Physical Therapy
Clinical Education Handbook**



2023- 2024

Approved May 16, 2023

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Section I: Introduction to the Moravian University Doctor of Physical Therapy Program

Preface

The Doctor of Physical Therapy Clinical Education Handbook has been designed to maintain an effective, efficient, high-quality Doctor of Physical Therapy (DPT) Clinical Education Program at Moravian University. This document will serve as a required and referenced text for all courses throughout the DPT Program. Furthermore, the Physical Therapy Faculty and Clinical Educators will use this manual as a guide for administrative and professional decisions pertaining to the clinical education component of the curriculum. It is imperative that DPT students be knowledgeable of all content in this manual. Any questions about the content of this document should be directed to the Program Director or Director of Clinical Education.

The information in the Handbook is subject to change from time to time as deemed necessary by the DPT Program, School of Rehabilitation Sciences, or Moravian University in order to fulfill its role or to accommodate circumstances beyond its control. Any such changes may be implemented without prior notice and without obligation and, unless specified otherwise, are effective when made. Efforts will be made, however, to inform the student body of significant changes in a timely manner. Refer to Appendix 1.

Program Introduction

As a professional program, the Doctor of Physical Therapy (DPT) Program at Moravian University offers a full-time educational program leading to the Doctor of Physical Therapy degree. The DPT program spans 8 terms for a total of 120 credits. The combined didactic and clinical components of the program will prepare students to become competent practitioners in diverse educational and healthcare settings. Thirty-six weeks of the eight terms will be devoted to hands-on clinical experience under the mentorship of licensed physical therapist professionals in the community.

Mission Statement

Based on a liberal arts foundation, the Moravian University Doctor of Physical Therapy (DPT) program will develop competent, ethical physical therapists providing client-centered, interprofessional care. Students and graduates will be reflective and inquisitive lifelong learners and educators. Faculty in the program will be interprofessional leaders with innovative teaching, research, and service. The program and its graduates will positively influence the health and quality of life of diverse populations and the profession through community outreach and advocacy.

Accreditation

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) is necessary for eligibility to sit for the licensure examination, which is required in all states.

CAPTE Contact Information

1111 North Fairfax Street, Alexandria, VA 22314
Phone: (703) 706-3245
Email: accreditation@apta.org

Effective April 27th 2021, Moravian University has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone: 703-706- 3245; email: accreditation@apta.org). If needing to contact the program/institution directly, please call (610) 625-7213 or email riopelm@moravian.edu. Candidate for Accreditation is an accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates the program may matriculate students in technical/professional courses. Achievement of Candidate for Accreditation status does not assure that the program will be granted Initial Accreditation.

National Council for State Authorization Reciprocity (SARA)

Moravian University's membership in NC-SARA allows students to perform their clinical experiences in states other than Pennsylvania. Each state has the legal authority to determine requirements and process for a professional licensure, and SARA has no effect on these decisions. For more information on SARA please contact the Moravian University Vice Provost or visit: <https://nc-sara.org/>

Section II: Purpose of the Clinical Education Handbook

The purpose of this Handbook is to provide the Site Coordinator for Clinical Education (SCCE), clinical instructor (CI), and DPT student with important information regarding the clinical education component of the curriculum.

Students are responsible for thoroughly reading through this Handbook prior to embarking on part-time integrated clinical experiences (ICE) and full-time clinical education experiences (CEE). All students must sign the DPT Clinical Education Program Handbook Student Agreement located in [Appendix 1](#). Any questions regarding the Handbook should be directed to the Director of Clinical Education (DCE). If the DCE is unavailable, questions should be referred directly to the Program Director (PD).

This Handbook is to be used as a reference for the CI and SCCE during the ICE experiences and CEE and is available at: <https://www.moravian.edu/rehab/physical-therapy-dpt>. Any questions regarding the Handbook should be directed to the DCE. Clinical educators (CIs/SCCEs) will complete training prior to acceptance of any DPT student including an introduction to the Clinical Education Handbook. The SCCE accepts responsibility for sharing the clinical education Handbook with the CI.

Section III: Philosophy of Clinical Education

The clinical education philosophy of the DPT Program at Moravian University is founded on the belief that clinical education allows the student the best opportunity to integrate didactic knowledge, behaviors and skills necessary to practice as a competent physical therapist within diverse clinical environments. Clinical faculty serve as mentors and role models of professional behaviors to DPT students as they develop patient management competencies. Clinical education fosters professional growth and development of clinical faculty, strengthens the community of physical therapy, stimulates advances within the profession, and has positive impacts on local and global communities.

Clinical education experiences will serve to develop competent DPT students who:

- 1) Apply behaviors consistent with the APTA Code of Ethics and APTA Core Values;
- 2) Demonstrate effective communication during clinical and professional interactions and adapt communication styles based on individual differences;
- 3) Practice in a safe manner that minimizes risk to patient/client, self, and all others;
- 4) Demonstrate cultural competence and recognize psychosocial factors that may impact clinical and interprofessional interactions;
- 5) Execute initiative; implement constructive feedback; contribute to a positive work environment, and utilize appropriate resources for problem solving during clinical interactions;
- 6) Apply evidence-based examination and evaluation techniques for patients including but not limited to history taking, systems review, differential diagnosis, and recognizing contraindications for further tests and measures;
- 7) Determine appropriate diagnosis, prognosis, plans of care, and discharge criteria for patients with regular outcomes assessment;
- 8) Apply and modify evidence-based intervention strategies and educational approaches based on patient response.

Section IV: Structure of Clinical Education Program

Moravian University's Physical Therapy Program has a total of 3 part-time integrated clinical experiences (ICE) and 3 full-time clinical education experiences (CEE) throughout the curriculum. The ICE will occur while students are completing their didactic coursework, and will be in a setting that allows application of content while simultaneously exposing students to diverse patient populations across the lifespan. The first full-time CEE occurs at the end of the first year of the program with the final two CEE's upon completion of all didactic coursework.

Integrated Clinical Experience

DPT 760 Integrated Clinical Experience & Interprofessional Education I (2 credit hours)

The first ICE course occurs in the Fall semester of year one and includes interprofessional seminars, course work focusing on professionalism, documentation,

and exercise prescription and 6 four-hour experiences in an outpatient facility. The anticipated model will be two students to one CI. Refer to syllabus in [Appendix 2](#).

DPT 761 Integrated Clinical Experience & Interprofessional Education II (2 credit hours)
The second ICE course occurs in the Spring semester of year one and includes interprofessional seminars, clinical preparedness, documentation, exercise progression and regressions , and 6 four-hour experiences in an outpatient facility. The model will be two students to one CI. Refer to syllabus in [Appendix 3](#).

DPT 860 Integrated Clinical Experience & Interprofessional Education III (2 credit hours)
The third ICE course occurs in the Fall semester of year two and includes interprofessional seminars, telehealth and hands-on experiences in settings with varied populations. Refer to syllabus in [Appendix 4](#).

Clinical Education Experiences

DPT 800 Clinical Education Experience I (8 credit hours)
This is the first CEE under the mentorship and supervision of a CI for 12 weeks in an outpatient setting. Refer to syllabus in [Appendix 5](#).

DPT 900 Clinical Education Experience II (6 credit hours)
This is one of the two terminal CEE under the mentorship and supervision of a CI for 9 weeks in varied clinical settings. Refer to syllabus in [Appendix 6](#).

DPT 940 Clinical Education Experience III (12 credit hours)
This is the final terminal CEE under the mentorship and supervision of a CI for 15 weeks in varied clinical settings. Refer to syllabus in [Appendix 7](#).

Clinical Evaluation Assessment Tools

Clinical Internship Evaluation Tool (CIET)

The CIET was developed in order to assess a student's ability to practice as compared to an entry-level clinician. During all CEE's, both students and CIs will complete the CIET at mid-term and during the final week. The CIET will be thoroughly discussed by the CI and the student and subsequently submitted to the DCE for final review. This tool helps to ensure that the student is progressing appropriately in their CEE and towards entry-level practice. This tool can be found in [Appendix 8](#). Specific expected benchmarks for each CEE are located in the respective syllabi.

Clinical Education Experience Professional Behaviors Assessment (CEEPBA)

The CEEPBA is a program-developed assessment tool completed in conjunction with the CIET. It is designed to provide additional insight into student professional behaviors within the clinical setting and will be completed by CIs and student at mid-term and at the completion of the clinical education experience. The student and the CI will discuss the assessment at both time points prior to submission to the DCE. If the student scores

at or below a 6 or at or above a 9 on any individual item on the assessment, the CI must provide comments to clarify the score. Refer to [Appendix 9](#).

Clinical Reasoning Assessment Tool (CRAT)

The CRAT is a validated tool used to assess student clinical reasoning in an objective manner at multiple time points throughout a DPT curriculum. The CRAT will be completed by the CI prior to the mid-term during Clinical Education Experience I (DPT 800) and Clinical Education Experience II (DPT 900) and during week four of Clinical Education Experience III (DPT 940). [Refer to Appendix 10](#).

CI Student Readiness Assessment

The CI Student Readiness Assessment is a program-developed assessment tool that was developed and adapted from the American Council on Academic Physical Therapy (ACAPT) guidelines for Student Readiness for the First-Time Clinical Experience. At the end of the second integrated clinical experience, CIs will complete the Student Readiness Assessment. If the student does not meet the minimum program requirements on the assessment, the DCE will contact the CI directly to discuss any concerns. If the student is unable to meet the minimum program requirements on the readiness assessment they will be unable to progress to DPT 800. Refer to [Appendix 11](#).

CI Professional Behavior Continuum

The CI Professional Behavior Continuum is a program-developed assessment tool used to examine students' professional behaviors while interacting with patients/clients and healthcare professionals in the clinic. At the end of Integrated Experiences 1, 3, and 4, students will have either a CI or an instructor complete the Professional Behavior Continuum Assessment. If there are categories in which the student does not meet the minimum program requirements, the DCE will contact the grader directly to discuss any concerns. Refer to [Appendix 12](#).

Peer Professional Behavior Continuum

The Peer Professional Behavior Continuum is a program-developed assessment tool that will allow the student to provide feedback on their peer clinical partner during ICE. At the end of each integrated clinical experience, students will rate their peer student partner and provide feedback related to their professional behaviors during the experience. Refer to [Appendix 13](#).

Grading Procedures

Integrated Clinical Experiences are graded based upon the standard grading procedures of the DPT program and a letter grade will be assigned. Please refer to the syllabi in the appendices for the grading scale. In full-time CEE, students will receive either a PASS or FAIL. Students must complete all necessary assignments and achieve the program specific benchmarks on the *Clinical Internship Evaluation Tool* (CIET) and *Clinical Education Experience Professional Behaviors Assessment* (CEEPBA) to

successfully pass. Please refer to the appendices for more specific guidelines on each respective syllabus. The DCE ultimately determines the final grade for the clinical experience based upon CIET data, the CEEPBA, and feedback provided by the clinical instructor(s).

Section V: Clinical Education Roles and Responsibilities

Director of Clinical Education (DCE)

Based on the APTA Model Position Description for the DCE:

“The DCE holds a faculty (academic or clinical) appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. This individual demonstrates competence in clinical education, teaching, and curriculum development. In addition, the DCE's primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. These activities include but are not limited to the following:

- 1) developing, monitoring, and refining the clinical education component of the curriculum;
- 2) facilitating quality learning experiences for students during clinical education;
- 3) evaluating students' performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum;
- 4) educating students, clinical and academic faculty about clinical education,
- 5) selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice;
- 6) maximizing available resources for the clinical education program;
- 7) providing documented records and assessment of the clinical education component (includes clinical education sites, clinical educators, etc); and
- 8) actively engaging core faculty clinical education planning, implementation, and assessment.

The DCE serves as a liaison between the physical therapy program and the clinical education site as part of his/her responsibilities. The DCE, in cooperation with other academic faculty, establishes clinical education site and facility standards, selects and evaluates clinical education sites, and facilitates ongoing development of and communication with clinical education sites and clinical faculty.

DCE Position Responsibilities

The DCE is responsible for coordinating and managing the efforts of the academic program and clinical education sites in the education and preparation of PT students by performing the following activities:

- 1) Communicate between the academic institution and affiliate clinical education sites via multimodal communication including but not limited to email, phone call, and in-person site visits
- 2) Planning of clinical education
- 3) Implementation of clinical education program
- 4) Assessment of clinical education program
- 5) Clinical site development
- 6) Clinical faculty development”

For more information please visit the APTA website at: [Model Position Statement for ACCE/DCE](#).

Site Coordinator of Clinical Education (SCCE)

The SCCE will manage and coordinate placement of the student at their clinical site. They will decide the maximum number of students the clinical site can accommodate at a specific time. They will also coordinate with the CIs regarding management of students, and provide them with the necessary information to be successful with a Moravian University DPT student. The following are expectations of the SCCE:

- 1) Communicate regularly with Moravian University regarding availability of CE, scheduling, and necessary requirements for students;
- 2) Maintain up-to-date documentation for clinical education including but not limited to clinical contracts, policies and procedures regarding clinical education, and required documents for students;
- 3) Supervise and assess clinical education program at their sites;
- 4) Support and assist the CIs in performing their clinical education duties;
- 5) Provide opportunities for CI development both on and off site;
- 6) Ensure all necessary documentation is provided to CI prior to start of clinical experience;
- 7) Develop and maintain a formal orientation for the student; and
- 8) Help provide learning opportunities for the student that are appropriate based on setting, patient population, and learning goals of the student.

For additional resources, please refer to the reference manual for SCCEs at the APTA website: [APTA Education SCCE Reference Manual](#)

Clinical Instructor (CI)

The CI plays a crucial role in the development of the Moravian University students. They will assist in professional, psychomotor skill, clinical decision making, communication, and collaborative practice development. The following are expectations of the CI:

- 1) Minimum of 1 year of clinical practice experience;
- 2) Interest in clinical education and mentorship;
- 3) Is familiar with Moravian University’s educational program objectives and curriculum;

- 4) Completes a program-developed training prior to accepting a student;
- 5) Demonstrates contemporary physical therapy practice in their area of practice;
- 6) Displays a positive, engaging and enthusiastic attitude regarding clinical education;
- 7) Provides appropriate learning opportunities for the student based on the clinic practice setting and the student's learning abilities;
- 8) Provides regular feedback to the student regarding areas of strength, areas of further development, and ways to help progress;
- 9) Completes required student assessment for the experience;
- 10) Serve as the student's instructor and mentor;
- 11) Communicates with the student, SCCE, and DCE regarding areas of concern for the student in a timely manner;
- 12) Collaborates with the SCCE and DCE in order to develop an appropriate action plan as needed; and
- 13) Provides feedback to the SCCE and DCE to help improve the clinical education program.

Clinical Instructor and Site Clinical Coordinator of Clinical Education Rights and Privileges

The CI and SCCE are entitled to the following rights and privileges from Moravian University. These are subject to change, with additional privileges provided by the University.

- 1) The SCCE/CI has the right to deny taking a student.
- 2) The SCCE/CI has the right to terminate a clinical experience with a student at any time.
- 3) The SCCE/CI will be offered free and/or discounted continuing education opportunities.
- 4) The SCCE/CI's will be considered for adjunct, guest lecture and lab assistant positions as they are available.
- 5) The SCCE/CI's may be asked to provide input into our curriculum and development of our program.

Student Expectations

Clinical education is a vital part of the DPT curriculum and development of entry-level practitioners. Moravian University DPT students are expected to follow both the DPT program and site-specific requirements including the following:

- 1) Contacting the clinical site to verify required documents;
- 2) Abiding by all policies and procedures of the facility;
- 3) Dressing in a professional manner consistent with the clinic's required dress code;
- 4) Wearing a name badge which is visible above the waist;

- 5) Demonstrating professional behaviors during all clinical interactions;
- 6) Displaying behaviors consistent with the *APTA Code of Ethics* and *APTA Core Values* in all interactions with patients/clients, families, and other health care practitioners;
- 7) Always practicing in a safe manner that minimizes risk to patient/client, self, and all others and follows Health and Safety Precautions;
- 8) Choosing appropriate behaviors related to client, family and interprofessional teams' cultural beliefs;
- 9) Demonstrating initiative, implementing constructive feedback, contributing to a positive work environment, and utilizing appropriate resources for problem solving during clinic interactions;
- 10) Seeking out additional learning opportunities, and working closely with the CI to maximize learning opportunities;
- 11) Practicing patient-centered interdisciplinary care; and
- 12) Completing all necessary coursework and paperwork as noted in the syllabus and Clinical Education Handbook.

Moravian DPT students are not permitted to contact clinical sites or clinical instructors directly to initiate new agreements or request placements. The DCE may request that a student provides contact information for a potential new clinical site that they have an interest in. However, it is ultimately the DCE who corresponds with clinical sites and partners.

Section VI: Student Rights & Responsibilities

Student Complaints

Students are encouraged to take responsibility for resolving their concerns without additional faculty, staff, and peers becoming involved during CEE. If students have any questions about the procedures outlined below or clinical education in general, please do not hesitate to discuss them with the DCE, PD or Associate Dean of the School of Rehabilitation Sciences.

Concerns Specific to a Clinic Placement, Clinical Supervisor or Other Clinical Areas:

- 1) First, students should contact their CI/SCCE and try to resolve the concern(s).
- 2) If a student believes that the concern(s) have not been adequately addressed, they are responsible for seeking advice from the DCE and/or PD.
- 3) If a student believes that the concern(s) have not been adequately addressed by the DCE and/or PD, they should schedule an appointment and seek advice from the Associate Dean of the School of Rehabilitation Sciences.

Concerns Specific to Grading:

- 1) Students are to follow the identified Grievance Policy in the Program Student Handbook for any grade appeal.
- 2) Any other grievances (other than grades) within the clinical education coursework

should follow the following hierarchy:

- a. First, the student should discuss the concern with the DCE and/or PD.
- b. If the student has continued concerns regarding the issue, they should discuss the issue with the Associate Dean of the School of Rehabilitation Sciences.
- c. If the student has concerns which have not been addressed, the student may discuss the issue with the Dean of the College Health.
- d. If the Dean of the College Health does not address the concern, the final level of grievance is a discussion about the concern with the Provost.

Accessibility policy

Available at: <https://www.moravian.edu/accessibility/services>

Equal Opportunity, Harassment, and Non-Discrimination statement

Available at: <https://www.moravian.edu/policy/non-discrimination>

Student Records and Family Educational Rights and Privacy Act (FERPA)

Available at: <https://www.moravian.edu/Handbook/policies#records>

Title IX

Available at: <https://www.moravian.edu/titleix>

Moravian University Academic Code of Conduct

Available at:

<https://www.moravian.edu/catalog/academic-regulations/academic-code-of-conduct>

Moravian University Code of Conduct

Available at:

<https://www.moravian.edu/Handbook/campus-life/code-of-conduct>

DPT Program Professional Expectations

Students are expected to abide by the professional behaviors described in the Professional Behaviors Assessment, the American Physical Therapy Association Core Values, and the American Physical Therapy Association Code of Ethics. The American Physical Therapy Association Code of Ethics is available at: [APTA Code of Ethics](#). The American Physical Therapy Association Core Values is available at: [APTA Core Values](#). Students are expected to meet minimum standards as developed by the DPT program. The Professional Dispositions, Behaviors, and Essentials Functions may be found in [Appendix 14](#).

SECTION VII: Student Requirements

Expenses/travel Related to Clinical Education

Students are expected to travel outside of the greater Lehigh Valley Area (minimum of 15 miles from University) for at least one full-time CEE. For each CEE, students are responsible for finding appropriate housing and transportation. They are also responsible for all travel expenses, which include but are not limited to: tolls, parking, gas, meals, etc.

Criminal Background Check

Students enrolled in the DPT Program are required to complete criminal background and child abuse history clearances in compliance with Pennsylvania state law. A criminal background check will be repeated at a minimum on a yearly basis. However, a background check may be required more frequently based on site-specific clinical requirements. Evidence of completion of background checks will be stored in the Exxat© data management system. These include: FBI Federal Criminal History Record (ACT 114), Pennsylvania State Police Criminal Records Check (ACT 34), and Pennsylvania Child Abuse History Clearance (ACT 151).

Students are also responsible for the costs of any additional required criminal background checks as required by the School of Rehabilitation Sciences or the student's clinical education site. All background checks will be maintained in the Exxat database. Students will allow the administrative assistant to release the information to their clinical site as needed.

Drug and Alcohol Policy

Alcohol Usage

Any student who chooses to consume alcoholic beverages will not be under the influence of alcohol during any academic or clinical education experience. Students who are perceived by the faculty or CI/SCCE to exhibit potential abuse of alcohol, evidenced by student behavior which includes, but is not limited to: excessive tardiness, slurred speech, the odor of alcohol on the breath, and lack of coordination will be referred to the DPT Program Director and/or Moravian University Health Center for appropriate intervention and referral. Additionally, students who appear to be under the influence of alcohol during any clinical education experience will be immediately removed from the clinical education site and will be referred to the DPT Program Director. Students who violate this policy will be subject to disciplinary action through the DPT Program, including possible course failure and program suspension or dismissal.

Drug Usage and Abuse

The DPT Program requires periodic drug testing of students enrolled in the program. These drug tests will be scheduled by the DPT program. Students will be responsible for all costs associated with these required drug tests.

Additionally, some clinical education sites require a drug test prior to beginning the clinical education experience. In the case of a required drug test, the DCE will inform the student of the requirement and he or she will be directed to an approved testing location. The student will be responsible for scheduling the drug test, all administrative processes associated with testing, as well as the cost of the test. The student will inform the testing site to forward the results of the drug test directly to the DPT Program Director and also to the Moravian University Health Center.

In the case of a positive drug test, the student will be immediately suspended from all

further clinical education experiences.

In the event of suspected drug usage or abuse perceived by the DPT faculty or CI, as evidenced by student behaviors including, but not limited to: irrational or unusual behavior, excessive tardiness or physical signs of drug usage / abuse, the student will be referred to the Moravian University Health Center and / or Counseling Services. Students may also be immediately removed from the clinical education site and suspended from continued clinical education. The student will be required to undergo a drug test within 24 hours at an approved drug-testing site. The cost of this test will be the sole responsibility of the student. Assuming a negative test, the student may be reinstated into the clinical portion of the DPT program. In the case of a positive test or failure to comply with the required test, the student will be immediately suspended from all further clinical education experiences. Failure to comply with a required test will be treated as if a positive test has been obtained.

Students who test positive will be immediately suspended from the clinical education portion of the DPT program and may face further disciplinary action from the program, in the form of suspension from the didactic portion of the program or dismissal from the program. As a result of any positive drug test, the student will be referred to the Moravian University Health Center and/or Counseling Services.

If a student has tested positive from a drug test and has not been dismissed, the student will be required to complete appropriate counseling as determined by the DPT Program Director, DPT faculty and DPT Program Director. Additionally, the student must undergo a hair sampling drug test prior to reinstatement to the didactic and / or clinical components of the DPT program. All costs for these drug tests will be the responsibility of the student. Upon reinstatement into the DPT program, the student may be required to undergo unannounced or random drug testing for the remainder of the time they are enrolled in the DPT program. The cost of these tests will be the sole responsibility of the student. Failure to complete the requested tests will result in dismissal from the DPT program.

In the case of a second offense, the student will be referred to the Moravian University Health Center and Counseling Services, and will be dismissed from the DPT program. Furthermore, students who demonstrate an episode of alcohol or drug use / abuse may be reported to the State Board of Physical Therapy and appropriate state regulatory bodies. Students should also familiarize themselves with the Moravian University Student Code of Conduct and Morvian University Medical Marijuana Policy which outlines additional information related to drug and alcohol use.

Medical Marijuana Policy

Marijuana (cannabis) is a controlled substance under federal law and its possession and use, even for medical reasons, is prohibited on property owned or operated by the University or at University-sponsored or affiliated programs and events.

<https://www.moravian.edu/accessibility/temporary-disabilities/medical-marijuana>

Student Professional Liability Insurance

Moravian University carries their own policy that provides professional liability insurance for all students during CEE. In addition, all students must have individual personal liability insurance based upon DPT program requirements. Liability insurance can be obtained through Health Care Providers Service Organization (HPSO) and information is available at: <http://www.hpso.com/>.

Required Immunizations and Medical Testing

Students are required to submit up-to date records without exemptions, of the following:

- 1) Two-step TB test (or negative chest x-ray)
- 2) Hepatitis B series
- 3) Measles, Mumps and Rubella (MMR)
- 4) Tetanus, Diphtheria and Pertussis (TDaP)
- 5) Varicella (or documentation of disease history from a healthcare provider)
- 6) Annual Influenza Immunization - under extenuating circumstances can meet with the DCE

Please note, that due to the recent global pandemic, some clinical sites require the COVID-19 Vaccine. If a student chooses not to get the vaccination, that may limit the number of clinical sites available, and may even delay or prevent graduation if a site that does not require vaccination can not be identified for student placement.

All information related to immunizations and medical testing will be maintained in the Exxat database. Students will allow the administrative assistant to release the information to their clinical site and the information will be sent securely through Exxat.

Communicable Disease Policy

During completion of clinical education experiences, exposure to patients suffering from communicable diseases is inevitable. As such, students completing clinical education experiences should carefully follow clinical sites and Centers for Disease Control and Prevention guidelines to prevent the transmission of communicable diseases. However, even when following such safety guidelines, it remains possible that students may contract communicable diseases. As a student enrolled in a graduate health professions program, requiring clinical education experiences, students must assume the risk of such exposure.

A communicable disease is an illness due to a specific infectious agent which can be transmitted from one individual to another. A communicable disease may be transmitted directly from one person to another without physical contact with the infected person. It may be transmitted indirectly when an object transmits the organism. Objects of transmission may be clothing, linens, utensils, food, water, milk, air, soil or insects.

Students that are determined by a physician as having an active communicable disease will be required to take a medical leave of absence from class and/or CEE until cleared by the same physician. At that time, the student will determine, with the PD and DCE, a plan to make up the academic or clinical education requirements.

Examples of communicable diseases are:

- 1) Rubella (3-day measles)
- 2) Rubeola (9-day measles)
- 3) Meningitis - viral and bacterial
- 4) Hepatitis A
- 5) Varicella (Chicken Pox)
- 6) Tuberculosis (TB)
- 7) Influenza
- 8) Mononucleosis
- 9) COVID-19 virus

Students who have any of the following signs and/or symptoms may have contracted a communicable disease. It is important for students to recognize that they could endanger individuals in the clinic in these cases. Students who experience any of the following signs or symptoms should be examined by a physician prior to attending class or clinical education experience.

- 1) Fever
- 2) Skin rash
- 3) Nasal discharge
- 4) Cough
- 5) Open and/or oozing skin lesions
- 6) Yellowing of the skin, eyes, or mouth
- 7) Unexplained fatigue
- 8) Chest pain
- 9) Dizziness
- 10) Unexplained nausea/diarrhea

Any student who comes in contact with a patient/client with a communicable disease or experiences any of the above signs and/or symptoms will be referred to the Moravian University Student Health Center or a physician of their choice. The costs associated with the referral and any additional care will be the responsibility of the student's primary insurance and the student. Students are required to follow the site-specific exposure plan, current CDC guidelines and any associated regulatory guidelines.

Tuition Costs Due to Extension of Clinical Education Experience

If the student needs to repeat a clinical education experience due to unacceptable performance or professionalism issues they are responsible for additional tuition costs determined by the University. However, if additional clinical education is required of students due to extenuating circumstances beyond the student's control (e.g. COVID-19 pandemic, medical leave of absence, etc.), students will not be charged additional tuition, but will be responsible for any additional costs associated with clinical education experiences (e.g. cost of background checks, required vaccinations, travel, housing, etc.). Regardless of the circumstances, this may delay graduation.

Student Injury

Students who are injured while completing their clinical education experiences are responsible for all incurred medical costs. If an injury does occur, the student must seek care at the following locations and/or with a personal physician. On Moravian University's campus during normal business hours; students should report to the Student Health Center, 250 W. Laurel Street (Hillside 5H), Bethlehem, PA 18018. (610) 861-1567. On Moravian University's campus before/after normal business hours: St. Luke's North (Walk-In Care), 153 Brodhead Road, Bethlehem, PA 18017. (484) 526-3000 OR St. Luke's University Hospital, Bethlehem (Emergency Department) 801 Ostrum Street, Bethlehem, PA 18015. (484)-526-4000. Off campus injury (out of area): Report to the nearest hospital or physician. Once immediate care has been administered, the student, clinical educator and student must notify the DCE. If a student must be referred to the hospital and it is not feasible for the CI to leave the site, it is expected that the instructor will follow-up with the DPT student as soon as possible. Students on-campus at Moravian University, during normal business hours, should be referred to the Moravian University Health Center whenever possible. If a student has been injured, it is his or her responsibility to obtain medical clearance to return to the clinical site. Please remember that all communication regarding student absences from clinical education must occur via direct (phone or in person) communication. Email, text messaging, and secondary sources are unacceptable.

Personal Health Insurance

All students are required to have health insurance and provide proof to the Clinical Education Administrative Specialist at the beginning of each calendar year. For Moravian University's specific policy and resources for obtaining health insurance, please visit the following website:

[https://www.moravian.edu/students-links/student-health-insurance.](https://www.moravian.edu/students-links/student-health-insurance)

OSHA/Bloodborne Pathogen Training

Policies have been developed to protect healthcare workers from bloodborne pathogens. The bloodborne pathogens of main concern to physical therapists are HIV and Hepatitis B. Physical therapists can be exposed to these pathogens in a variety of ways; including, but not limited to: blood, vomit, saliva, blister serum, or other bodily fluids. Therefore, it is imperative that students practice preventative measures at all

times. Prior to providing any patient/client care or interaction, all students will undergo training to help minimize exposure. Training will be completed in the Summer semester of year one in DPT 720 (Foundations of Physical Therapist Practice).

HIPAA Training

Students are required to complete training for awareness and compliance with the patient privacy regulations of the Health Insurance and Portability and Accountability Act (HIPAA) prior to initiating the clinical courses in the program. Training will be completed in the Summer semester of year one in DPT 720 (Foundations of Physical Therapist Practice). Additional HIPAA training may be required at the specific clinical site and the student will be responsible for completing the required training. It is vital that students protect patient confidentiality in all circumstances. Patient cases may be discussed outside of the clinic for educational purposes, but all patient identifiers must be removed to protect confidentiality.

CPR

Students are required to have a current CPR certification through the American Red Cross which includes adult, child, and infant CPR/AED/breathing emergencies. CPR training will be performed during student orientation, and the certification will be valid for 2 years. It will need to be renewed prior to DPT 900 (Clinical Education Experience II). CPR for the Professional Rescuer certification is the highest level of CPR training that is offered by the American Red Cross.

Section VIII: Academic Requirements for Clinical Education

Grading Procedures

In part-time integrated clinical experience courses (DPT 760/761/860/), students will receive a letter grade. Please refer to the appendices for the specific requirements for each course ([Appendices 2- 4](#)).

All full-time clinical education experience courses (DPT 800/900/940) are pass/fail. A pass must be obtained for all CEE in order to successfully complete the program. Please refer to the appendices for the specific requirements for each course ([Appendices 5-7](#)).

Student Readiness for Clinical Education Experiences

Successful completion of all previous didactic coursework must be completed prior to progression into CEE. All students will also be rated on the student readiness assessment for DPT 761 (Integrated Clinical Experience and Interprofessionalism II) which is located in [Appendix 11](#). If a student does not meet the requirements to progress to a clinical experience, the PD, DCE, and appropriate faculty will determine the most appropriate course of action.

Incomplete Clinical Education Experiences

As per Moravian University policies, a student may Withdraw from a clinical education experience. A withdrawal from a clinical education experience will alter the progression of that student within the DPT program. If the class is dropped after the drop/add date determined by Moravian University, the student will still incur the cost of the class.

If a student is unable to begin a clinical education experience, they will be given the opportunity to participate in that experience during the next regularly scheduled clinical experience.

Students are required to follow the University's policy regarding withdrawal timelines. If they withdraw after 5 days, their transcript will show a "W" or "WF." Any student who withdraws from a clinical education experience will be required to repeat that clinical education experience later in the curriculum. This will alter the student's progression within the program and may change graduation dates. If a student takes a leave of absence during a clinical education experience, the student must meet with the DCE and PD to determine a course of action.

Unsuccessful Clinical Education Experiences

Students must complete all necessary assignments along with achieving the benchmark noted on each respective syllabi on the *Clinical Internship Evaluation Tool* and *Clinical Experience Professional Behaviors Assessment* to achieve a PASS. The Director of Clinical Education (DCE) ultimately determines the final grade for the clinical education experience based upon CIET data and feedback provided by the clinical instructor(s). If a student is unsuccessful in a clinical education experience, they will receive a failing grade. The DPT Student Progression Committee will then meet to develop a plan for student remediation. The student may not progress in the program until the requirements of the learning plan are met. Students will only be able to fail one clinical education experience prior to being dismissed from the program. Students must pass all 3 CEE's to be eligible for graduation from the program.

If a student is unsuccessful in a part-time integrated clinical experience (ICE), the DPT Student Progression Committee will meet to determine next steps and develop a plan for student remediation. To successfully progress in the DPT program, there is a minimum threshold grade of 75% in all courses with the exception of the first semester which is 70%. If a student has not been successful in a part-time ICE, they must follow these guidelines and meet with the DPT Student Progression Committee. The Student Progression Committee will determine student readiness to progress to the next semester.

Learning Plans

The goal of a learning plan is to assist students in their progression in clinical education experiences and help them to achieve success. A learning plan may be developed during the clinical education experience if a student is not progressing as anticipated or

if a student is unsuccessful in completing a clinical education experience. The learning plan will vary depending on the specific needs of the student. It is not designed to be punitive in nature but rather to facilitate successful completion of a clinical education experience. It is an objective plan including specific goals and timelines developed in collaboration with the student, DCE, academic faculty, and clinical faculty. If any component of the learning plan is not met, the plan may be revised at any time at the discretion of the DCE. If a student does not meet the terms of the learning plan, they will not successfully pass the clinical education experience. A sample learning plan may be found in [Appendix 15](#).

There are a variety of reasons that learning plans may be initiated. Examples include but are not limited to:

- 1) A student is not meeting the professional behavior guidelines as outlined in the APTA Core Values, APTA Code of Ethics, or DPT program expectations;
- 2) A student demonstrates any safety concerns or an incident report;
- 3) If the SCCE or CI believe that additional structure or supports are needed for the student to be successful

The learning plan will be created by the student, CI and DCE, with input as appropriate from the PD and/or SCCE. The DCE first will meet with the CI and the student individually to review the expectations of the plan and the consequences if the goals of the contract are not achieved. Following the individual meetings, a joint meeting with the CI and student will be completed to assure that all parties have a clear understanding of the learning contract expectations.

The learning plan will be monitored by the CI, DCE, and SCCE (as needed).

Once the time period allotted for the learning plan is met, the DCE along with the DPT Student Progression Committee will determine if:

- 1) The student has met the requirements of the learning plan thus resolving the plan
- 2) Additional time is needed for the student to meet the goals of the learning plan and that an extension of the clinical education experience may be required (as time permits).
- 3) The student has not met the expectations of the learning plan and is subject to the stipulations outlined in the plan.

If the learning plan goals and objectives are successfully met, the student will continue to progress through the program as scheduled. If the learning plan requires extension of CEE, then graduation and progression within the program may be delayed.

Section IX: Resources Available for Students

All necessary information regarding specific clinical sites can be found in the Exxat online database. Exxat is an online education management solution that is utilized by

Moravian University to track clinical education documents and relevant clinical education information. This includes but is not limited to:

- 1) Information provided by students previously placed at the clinical site which outlines information related to parking, housing, etc.;
- 2) Information provided by students related to CIs at the clinical site;
- 3) Previous APTA Physical Therapy Student Evaluations of Clinical Experience and Clinical Instruction.

For questions or additional information about Exxat, the DCE or Clinical Education office manager or administrative support assistant may be contacted.

Section X: General Clinical Education Policies

Clinical Sites and Supervision

As suggested by the APTA, the levels of supervision for DPT students during CEE may be found at: [APTA Levels of Supervision](#). The text of the document is listed below.

LEVELS OF SUPERVISION:

“The American Physical Therapy Association supports the following levels of supervision within the context of physical therapist practice. The following levels of supervision are the minimum required for safe and effective physical therapist services. The application of a higher level of supervision may occur at the discretion of the physical therapist based on jurisdictional law regarding supervision, patient or client factors, the skills and abilities of the personnel being supervised, facility requirements, or other factors.

Further information regarding supervision is available in Direction and Supervision of the Physical Therapist Assistant, Student Physical Therapist and Physical Therapist Assistant Provision of Services, and The Role of Aides in a Physical Therapy Service.

General Supervision: General supervision applies to the physical therapist assistant. The physical therapist is not required to be on site for supervision but must be available at least by telecommunication. The ability of the physical therapist assistant to provide services shall be assessed on an ongoing basis by the supervising physical therapist.

Direct Supervision: Direct supervision applies to supervision of the student physical therapist and student physical therapist assistant. The physical therapist, or the physical therapist assistant when supervising a student physical therapist assistant, is physically present and immediately available for supervision. In both cases, the physical therapist or physical therapist assistant will have direct contact with the patient or client on each date of service. Telecommunication does not meet the requirement of direct supervision.

Direct Personal Supervision: Direct personal supervision applies to supervision of a physical therapy aide. The physical therapist, or where allowable by law the physical therapist assistant, is physically present and immediately available to supervise tasks that are related to patient and client services. The physical therapist maintains responsibility for patient and client management at all times.”

Communication with Clinical Site

Students are required to share requested documentation with their clinical sites including immunizations, medical testing, and background checks. Moravian University’s DPT program uses a password protected database (Exxat) to manage and store the documentation. Depending on the clinical site, the student’s required paperwork is sent via their Exxat profile link and sent via email. The site will receive an email that contains a link to access and download the students documents and profile information. During student orientation and before the first CEE, students receive training by the School Office Manager on how to upload documents into Exxat and share the documents with clinical sites.

Attendance & Punctuality

Moravian University expects students to recognize the positive effect on academic success of clinic attendance and punctuality. Any absence is incurred at the student’s own risk.

- 1) In the case of an absence (excused or unexcused), the student is responsible for what they may have missed in the clinic that day. They are allowed 1 excused absence from the clinic. If more than one absence has occurred, they will discuss with both their CI and DCE related to making up the missed clinic days. Refer to the communicable disease policy in relation to absences due to illness.
- 2) If more than one absence has occurred, a plan will be developed between the SCCE, DCE, and CI. This will include attention to extenuating circumstances.
- 3) Failure to attend CEE or tardiness without an excused absence will require the student to meet with the DCE except in extenuating circumstances. If there is a pattern of unexcused absences or tardiness, a meeting with the DCE will occur and a Professional Behavior Corrective Action Plan (PB-CAP) will be created ([Appendices 16-17](#)).
- 4) Failure to meet clinical requirements during integrated clinical experiences may result in failing the class. Students are expected to be present for all ICE’s except in cases of extenuating circumstances. If extenuating circumstances exist, the DCE and the student will meet to determine the most appropriate course of action.

Emergencies and illnesses do happen. Please note that if you are unable to attend your clinical education experience for the day you will report that information to your CI and/or SCCE **as soon as possible**. It is expected that you will **directly call the CI**. An email or text message is **not sufficient** when alerting them to a missed clinic day.

Within 24 hours of an absence in the clinic, it is required that you inform the DCE of your absence and the reason for it. It is acceptable to email the DCE regarding an absence in the clinical setting.

Please note - it is expected that the student will work the hours that their CI(s) work. This may mean that they are required to work on weekends, holidays, and evening hours. Students should plan accordingly.

Attire

Professional attire is required in all clinical settings. Students will follow the clinic policies regarding dress code and appearance. Traditional clinic attire will be required at the site in most cases. There may be instances that business professional attire is required based on the discretion of the CI. Students should be professionally groomed at all times. This includes practices of proper hygiene. Nails should be kept clean and of a functional length to provide safe patient care.

- 1) Students who do not abide by the required dress code of the day will face disciplinary action ([Appendices 16-17](#)).
- 2) Traditional clinical attire:
 - a) Collared shirt or dress shirt
 - b) Shirts must be tucked in, except in cases where the shirt is specifically designed to be worn untucked
 - c) "Khaki" or similar full-length pants (may vary depending on clinical site requirements)
 - d) Shorts and jeans are unacceptable
 - e) Tennis shoes or dress shoes that are closed-toed and closed-heeled
 - f) Hats should not be worn
 - g) Jewelry should be discreet
 - h) Tattoos may need to be covered at the discretion of the clinical site
- 3) Business professional attire:
 - a) Dress pants, skirt or dress of modest design
 - b) Length and cut of skirt or dress should be functional for clinical practice
 - c) Collared shirt, blouse or sweater of modest design
 - d) Necktie is optional (may be required by instructor/site)
 - e) Shirts must be tucked in, except in cases where the shirt is specifically designed to be worn untucked
 - f) Dress jacket is optional (may be required by instructor /site)
 - g) Dress shoes of any type that are closed-toed and closed-heeled
 - h) No tennis shoes or open-toed shoes
 - i) Heel height and type should be functional for clinical practice
- 4) Please note that the attire may vary at the discretion of the site.

Cell Phone Usage

Personal cell phones in the clinic setting are disruptive and considered unprofessional. They are not permitted in any clinic settings. Students who use cell phones during their

CEE may be dismissed from the clinic that day and subject to a Professional Behavior Corrective Action Plan (PB-CAP) ([Appendices 17-18](#)).

Please discuss with the CI, in advance, any extenuating circumstance in which a student feels that a cell phone is required.

Social Media Policy

Social media and networking policy

- 1) Moravian University recognizes that social media sites are a part of the University's culture, and that a great deal of professional networking occurs on these sites. As Moravian University DPT program promotes professional interactions between clinicians and patients, students in the DPT program should remember that information posted online may remain there forever and may be seen by faculty, staff, CIs or future employers. Students in the DPT program are strongly encouraged to utilize social media in a manner that reflects the professional standards expected of a physical therapist.
- 2) In maintaining this professional interaction, the program prohibits DPT students from interacting with current patients/clients using social media. Physical therapy students should not accept nor request any interaction involving social media with any current patient or client, regardless of whether the physical therapy student is directly responsible for the patient's care. Furthermore, it is unacceptable for DPT students to interact through social media, text message, or electronic mail with patients or clients who are minors, no matter if they are currently working with the minor or if they are no longer providing healthcare for the minor.
- 3) This policy further prohibits social interaction with patients and clients by text messaging and e-mail.
- 4) Posting of patient/client information on social media is a violation of the Health Insurance Portability and Accountability Act (HIPAA) protected individually identifiable health information. Violations of patient privacy and HIPAA can lead to civil and criminal penalties. Information is available at: <https://www.hhs.gov/hipaa/for-professionals/index.html>.
- 5) In addition to patients/clients, DPT students should refrain from friending or messaging with faculty or CIs on social media. In the event that a faculty member utilizes a social media platform for professional networking or engagement with students, specific guidelines for appropriate behavior will be provided. Students are not permitted to utilize social media to communicate with the instructor in any way other than the manner in which the faculty member has instructed.
- 6) Clinical sites often have their own policies and procedures related to electronics and social media, and students in these clinical settings will be accountable to the rules of the clinical partner.

Inclement Weather

Students will be required to discuss the specific clinical site inclement weather policy with the CI/SCCE. They are expected to abide by the clinic policy, not Moravian University's policy. If Moravian University is closed due to inclement weather but the clinical site remains open, the student is expected to attend the clinical experience for that day. Ultimately, the student should exercise their judgment regarding safe travel to the clinical site for the day. If a day is missed due to weather, the DCE must be notified within 24 hours. Time may have to be made up if it exceeds one day away from the clinic.

Patient/Client Right to Refuse Treatment from a Student

It is the patients/clients right to decide if a student will perform their treatment or not. All students will respect the right of the patient/client to refuse treatment from a student physical therapist. If the clinical site has a more stringent policy in place, that will supersede this policy.

All students must clearly identify themselves as a student and obtain consent to work with the patient/client. If the patient/client is a minor, then consent will be obtained from the guardian.

Clinical Site Cancellation Policy

Unfortunately, there may be instances where a clinical education site needs to cancel a scheduled clinical experience. In the event that this occurs, the DCE will review with the student their interests prior to determining alternate site availability. Additional sites will be contacted if needed. The DCE will make all efforts to replace a clinical site as soon as possible, but length of time may vary depending on the availability of clinical sites. All efforts will be made to keep the clinical site within the same setting and geographical location, but this is not a guarantee. Students should be prepared to travel or commute to sites as necessary.

Availability of Integrated and Clinical Experience Sites

Not every site will be available for clinical placement each year. The DCE will work closely with all sites that they have a clinical contract with to maintain high quality sites for clinical education. There is no guarantee that a site will be available to a student for a specific clinical experience.

Assignment of Integrated and Clinical Education Experience Sites

Assignment to ICE sites will occur based on site availability, student fit and interest, and geographic location of the student. If a student worked or performed shadowing hours greater than 40 hours at a specific site, they will be unable to perform an ICE.

Assignment of CEE will be multi-faceted. The DCE will try to match the student in a location that they will be most successful based on learning style, interests, academic standing, and professional behaviors. The DCE will meet with each student individually

during the summer semester of year one to begin to learn about the students interests and goals. Meetings will continue to occur throughout the program, and students will also fill out a questionnaire regarding what they find most desirable in a clinical site along with a wish list in Exxat. The student will then be matched with a site that seems to best fit them, and input from faculty advisors will be considered. The DCE has the final say in the clinical site at which the student will be placed. All requests for clinical education sites will be sent out at a minimum on March 1st of the previous year. It is the goal of the DCE to have all students placed in their specific site at a minimum three months prior to the scheduled clinical education experience.

DCE/Faculty Clinical Site Visits

At a minimum, the DCE or a faculty member will have one contact with both the student and the CI. A phone call or site visit will be scheduled around the mid-term of the clinical experience. For DPT 800 and DPT 900 a two week check in phone call or email will occur ([Appendix 19](#)). If the DCE or a faculty member performs a visit in person, they will fill out a site evaluation form ([Appendix 20](#)). During this visit, the DCE or faculty member will check on the progress of the student, determine opportunities that are available for the student, and overall assess the site. If there are any concerns during the visit, the DCE will discuss and take necessary action at that time. If another faculty member is performing the visit, the DCE will be notified immediately and necessary action will occur.

Clinical Site Evaluation

All students will be required to complete the Physical Therapy Student Evaluation Form ([Appendix 21](#)) for each of their full time clinical education experiences. The evaluation form will be completed in the Exxat database. This form provides the University with important information related to CI teaching effectiveness, case load distribution, and CI credentials. This form is required for successful completion of full time clinical education experiences and will be reviewed by the DCE.

Complaints

If a CI has a complaint about the DPT program or clinical education program, they should contact the DCE and/or PD to discuss the concern with the expectation that the concern will be addressed with discussion. If the complainant's concern is not addressed, they will be referred to the Associate Dean of the School of Rehabilitation Sciences and follow the policy on complaints outside of due process available at: <https://www.moravian.edu/rehab/contact/complaints-outside-of-due-process>. If the complaint is directly related to accreditation status, the complainant may contact the Commission on Accreditation of Physical Therapy Education at: 1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; or email: accreditation@apta.org.

Appendix 1: DPT Clinical Education Program Handbook Student Agreement

By signing this form, I acknowledge that I have read and am familiar with the most recent edition of the Moravian University Doctor of Physical Therapy (DPT) Program Handbook that is posted on the Moravian University DPT Website available at:

<https://www.moravian.edu/rehab/physical-therapy-dpt>.

Additionally, I understand the contents of this Clinical Education Handbook and how the policies and procedures of Moravian University's DPT Program will impact my progress in the program. I intend to comply fully with the policies and procedures stated above and as prescribed by the DPT Program Clinical Education Handbook and Moravian University. Failure to follow the DPT Program rules, regulations, and guidelines can result in disciplinary measures, and/or not completing the DPT program in the desired time frame. I understand that the policies and procedures established in future editions of the DPT Handbook will supersede previous policies and procedures of the DPT Program. The DPT Program Director or Director of Clinical Education will notify students of updates to the DPT Clinical Education Handbook via electronic mail.

Finally, I have spoken with the DPT Program Director or Director of Clinical Education to discuss any questions or concerns I have regarding the content of the Doctor of Physical Therapy Program Clinical Education Student Handbook.

Student's Full Name (Printed)

Student Signature

Date

Appendix 2: DPT 760 Integrated Clinical Experience and Interprofessional Education I

Moravian University
School of Rehabilitation Sciences
Doctor of Physical Therapy
Semester 2

Course: DPT 760
Course Title: Integrated Clinical Experience and Interprofessional Education I
Credit Hours: 2 Credit Hours
Prerequisites: DPT 700/710/720
Clock Hours: Lecture/Clinical: 4 hours per week (on-site and off-site)

Instructor: Alison Roll, PT, DPT, TPS
Office: SMRC 265
Office Phone: (610) 625-7234
Email: rolla@moravian.edu

Course Description:

This course is the first in a series of three part-time integrated clinical education experiences and interprofessional seminars. Students will develop an awareness of the competencies required for interprofessional care and integrate knowledge of clinical skills and professional behaviors in preparation for the first full-time clinical education experience.

Required Texts:

American Physical Therapy Association. *Guide to Physical Therapist Practice 3.0*. APTA, 2014. Available at: <http://guidetoptpractice.apta.org/>

Dutton M. *Introduction to Physical Therapy and Patient Skills*. McGraw-Hill; 2014. ISBN:978-0071772419

Quinn L. & Gordon J. *Documentation for Rehabilitation: A Guide to Clinical Decision Making in Physical Therapy*. Elsevier: Philadelphia; 2015. ISBN: 978-0323312332

Supplemental Text:

Gulick D. T. *Ortho Notes* FA Davis: Philadelphia: 2018. ISBN: 978-0803666573

Additional References:

American Physical Therapy Association. *APTA Code of Ethics*. APTA, 2019.

American Physical Therapy Association. *APTA Professionalism in Physical Therapy: Core Values*. APTA, 2009.

Articles and papers from professional journals in rehabilitation sciences.

Course Objectives: At the conclusion of this course, students will be able to successfully:

| Objective | CAPTE DPT Educational Competency (CAPTE, 2017) | Instructional Method(s) | Assessment Method(s) |
|---|--|--|--|
| 1) Identify behaviors consistent with the <i>APTA Code of Ethics</i> in all interactions with patients/clients, families, and the interprofessional team. | 7D4: Practice in a manner consistent with the <i>APTA Code of Ethics</i> . | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | Peer feedback rubric, CI rubric and student reflection |
| | 7B: Ethics and values | | |
| 2) Identify behaviors consistent with the <i>APTA Core Values</i> in all interactions with patients/clients, families, and the interprofessional team. | 7D5: Practice in a manner consistent with the <i>APTA Core Values</i> . | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | Peer feedback rubric, CI rubric and student reflection |
| | 7B: Ethics and values | | |
| 3) Demonstrate proper stress, time and resource management, open mindedness, and take accountability for actions. | 7D5: Practice in a manner consistent with the <i>APTA Core Values</i> . | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | Peer feedback rubric, CI rubric and student reflection |
| 4) Recognize effective communication skills and flexibility in communication style during all interactions | 7D7: Communicate effectively with all stakeholders, including | Team-based activities, assigned readings, online | Peer feedback rubric and CI rubric |

| | | | |
|---|--|---|--|
| <p>in clinical and classroom environments including feedback sessions with the interprofessional team.</p> | <p>patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.</p> | <p>training module, guided instruction, lab instruction and CI mentoring</p> | |
| <p>5) Demonstrate an awareness of diversity during all clinical interactions, including but not limited to patient/clients, families, and the interprofessional team.</p> | <p>7D8: Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.</p> | <p>Team-based activities, assigned readings, online training module, guided instruction, lab instruction and CI mentoring</p> | <p>Peer feedback rubric, CI rubric, student reflection, and ICE Learning Center assignment</p> |
| <p>6) Demonstrate respect and compassion during all patient and professional interactions.</p> | <p>7D8: Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.</p> | <p>Team-based activities, assigned readings, online training module, guided instruction, lab instruction and CI mentoring</p> | |
| <p>7) Demonstrate initiative and flexibility; implement constructive feedback; contribute to a positive work environment; utilize appropriate resources for problem solving; and recognize the importance of interprofessional care and teamwork.</p> | <p>7D39: Participate in patient-centered interprofessional collaborative practice</p> | <p>Team-based activities, assigned readings, online training module and CI mentoring</p> | <p>Peer feedback rubric, CI rubric and student reflection</p> |

| | | | |
|--|--|---|---|
| <p>8) State musculoskeletal impairments, diagnosis that guides further treatment, activity limitations, and participation restrictions based on the International Classification of Functioning (ICF).</p> | <p>7D21: Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.</p> | <p>Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring</p> | <p>Documentation rubric</p> |
| <p>7D22: Determine a diagnosis that guides future patient/client management.</p> | | | |
| <p>9) Prepare complete and concise clinical documentation while adhering to regulatory guidelines.</p> | <p>7D32: Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.</p> | <p>Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring</p> | <p>Documentation rubric</p> |
| <p>10) Recognize the need for lifelong learning and teaching in the clinical setting.</p> | <p>7D15: Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of</p> | <p>Team-based activities, assigned readings, online training module and CI mentoring</p> | <p>Peer feedback rubric, CI rubric and student reflection</p> |

| | | | |
|---|---|--|---|
| | physical therapist students. | | |
| 11) Apply appropriate billing techniques for selected cases. | 7D42: Participate in the financial management of the practice setting, including accurate billing and payment for services rendered. | Team based activities, assigned readings, guided instruction | Billing assignment |
| 12) Critically appraise the implications and potential outcomes of various history taking scenarios | 7D7: Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers. 7D17: Obtain a history and relevant information from the patient/client and from other sources as needed. 7B: Communication; clinical reasoning | Team based activities, assigned readings, guided instruction, CI mentoring | ICE Learning Center- History Taking Team Based Assignment; CI rubric and student reflection |

Grading Procedures:

| | | |
|--------------------|----------|------------------|
| Course assignments | Quantity | Percent of Grade |
|--------------------|----------|------------------|

| | | |
|---|---|-------------|
| Billing Assignment | 1 | 10% |
| Interprofessional Event (IPE) Reflection | 1 | 15% |
| Integrated Clinical Experience (ICE) Reflection | 1 | 15% |
| Documentation assignment | 1 | 20% |
| ICE Learning Center- History Taking Team Based Assignment | 1 | 20% |
| CI Professional Behaviors Continuum Assessment | 1 | 5% |
| Peer Professional Behaviors Continuum Assessment | 1 | 5% |
| Completion of Clinical Education Required Documents | 1 | 10% |
| | | Total: 100% |

The course will use the following guidelines to convert numerical scores to letter grades:

| A | B+ | B | C+ | C | D+ | D | F |
|------|--------|--------|--------|--------|--------|--------|-----------|
| ≥90% | 87-89% | 80-86% | 77-79% | 70-76% | 67-69% | 60-66% | Below 60% |
| 4.0 | 3.3 | 3.0 | 2.3 | 2.0 | 1.3 | 1.0 | 0.0 |

Examinations, Practicals, and Assessment Grading

- 1) In the event that a student does not pass a written examination, remediations will **not** be offered by the course instructor.
- 2) In the case of skill checks, practicals, and/or clinical simulations, remediations will be **required** in all cases. Students must pass all skill checks, practicals, and/or clinical simulations with or without remediation to successfully progress in the program. Students who do not pass a skill check, practical, and/or clinical simulation with or without remediation will be referred to the student progression committee.
- 3) The passing grade for all skill checks, practicals, and/or clinical simulations is 70% in the first semester and 75% for the remaining semesters (2-8).
- 4) Students will be permitted 2 remediations (total of 3 attempts) for a skill check, practical, and/or clinical simulation. The format of the remediation is up to the discretion of the instructor.
- 5) If a student remediates a skill check, practical, and/or clinical simulation, the highest grade that they can achieve is a 70% during the first semester and 75% for remaining semesters (2-8).
- 6) If a remediation is required for a skill check, practical, and/or clinical simulation administered during finals week, it is required that the remediation is completed no later than the Monday following finals week.
- 7) The rubrics for grading of skill checks, practicals, and clinical simulations are found in Appendices 3-8 of the DPT Student Handbook but may be changed at

the discretion of the course instructor. These changes will be communicated to the students.

- 8) Students who receive a grade lower than 70% on **any** assessment (written or clinical) during the first semester or lower than 75% in remaining semesters (2-8) are required to meet with the instructor no later than 72 hours following the assessment. It is the students' responsibility to arrange the meeting with the instructor.

To successfully progress in the program, students must pass all skill checks, practicals, and/or lab practicals with or without remediation.

Students must successfully pass this course with an 75% or higher to progress to semester 3 in the program.

Course Guidelines & Expectations

Please refer to the Moravian University DPT Program Handbook for specific details regarding classroom and laboratory guidelines and expectations.

Written Examinations

The following policies exist to ensure examination integrity and to maintain a fair and equitable testing environment for all students enrolled in the DPT Program. Students are entitled to approved testing accommodations and are strongly encouraged to work with the Accessibility Services Center to secure them. Students with approved testing accommodation(s) should meet with the course instructor before the test administration date to discuss how accommodations will be honored. Most written examinations in the DPT Program are delivered using Lockdown Browser© unless otherwise stated by the course instructor. Electronic devices are not permitted unless otherwise authorized by the course instructor.

If a student needs to leave and re-enter the classroom during the examination, they should speak to the examination administrator. In general, students should plan to remain in the classroom, laboratory, or computer lab where the examination is administered throughout the examination period.

After the examination, all examination materials (including test booklets, examinations, scratch paper, answer sheets, etc.) must be returned to the examination administrator unless otherwise instructed. If examinations need to be administered remotely, Lockdown Browser will be used with the camera feature enabled, and an environmental scan must be completed before starting the examination. Students should seek out a space in which they will not be disturbed, which does not violate their privacy. If a student has difficulty finding this space, they should communicate with the course instructor to get assistance in arranging one. Students will not be permitted to take screenshots or photos during remote examinations and are not allowed to use any resources while taking the examination, i.e., books, notes, etc., unless otherwise authorized by the instructor.

Violation of any examination policy is grounds for dismissal from the testing area, failure of the examination, failure of the course and/or dismissal from the DPT Program.

Written assignments/discussion boards

If an assignment is not completed on time, students will still have the opportunity to earn full or partial credit unless otherwise noted by the instructor and syllabus.

Academic dishonesty and plagiarism

The DPT program follows the established guidelines in the Moravian University Academic Code of Conduct for all issues related to academic dishonesty or plagiarism. The Academic Code of Conduct may be found in the University Catalog and is available at:

<https://www.moravian.edu/catalog/academic-regulations/academic-code-of-conduct>

Attendance and punctuality

Moravian University recognizes the positive effect of class attendance and participation on academic success. Active, thoughtful, and respectful participation in all aspects of courses will make time between students and instructors as productive and engaging as possible. To maximize the learning experiences, all students should attend all meetings of the courses in which they are enrolled.

- 1) In the case of an absence, the student is responsible for all material presented and assigned. Please communicate any anticipated absences to the course instructor as soon as possible.
- 2) Persons with religious or cultural observances that coincide with this class should let the instructor know. Moravian strongly encourages students to honor their cultural and religious holidays.
- 3) Please do your best to be on time for all course meetings. If you are running late, please let the instructor know as soon as possible.
- 4) Zoom may be used in some circumstances in lieu of in-person classes or in-person attendance. Please speak to your instructor if you cannot attend a class session in person.
- 5) Class attendance and punctuality demonstrate positive professional behavior. Please demonstrate your Core Values as a future physical therapist. If you are experiencing difficulty demonstrating this professional behavior, you may be referred to the Professional Behavior Committee.

Emergencies and illnesses do happen. Please note that if you are unable to attend your clinical experience for the day you will report that information to your CI and/or SCCE **as soon as possible**. It is expected that you will **directly call the CI**. An email or text message is **not sufficient** when alerting them to a missed clinic day.

Within 24 hours of an absence in the clinic, it is required that you inform the DCE of your absence and the reason for it. It is acceptable to email the DCE regarding an absence in the clinical setting.

Use of Moravian email/electronic communications

- 1) Students are required to check their Moravian University email accounts and Canvas on a daily basis. Important class and program information will be posted on Canvas and/or sent via email to Moravian University accounts only.
- 2) Personal emails may not be used.
- 3) Failure to check electronic mail is not an acceptable excuse for failure to meet or complete class/program assignments. Email communication can be a valuable tool in rapidly relaying and receiving information.
- 4) Students should remember that all communication (email, phone and in-person) with faculty, staff and clinical instructors should be handled professionally. It is not appropriate to send a professional email message that does not use appropriate grammar, spelling and punctuation. Whenever possible, students should communicate with faculty, staff and clinical instructors via email. However, faculty, staff and clinical instructors reserve the right to allow students to contact them via their cell phones when timely communication is necessary. The instructors will outline the terms of this communication and students will be expected not to abuse these terms.

Accessibility Services

Moravian University is committed to ensuring the full participation of all students in its programs. If you have a documented disability (or you think you may have a disability) and, as a result, you need a reasonable accommodation to participate in this class, complete course requirements, or benefit from the institution's programs or services, contact the Accessibility Services Center (ASC) as soon as possible. To receive any academic accommodation, you must be appropriately registered with ASC. The ASC works with students confidentially and does not disclose any disability-related information without the student's permission. To contact the Accessibility Services Center (ASC), located in the lower level of Monocacy Hall, call 610-861-1401, or email asc@moravian.edu.

Title IX

Moravian University faculty are committed to providing a learning environment free from harassment and discrimination, including sexual harassment/violence under Title IX. Should a student disclose a concern of this nature, the faculty member is obligated to inform the Executive Director for Equity and Compliance (Title IX Coordinator), who will assist the student in determining support measures and resolution options. Reports can be made online anytime at www.moravian.edu/titleix. Fully confidential reporting options

include the University Chaplains and professionals in the Counseling and Health Centers. Survivors are encouraged to seek immediate assistance by contacting the Advocates at (484) 764-9242. For more information, including grievance procedures, please view the Equal Opportunity, Harassment, and Non-Discrimination Policy at www.moravian.edu/policy.

Tentative Course Outline:

| Date | Topic | Readings | Assessment |
|---------|---|-------------|---|
| Week 1 | IPE Session 1 | | |
| Week 2 | Clinical Education Orientation & Syllabus/assignment review | TBD | |
| Week 3 | IPE Session 2 | | |
| Week 4 | ICE Learning Center (Asynchronous Class Session) | TBD | |
| Week 5 | ICE Learning Session Synchronous Class Session | | ICE Learning Center-History Taking Assignment |
| Week 6 | IPE Session 3 | | IPE Reflection |
| Week 7 | Integrated Clinical Experience | | |
| Week 8 | Integrated Clinical Experience | | |
| Week 9 | Integrated Clinical Experience | | |
| Week 10 | Integrated Clinical Experience | No Readings | |
| Week 11 | Integrated Clinical Experience | | |
| Week 12 | Integrated Clinical Experience | No Readings | Integrated Clinical Experience Reflection |
| Week 13 | Thanksgiving Break | | |
| Week 14 | Therapeutic Exercise Prescription; Billing Practices | No Readings | CI rubric, peer feedback rubric and documentation assignment; |

| | | | |
|---------|--------------------|--|-----------------------|
| | | | billing assignment |
| Week 15 | Debriefing Session | | |
| Week 16 | Make-up Week | | |

Syllabus Changes: The course instructor reserves the right to modify the course syllabus in order to adjust to the learning needs of the students. Students will be notified of any changes prior to implementation. If the need arises, each student is responsible for clarifying any course expectations with the instructor.

Appendix 3: DPT 761 Integrated Clinical Experience and Interprofessional Education II

Moravian University
School of Rehabilitation Sciences
Doctor of Physical Therapy
Semester 3

Course: DPT 761
Course Title: Integrated Clinical Experience and Interprofessional Education II
Credit Hours: 2 Credit Hours
Prerequisites: DPT 730/735/740/745/750/760
Clock Hours: Lecture/Clinical: 4 hours per week (on-site and off-site)

Instructor: Alison Roll, PT, DPT, TPS
Office: SMRC 265
Office Phone: (610) 625-7234
Email: rolla@moravian.edu

Course Description:

This course is the second in a series of three part-time integrated clinical education experiences and interprofessional seminars. Students will develop an awareness of the competencies required for interprofessional care and integrate knowledge of clinical skills and professional behaviors in preparation for the first full-time clinical education experience.

Required Texts:

American Physical Therapy Association. *Guide to Physical Therapist Practice 3.0*. APTA, 2014. Available at: <http://guidetoptpractice.apta.org/>

Dutton M. *Introduction to Physical Therapy and Patient Skills*. McGraw-Hill; 2014. ISBN:978-0071772419

Quinn L. & Gordon J. *Documentation for Rehabilitation: A Guide to Clinical Decision Making in Physical Therapy*. Elsevier: Philadelphia; 2015. ISBN: 978-0323312332

Supplemental Text:

Gulick D. T. *Ortho Notes* FA Davis: Philadelphia: 2018. ISBN: 978-0803666573

Additional References:

American Physical Therapy Association. *APTA Code of Ethics*. APTA, 2019.

American Physical Therapy Association. *APTA Professionalism in Physical Therapy: Core Values*. APTA, 2009.

Professional Behaviors Assessment. Available at: <https://www.marquette.edu/physical-therapy/documents/professional-behaviors-student-self-assessment.pdf>. Accessed 3/24/20.

Articles and papers from professional journals in rehabilitation sciences.

Course Objectives: At the conclusion of this course, students will be able to successfully:

| Objective | CAPTE DPT Educational Competency (CAPTE, 2017) | Instructional Method(s) | Assessment Method(s) |
|--|--|--|---|
| 1) Utilize behaviors consistent with the <i>APTA Code of Ethics</i> in all interactions with patients/clients, families, and the interprofessional team. | 7D4: Practice in a manner consistent with the <i>APTA Code of Ethics</i> . | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | <i>Professional Behaviors Assessment</i> , peer feedback and CI rubrics |
| | 7B: Ethics and values | | |
| 2) Utilize behaviors consistent with the <i>APTA Core Values</i> in all interactions with patients/clients, families, and the interprofessional team. | 7D5: Practice in a manner consistent with the <i>APTA Core Values</i> . | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | <i>Professional Behaviors Assessment</i> , peer feedback, CI rubrics and student reflection |
| | 7B: Ethics and values | | |
| 3) Demonstrate proper stress, time and resource management, open mindedness, and take accountability for actions. | 7D5: Practice in a manner consistent with the <i>APTA Core Values</i> . | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | <i>Professional Behaviors Assessment</i> , peer feedback, CI rubrics and student reflection |

| | | | |
|---|--|---|--|
| <p>4) Apply effective communication skills and flexibility in communication style during all interactions in clinical and classroom environments including feedback sessions with the interprofessional team.</p> | <p>7D7: Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.</p> | <p>Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring</p> | <p><i>Professional Behaviors Assessment</i>, peer feedback, CI rubrics, and student reflection</p> |
| <p>5) Display an awareness of diversity during all clinical interactions, including but not limited to patient/clients, families, and the interprofessional team.</p> | <p>7D8: Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.</p> | <p>Team-based activities, assigned readings, online training module, guided instruction, lab instruction and CI mentoring</p> | <p>Peer feedback, CI rubrics and student reflection</p> |
| <p>6) Demonstrate respect and compassion during all patient and professional interactions.</p> | | | |
| <p>7) Display initiative and flexibility; implement constructive feedback; contribute to a positive work environment; utilize appropriate resources for</p> | <p>7D39: Participate in patient-centered interprofessional collaborative practice.</p> | <p>Team-based activities, assigned readings, online training module and CI mentoring</p> | <p><i>Professional Behaviors Assessment</i></p> |

| | | | |
|--|---|--|---|
| problem solving; and recognize the importance of interprofessional teamwork. | | | |
| 8) Interpret musculoskeletal impairments, diagnosis that guides further treatment, activity limitations and participation restrictions based on the International Classification of Functioning (ICF). | 7D21: Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations. 7D22: Determine a diagnosis that guides future patient/client management. | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | Documentation rubric, documentation worksheet |
| 9) Accurately determine continuation of services based on patient/client re-evaluation. | 7D20: Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments. | Team-based activities; assigned readings; CI mentoring | Documentation rubric, documentation worksheet |
| 10) Prepare complete and concise clinical documentation adhering to regulatory guidelines. | 7D32: Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | Documentation rubric, documentation worksheet |

| | | | |
|---|---|--|--|
| | regulatory agencies. | | |
| 11) Practice in a safe manner that minimizes risk to patient/client, their families, caregivers, and self using proper body mechanics during gait and guarding. | 7D19: Select, and competently administer tests and measures appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:mobility (including locomotion). | Team-based activities, assigned readings and guided instruction | CI Readiness Assessment; Therapeutic exercise assignment |
| 1) Construct an appropriate treatment plan based upon identified patient/client impairments. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. c. biophysical agents d. functional training in self-care and in domestic, education, work, community, social and civic life f. manual therapy techniques (including mobilization/manipulation thrust and nonthrust techniques) | Team-based activities, assigned readings, guided instruction, and CI mentoring | CI Readiness Assessment; Therapeutic exercise assignment |

| | | | |
|--|---|--|---|
| | g. motor function (balance, gait, etc) h. patient/client education i. therapeutic exercise | | |
| 12) Demonstrate lifelong learning practices and teaching in the clinical setting. | 7D15: Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. | Team-based activities, assigned readings, online training module and CI mentoring | <i>Professional Behaviors Assessment</i> |
| 1) Utilize behaviors consistent with the <i>APTA Code of Ethics</i> in all interactions with patients/clients, families, and the interprofessional team. | 7D4: Practice in a manner consistent with the <i>APTA Code of Ethics</i> . | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | <i>Professional Behaviors Assessment</i> , peer feedback and CI rubrics |

Grading Procedures:

| Course assignments | Quantity | Percent of Grade |
|--|----------|------------------|
| CI Student Readiness Assessment | 1 | 5% |
| Peer Professional Behaviors Continuum Assessment | 1 | 5% |
| <i>Professional Behaviors Assessment</i> | 1 | 5% |
| Completion of all Clinical Education Documents | 1 | 10% |
| Documentation Worksheet | 1 | 10% |
| Exercise Prescription Assignment | 1 | 15% |

| | | |
|---|---|-------------|
| Interprofessional Event (IPE) Reflection | 1 | 15% |
| Integrated Clinical Experience (ICE) Reflection | 1 | 15% |
| Documentation Assignment | 1 | 20% |
| | | Total: 100% |

The course will use the following guidelines to convert numerical scores to letter grades:

| A | B+ | B | C+ | C | D+ | D | F |
|------|--------|--------|--------|--------|--------|--------|-----------|
| ≥90% | 87-89% | 80-86% | 77-79% | 70-76% | 67-69% | 60-66% | Below 60% |
| 4.0 | 3.3 | 3.0 | 2.3 | 2.0 | 1.3 | 1.0 | 0.0 |

Examinations, Practicals, and Assessments Grading

- 1) Students are not required to remediate written examinations. Remediations will not be offered if a student does not pass a written examination.
- 2) For skill checks, practicals, and/or clinical simulations, remediations will be offered to students. Students must pass all skill checks, practicals, and/or clinical simulations with or without remediation to successfully progress in the program. Students who cannot pass a skill check, practical, and/or clinical simulation with or without remediation will be referred to the DPT Student Progression Committee.
- 3) The minimum grade for all skill checks, practicals, and/or clinical simulations is 70% in the first semester and 75% for the remaining semesters (2-8).
- 4) Students will be provided up to 2 remediations (total of 3 attempts) for a skill check, practical, and/or clinical simulation. The format of the remediation is up to the discretion of the instructor.
- 5) If a student remediates a skill check, practical, and/or clinical simulation, the highest grade they will be awarded is 70% during the first semester and 75% for the remaining semesters (2-8).
- 6) If remediation is required for a skill check, practical, and/or clinical simulation administered during finals week, it is required that the remediation is completed by the Friday of finals week.
- 7) Students who receive a grade lower than 70% on any assessment (written or clinical) during the first semester or lower than 75% in remaining semesters (2-8) are required to meet with the instructor no later than 72 hours following the assessment to discuss opportunities for improvement and discuss any barriers to learning. It is the student's responsibility to arrange a meeting with the instructor.

To successfully progress in the program, students must pass all skill checks, practicals, and/or lab practicals with or without remediation.

Students must successfully pass this course with a 75% or higher to progress to semester 4 in the program.

Course Guidelines & Expectations

Please refer to the Moravian University DPT Program Handbook for specific details regarding classroom and laboratory guidelines and expectations.

Written Examinations

The following policies exist to ensure examination integrity and to maintain a fair and equitable testing environment for all students enrolled in the DPT Program. Students are entitled to approved testing accommodations and are strongly encouraged to work with the Accessibility Services Center to secure them. Students with approved testing accommodation(s) should meet with the course instructor before the test administration date to discuss how accommodations will be honored. Most written examinations in the DPT Program are delivered using Lockdown Browser® unless otherwise stated by the course instructor. Electronic devices are not permitted unless otherwise authorized by the course instructor.

If a student needs to leave and re-enter the classroom during the examination, they should speak to the examination administrator. In general, students should plan to remain in the classroom, laboratory, or computer lab where the examination is administered throughout the examination period.

After the examination, all examination materials (including test booklets, examinations, scratch paper, answer sheets, etc.) must be returned to the examination administrator unless otherwise instructed. If examinations need to be administered remotely, Lockdown Browser will be used with the camera feature enabled, and an environmental scan must be completed before starting the examination. Students should seek out a space in which they will not be disturbed, which does not violate their privacy. If a student has difficulty finding this space, they should communicate with the course instructor to get assistance in arranging one. Students will not be permitted to take screenshots or photos during remote examinations and are not allowed to use any resources while taking the examination, i.e., books, notes, etc., unless otherwise authorized by the instructor.

Violation of any examination policy is grounds for dismissal from the testing area, failure of the examination, failure of the course and/or dismissal from the DPT Program.

Written assignments/discussion boards

If an assignment is not completed on time, students will still have the opportunity to earn full or partial credit unless otherwise noted by the instructor and syllabus.

Academic dishonesty and plagiarism

The DPT program follows the established guidelines in the Moravian University

Academic Code of Conduct for all issues related to academic dishonesty or plagiarism. The Academic Code of Conduct may be found in the University Catalog and is available at:

<https://www.moravian.edu/catalog/academic-regulations/academic-code-of-conduct>

Attendance and punctuality

Moravian University recognizes the positive effect of class attendance and participation on academic success. Active, thoughtful, and respectful participation in all aspects of courses will make time between students and instructors as productive and engaging as possible. To maximize the learning experiences, all students should attend all meetings of the courses in which they are enrolled.

- 1) In the case of an absence, the student is responsible for all material presented and assigned. Please communicate any anticipated absences to the course instructor as soon as possible.
- 2) Persons with religious or cultural observances that coincide with this class should let the instructor know. Moravian strongly encourages students to honor their cultural and religious holidays.
- 3) Please do your best to be on time for all course meetings. If you are running late, please let the instructor know as soon as possible.
- 4) Zoom may be used in some circumstances in lieu of in-person classes or in-person attendance. Please speak to your instructor if you cannot attend a class session in person.
- 5) Class attendance and punctuality demonstrate positive professional behavior. Please demonstrate your Core Values as a future physical therapist. If you are experiencing difficulty demonstrating this professional behavior, you may be referred to the Professional Behavior Committee.

Emergencies and illnesses do happen. Please note that if you are unable to attend your clinical experience for the day you will report that information to your CI and/or SCCE **as soon as possible**. It is expected that you will **directly call the CI**. An email or text message is **not sufficient** when alerting them to a missed clinic day.

Within 24 hours of an absence in the clinic, it is required that you inform the DCE of your absence and the reason for it. It is acceptable to email the DCE regarding an absence in the clinical setting.

Use of Moravian email/electronic communications

- 1) Students are required to check their Moravian University email accounts and Canvas on a daily basis. Important class and program information will be posted on Canvas and/or sent via email to Moravian University accounts only.
- 2) Personal emails may not be used.
- 3) Failure to check electronic mail is not an acceptable excuse for failure to meet or complete class/program assignments. Email communication can be a valuable

tool in rapidly relaying and receiving information.

- 4) Students should remember that all communication (email, phone and in-person) with faculty, staff and clinical instructors should be handled professionally. It is not appropriate to send a professional email message that does not use appropriate grammar, spelling and punctuation. Whenever possible, students should communicate with faculty, staff and clinical instructors via email. However, faculty, staff and clinical instructors reserve the right to allow students to contact them via their cell phones when timely communication is necessary. The instructors will outline the terms of this communication and students will be expected not to abuse these terms.

Accessibility Services

Moravian University is committed to ensuring the full participation of all students in its programs. If you have a documented disability (or you think you may have a disability) and, as a result, you need a reasonable accommodation to participate in this class, complete course requirements, or benefit from the institution's programs or services, contact the Accessibility Services Center (ASC) as soon as possible. To receive any academic accommodation, you must be appropriately registered with ASC. The ASC works with students confidentially and does not disclose any disability-related information without the student's permission. To contact the Accessibility Services Center (ASC), located in the lower level of Monocacy Hall, call 610-861-1401, or email asc@moravian.edu.

Title IX

Moravian University faculty are committed to providing a learning environment free from harassment and discrimination, including sexual harassment/violence under Title IX. Should a student disclose a concern of this nature, the faculty member is obligated to inform the Executive Director for Equity and Compliance (Title IX Coordinator), who will assist the student in determining support measures and resolution options. Reports can be made online anytime at www.moravian.edu/titleix. Fully confidential reporting options include the University Chaplains and professionals in the Counseling and Health Centers. Survivors are encouraged to seek immediate assistance by contacting the Advocates at (484) 764-9242. For more information, including grievance procedures, please view the Equal Opportunity, Harassment, and Non-Discrimination Policy at www.moravian.edu/policy.

Tentative Course Outline:

| Date | Topic | Readings | Assessment |
|--------|--|------------------------------|--|
| Week 1 | Course Introduction; Documenting the Re-evaluation | Readings posted to Canvas | <i>Professional Behaviors Assessment</i> |

| | | | |
|---------|---|---------------------------|--|
| Week 2 | Therapeutic Exercise Prescription | Readings posted to Canvas | Documentation Worksheet |
| Week 3 | Intraprofessional Session | | Therapeutic Exercise Prescription |
| Week 4 | IPE Session 1 | | |
| Week 5 | IPE Session 2 | | |
| Week 6 | Spring Break | | |
| Week 7 | IPE Session 3 | | IPE Reflection |
| Week 8 | Integrated Clinical Experience | | |
| Week 9 | Integrated Clinical Experience | | |
| Week 10 | Integrated Clinical Experience | | |
| Week 11 | Integrated Clinical Experience | | |
| Week 12 | Integrated Clinical Experience | | |
| Week 13 | Integrated Clinical Experience | | Integrated Clinical Experience Reflection |
| Week 14 | Professionalism Clinical Education experience Orientation (for DPT 800) | | CI rubric, peer feedback rubric and documentation assignment |
| Week 15 | Debriefing Session | | |
| Week 16 | Make-up Week | | |

Syllabus Changes: The course instructor reserves the right to modify the course syllabus in order to adjust to the learning needs of the students. Students will be notified of any changes prior to implementation. If the need arises, each student is responsible for clarifying any course expectations with the instructor.

Appendix 4: DPT 860 Integrated Clinical Experience and Interprofessional Education III

Moravian University
School of Rehabilitation Sciences
Doctor of Physical Therapy
Semester 5

Course: DPT 860
Course Title: Integrated Clinical Experience and Interprofessional Education III
Credit Hours: 2 Credit Hours
Prerequisites: DPT 800/851
Clock Hours: Lecture/Clinical: 4 hours per week (onsite and off-site)

Instructor: Alison Roll, PT, DPT, TPS
Office: SMRC 265
Office Phone: (610) 625-7234
Email: rolla@moravian.edu

Course Description:

This course is the third in a series of three part-time integrated clinical education experiences and interprofessional seminars. Students will develop an awareness of the competencies required for interprofessional care and advance knowledge and application of clinical skills and professional behaviors in preparation for terminal clinical education experiences.

Required Texts:

American Physical Therapy Association. *Guide to Physical Therapist Practice 3.0*. APTA, 2014. Available at: <http://guidetoptpractice.apta.org/>

Dutton M. *Introduction to Physical Therapy and Patient Skills*. McGraw-Hill, 2014. ISBN:978-0071772419

Quinn L. & Gordon J. *Documentation for Rehabilitation: A Guide to Clinical Decision Making in Physical Therapy* Elsevier, 2015. ISBN: 978-0323312332

Supplemental Text:

Hillegass E. Z. *PT Clinical Notes* F.A. Davis, 2014. ISBN: 978-0803627604

Additional References:

American Physical Therapy Association. *APTA Code of Ethics*. APTA, 2019.

American Physical Therapy Association. *APTA Professionalism in Physical Therapy: Core Values*. APTA, 2009.

Articles and papers from professional journals in rehabilitation sciences.

Course Objectives: At the conclusion of this course, students will be able to successfully:

| Objective | CAPTE DPT Educational Competency (CAPTE, 2017) | Instructional Method(s) | Assessment Method(s) |
|--|--|--|--|
| 1) Integrate behaviors consistent with the <i>APTA Code of Ethics</i> in all interactions with patients/clients, families, and the interprofessional team. | 7D4: Practice in a manner consistent with the <i>APTA Code of Ethics</i> . | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | CI rubric, peer feedback rubric and IPE student reflection |
| | 7B: Ethics and values | | |
| 2) Integrate behaviors consistent with the <i>APTA Core Values</i> in all interactions with patients/clients, families, and the interprofessional team. | 7D5: Practice in a manner consistent with the <i>APTA Core Values</i> . | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | CI rubric, peer feedback rubric and IPE student reflection |
| | 7B: Ethics and values | | |
| 3) Select appropriate behaviors related to proper stress, time and resource management, open mindedness, and take accountability for actions. | 7D5: Practice in a manner consistent with the <i>APTA Core Values</i> . | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | CI rubric, peer feedback rubric and IPE student reflection |
| 4) Implement effective communication skills and flexibility in communication | 7D7: Communicate effectively with all stakeholders, including | Team-based activities, assigned readings, online | Peer feedback rubric and CI rubric |

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| <p>style during all interactions in clinical and classroom environments including feedback sessions with the interprofessional team.</p> | <p>patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.</p> | <p>training module, guided instruction, lab instruction and CI mentoring</p> | |
| <p>5) Demonstrate respect and compassion during all patient and professional interactions.</p> | <p>7B: Communication</p> <p>7D8: Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.</p> | <p>Team-based activities, assigned readings, online training module, guided instruction, lab instruction and CI mentoring</p> | <p>Peer feedback rubric and CI rubric</p> |
| <p>6) Display initiative, flexibility, implement constructive feedback, contribute to a positive work environment, utilize appropriate resources for problem solving, and recognize the importance of interprofessional</p> | <p>7D39: Participate in patient-centered interprofessional collaborative practice.</p> | <p>Team-based activities, assigned readings, online training module and CI mentoring</p> | <p>CI rubric, peer feedback rubric and IPE student reflection</p> |

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| care and teamwork. | | | |
| 7) Distinguish impairments, activity limitations, diagnosis that guides further treatment, and participation restrictions based on the International Classification of Functioning (ICF). | 7D21: Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations. | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | Documentation assignment |
| | 7D22: Determine a diagnosis that guides future patient/client management. | | |
| 8) Develop appropriate patient documentation. | 7D32: Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies. | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | Documentation assignment |
| 9) Explain the role of the physical therapist in clinical education. | 7D15 Identify career development and lifelong learning opportunities, including the role of the physical therapist in the | Team-based activities, assigned readings, and CI mentoring | Peer feedback rubric; IPA session reflection |

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| | clinical education of physical therapist students. | | |
| 10) Demonstrate understanding of Telehealth etiquette. | 7D7: Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers. | Team-based activities, assigned readings, guided instruction, lab instruction and CI mentoring | Telehealth assignment |
| 11) Identify suspected cases of abuse in children and act as an appropriate mandated reporter. | 7D2 Report to appropriate authorities suspected cases of abuse of vulnerable populations. | Online Training Course | Completion of online training course |

Grading Procedures:

| Course assignments | Quantity | Percent of Grade |
|---|----------|------------------|
| Interprofessional Events (IPE) Reflection | 1 | 10% |
| PT/PTA Intraprofessional Event Reflection | 1 | 10% |
| Integrated Clinical Experience Reflections | 2 | 2 x 10%= 20% |
| Documentation Assignment (ICE Learning Center) | 1 | 20% |
| Telehealth Assignment | 1 | 25% |
| Peer Professional Behavior Continuum Assessment | 1 | 5% |

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| Child Abuse Mandated Reporter Training | | 10% |
| | | Total: 100% |

The course will use the following guidelines to convert numerical scores to letter grades:

| A | B+ | B | C+ | C | D+ | D | F |
|------|--------|--------|--------|--------|--------|--------|-----------|
| ≥90% | 87-89% | 80-86% | 77-79% | 70-76% | 67-69% | 60-66% | Below 60% |
| 4.0 | 3.3 | 3.0 | 2.3 | 2.0 | 1.3 | 1.0 | 0.0 |

Examinations, Practicals, and Assessments Grading

- 8) Students are not required to remediate written examinations. Remediations will not be offered if a student does not pass a written examination.
- 9) For skill checks, practicals, and/or clinical simulations, remediations will be offered to students. Students must pass all skill checks, practicals, and/or clinical simulations with or without remediation to successfully progress in the program. Students who cannot pass a skill check, practical, and/or clinical simulation with or without remediation will be referred to the DPT Student Progression Committee.
- 10) The minimum grade for all skill checks, practicals, and/or clinical simulations is 70% in the first semester and 75% for the remaining semesters (2-8).
- 11) Students will be provided up to 2 remediations (total of 3 attempts) for a skill check, practical, and/or clinical simulation. The format of the remediation is up to the discretion of the instructor.
- 12) If a student remediates a skill check, practical, and/or clinical simulation, the highest grade they will be awarded is 70% during the first semester and 75% for the remaining semesters (2-8).
- 13) If remediation is required for a skill check, practical, and/or clinical simulation administered during finals week, it is required that the remediation is completed by the Friday of finals week.
- 14) Students who receive a grade lower than 70% on any assessment (written or clinical) during the first semester or lower than 75% in remaining semesters (2-8) are required to meet with the instructor no later than 72 hours following the assessment to discuss opportunities for improvement and discuss any barriers to learning. It is the student's responsibility to arrange a meeting with the instructor.

Students must successfully pass this course with a 75% or higher to progress to semester 6 in the program.

Course Guidelines & Expectations

Please refer to the Moravian University DPT Program Handbook for specific details regarding classroom and laboratory guidelines and expectations.

Written Examinations

The following policies exist to ensure examination integrity and to maintain a fair and equitable testing environment for all students enrolled in the DPT Program. Students are entitled to approved testing accommodations and are strongly encouraged to work with the Accessibility Services Center to secure them. Students with approved testing accommodation(s) should meet with the course instructor before the test administration date to discuss how accommodations will be honored. Most written examinations in the DPT Program are delivered using Lockdown Browser® unless otherwise stated by the course instructor. Electronic devices are not permitted unless otherwise authorized by the course instructor.

If a student needs to leave and re-enter the classroom during the examination, they should speak to the examination administrator. In general, students should plan to remain in the classroom, laboratory, or computer lab where the examination is administered throughout the examination period.

After the examination, all examination materials (including test booklets, examinations, scratch paper, answer sheets, etc.) must be returned to the examination administrator unless otherwise instructed. If examinations need to be administered remotely, Lockdown Browser will be used with the camera feature enabled, and an environmental scan must be completed before starting the examination. Students should seek out a space in which they will not be disturbed, which does not violate their privacy. If a student has difficulty finding this space, they should communicate with the course instructor to get assistance in arranging one. Students will not be permitted to take screenshots or photos during remote examinations and are not allowed to use any resources while taking the examination, i.e., books, notes, etc., unless otherwise authorized by the instructor.

Violation of any examination policy is grounds for dismissal from the testing area, failure of the examination, failure of the course and/or dismissal from the DPT Program.

Written assignments/discussion boards

If an assignment is not completed on time, students will still have the opportunity to earn full or partial credit unless otherwise noted by the instructor and syllabus.

Academic dishonesty and plagiarism

The DPT program follows the established guidelines in the Moravian University Academic Code of Conduct for all issues related to academic dishonesty or plagiarism. The Academic Code of Conduct may be found in the University Catalog and is available at:

<https://www.moravian.edu/catalog/academic-regulations/academic-code-of-conduct>

Attendance and punctuality

Moravian University recognizes the positive effect of class attendance and participation on academic success. Active, thoughtful, and respectful participation in all aspects of courses will make time between students and instructors as productive and engaging as possible. To maximize the learning experiences, all students should attend all meetings of the courses in which they are enrolled.

- 6) In the case of an absence, the student is responsible for all material presented and assigned. Please communicate any anticipated absences to the course instructor as soon as possible.
- 7) Persons with religious or cultural observances that coincide with this class should let the instructor know. Moravian strongly encourages students to honor their cultural and religious holidays.
- 8) Please do your best to be on time for all course meetings. If you are running late, please let the instructor know as soon as possible.
- 9) Zoom may be used in some circumstances in lieu of in-person classes or in-person attendance. Please speak to your instructor if you cannot attend a class session in person.
- 10) Class attendance and punctuality demonstrate positive professional behavior. Please demonstrate your Core Values as a future physical therapist. If you are experiencing difficulty demonstrating this professional behavior, you may be referred to the Professional Behavior Committee.

Emergencies and illnesses do happen. Please note that if you are unable to attend your clinical experience for the day you will report that information to your CI and/or SCCE **as soon as possible**. It is expected that you will **directly call the CI**. An email or text message is **not sufficient** when alerting them to a missed clinic day.

Within 24 hours of an absence in the clinic, it is required that you inform the DCE of your absence and the reason for it. It is acceptable to email the DCE regarding an absence in the clinical setting.

Use of Moravian email/electronic communications

- 5) Students are required to check their Moravian University email accounts and Canvas on a daily basis. Important class and program information will be posted on Canvas and/or sent via email to Moravian University accounts only.
- 6) Personal emails may not be used.
- 7) Failure to check electronic mail is not an acceptable excuse for failure to meet or complete class/program assignments. Email communication can be a valuable tool in rapidly relaying and receiving information.
- 8) Students should remember that all communication (email, phone and in-person) with faculty, staff and clinical instructors should be handled professionally. It is not appropriate to send a professional email message that does not use appropriate grammar, spelling and punctuation. Whenever possible, students should communicate with faculty, staff and clinical instructors via email. However,

faculty, staff and clinical instructors reserve the right to allow students to contact them via their cell phones when timely communication is necessary. The instructors will outline the terms of this communication and students will be expected not to abuse these terms.

Accessibility Services

Moravian University is committed to ensuring the full participation of all students in its programs. If you have a documented disability (or you think you may have a disability) and, as a result, you need a reasonable accommodation to participate in this class, complete course requirements, or benefit from the institution’s programs or services, contact the Accessibility Services Center (ASC) as soon as possible. To receive any academic accommodation, you must be appropriately registered with ASC. The ASC works with students confidentially and does not disclose any disability-related information without the student’s permission. To contact the Accessibility Services Center (ASC), located in the lower level of Monocacy Hall, call 610-861-1401, or email asc@moravian.edu.

Title IX

Moravian University faculty are committed to providing a learning environment free from harassment and discrimination, including sexual harassment/violence under Title IX. Should a student disclose a concern of this nature, the faculty member is obligated to inform the Executive Director for Equity and Compliance (Title IX Coordinator), who will assist the student in determining support measures and resolution options. Reports can be made online anytime at www.moravian.edu/titleix. Fully confidential reporting options include the University Chaplains and professionals in the Counseling and Health Centers. Survivors are encouraged to seek immediate assistance by contacting the Advocates at (484) 764-9242. For more information, including grievance procedures, please view the Equal Opportunity, Harassment, and Non-Discrimination Policy at www.moravian.edu/policy.

Tentative Course Outline:

| Date | Topic | Readings | Assessment |
|--------|--------------------|---------------------------|-----------------------|
| Week 1 | Telehealth | Readings posted to Canvas | Telehealth Assignment |
| Week 2 | Virtual ICE w/FOX | | ICE Reflection 1 |
| Week 3 | Pediatric Rotation | | |
| Week 4 | Pediatric Rotation | | |
| Week 5 | IPA Session w/LCCC | | IPA Reflection |
| Week 6 | IPE Session 1 | | |

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| Week 7 | IPE Session 2 | | ICE Learning Center Assignment |
| Week 8 | IPE Session 3 | | |
| Week 9 | IPE Session 4 | | IPE Reflection |
| Week 10 | Pediatric, Neuro, Pelvic Health or Occupational Medicine rotation | | |
| Week 11 | Pediatric, Neuro, Pelvic Health or Occupational Medicine rotation | | |
| Week 12 | Pediatric, Neuro, Pelvic Health or Occupational Medicine rotation | | |
| Week 13 | Pediatric, Neuro, Pelvic Health or Occupational Medicine rotation | | Integrated Clinical Experience Reflection |
| Week 14 | Pediatric, Neuro, Pelvic Health or Occupational Medicine rotation | | Peer feedback rubric and Documentation Assignment |
| Week 15 | Debriefing Session | | |
| Week 16 | Make up week | | |

Syllabus Changes: The course instructor reserves the right to modify the course syllabus in order to adjust to the learning needs of the students. Students will be notified of any changes prior to implementation. If the need arises, each student is responsible for clarifying any course expectations with the instructor.

Appendix 5: DPT 800 Clinical Education Experience I

Moravian University
School of Rehabilitation Sciences
Doctor of Physical Therapy
Semester 4

Course: DPT 800
Course Title: Clinical Education Experience I
Credit Hours: 8 Credit Hours
Prerequisites: DPT 731/741/765/770/775/761
Clock Hours: 35-40 hours per week

Instructor: Alison Roll, PT, DPT, TPS
Office: SMRC 265
Office Phone: (610) 625-7234
Email: rolla@moravian.edu

Course Description:

This course is the students' first full-time 12 week clinical experience under the supervision and mentorship of a physical therapist clinical instructor. Students will apply knowledge and skills that they have obtained in the didactic portion of the curriculum and part-time integrated clinical experiences to real life clinic scenarios. During this experience, students will move from understanding to applying, analyzing and evaluating all components of clinical practice in an outpatient setting.

Required Texts:

American Physical Therapy Association. *Guide to Physical Therapist Practice 3.0* APTA, 2014.

Quinn L. & Gordon J. *Documentation for Rehabilitation: A Guide to Clinical Decision Making in Physical Therapy*. Elsevier; St. Louis: 2015. ISBN: 978-0323312332

Supplemental Text:

Gulick D. T. *Ortho Notes*. FA Davis; Philadelphia. 2018. ISBN: 978-0803666573

Additional Resources:

American Physical Therapy Association. *APTA Code of Ethics* APTA, 2018.

American Physical Therapy Association. *APTA Professionalism in Physical Therapy: Core Values*. APTA, 2009.

Professional Behaviors Assessment. Available at:

<https://www.marquette.edu/physical-therapy/documents/professional-behaviors-student-self-assessment.pdf>. Accessed 3/24/20.

Course Objectives: At the conclusion of this course, students will be able to successfully:

| Objective | CAPTE DPT Educational Competency (CAPTE, 2017) | Instructional Method(s) | Assessment Method(s) |
|--|--|-------------------------|----------------------|
| 1) Select behaviors consistent with the <i>APTA Code of Ethics</i> in all interactions with patients/clients, families, caregivers, and other healthcare practitioners including adherence to laws and regulations and protection of vulnerable populations. | 7D1: Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. | BA | Clinical mentorship |
| | 7D2: Report to appropriate authorities suspected cases of abuse of vulnerable populations. | | |
| | 7D3: Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services. | | |
| | 7D4: Practice in a manner consistent with the <i>APTA Code of Ethics</i> . | | |
| 2) Select behaviors consistent with the <i>APTA</i> | 7D5: Practice in a manner | BA | Clinical mentorship |

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| <i>Core Values</i> in all interactions with patients/clients, families, caregivers, and other healthcare practitioners. | consistent with the <i>APTA Core Values</i> . | | |
| 3) Initiate effective communication skills and flexibility in communication style during all clinical interactions, patient/client history taking, and feedback sessions with the interprofessional team. | 7D7: Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers. | BA | Clinical mentorship |
| 4) Demonstrate appropriate behaviors, show respect and compassion related to clients', families' and interprofessional team members' diversity and cultural beliefs. | 7D8: Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities. | BA | Clinical mentorship |
| 5) Display initiative, flexibility, implement constructive feedback, contribute to a positive work environment, utilize appropriate resources for problem solving, and recognize the importance of patient-centered interprofessional care and case coordination. | 7D39: Participate in patient-centered interprofessional collaborative practice. | BA | Clinical mentorship |
| | 7D36: Participate in the case management process. | KI | Clinical mentorship |
| 6) Apply appropriate examination techniques | 7D17: Obtain a history and | SI | Clinical mentorship |

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| including history taking, systems review and recognizing contraindications for further tests and measures. | relevant information from the patient/client and from other sources as needed. | | |
| 7) Recognize psychosocial factors that may impact patient/client management and prognosis. | 7D18: Perform systems review. 7A: Psychosocial aspects of health and disability | KI | Clinical mentorship |
| 8) Apply appropriate examination techniques to assess mental status and identify activity and participation restrictions including consideration of biopsychosocial and environmental factors. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | SI | Clinical mentorship |
| 9) Apply appropriate examination techniques to assess anthropometric characteristics, circulation (arterial, venous, lymphatic), and integumentary integrity. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | SI | Clinical mentorship |
| 10) Apply appropriate examination techniques to assess cranial and peripheral nerve integrity including those that examine pain, sensory integrity, reflex integrity, neuromotor development, and motor function. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | SI | Clinical mentorship |
| 11) Apply appropriate examination techniques to assess skeletal integrity, joint mobility & | 7D19: Select and competently administer tests and measures appropriate to | SI | Clinical mentorship |

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| integrity, and range of motion. | the patient's age, diagnosis, and health status. | | |
| 12)Apply appropriate examination techniques for observation and assessment of posture, balance testing, and testing of muscle performance. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | SI | Clinical mentorship |
| 13)Apply appropriate examination techniques to assess mobility and gait/locomotion including determination of need for assistive technology. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | SI | Clinical mentorship |
| 14)Use clinical decision making and differential diagnosis to evaluate examination data and impairments in body structure and function, activity limitations and participation restrictions. | 7D20: Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments. | KI | Clinical mentorship |
| | 7D21: Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations. | | |
| | 7B: Clinical reasoning | | |
| | 7C: Differential diagnosis | | |
| 15)Discover yellow or red flags which require | 7D16: Determine when | KI | Clinical mentorship |

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| further tests and measures, referral, or consultation. | patients/clients need further examination or consultation by a physical therapist or referral to another health care professional. | | |
| 16) Explain rationale for identified impairments, activity limitations and participation restrictions while determining plan of care using principles of best practice and patient-centered care. | 7D10: Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources. | KI | Clinical mentorship |
| | 7D11: Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client. | | |
| | 7B: Clinical reasoning | | |
| 17) Utilize clinical decision making to determine a PT diagnosis, prognosis, patient goals, and anticipated outcomes based on data from examination. | 7D22: Determine a diagnosis that guides future client/patient management. | KI | Clinical mentorship |
| | 7D23: Determine patient/client goals and | | |

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| | <p>expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.</p> <p>7B: Clinical reasoning</p> | | |
| 18)Apply principles of safe biomechanics and best practice when choosing and executing interventions related to the prescription, application, fabrication, or modification of assistive technology. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | SI | Clinical mentorship |
| 19)Differentiate the most appropriate therapeutic modality and safely administer proper parameters of the chosen therapeutic modality based on patient presentation. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | SI | Clinical mentorship |
| 20)Apply principles of safe body mechanics and best practice when choosing and implementing interventions addressing functional mobility, self-care, activity limitations and participation restrictions, balance and gait retraining while | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | SI | Clinical mentorship |

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| considering patient presentation. | | | |
| 21)Apply principles of safe body mechanics and best practice when selecting and performing manual therapy interventions, including but not limited to non-thrust mobilization, thrust manipulation thrust, neural mobilization, and soft tissue techniques while considering patient presentation. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | SI | Clinical mentorship |
| 22)Apply principles of safe biomechanics and best practice when selecting therapeutic exercise and aerobic capacity/endurance exercise while considering patient presentation. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | SI | Clinical mentorship |
| | 7A: Exercise science | | |
| 23)Demonstrate effective teaching strategies when educating clients, family members, and caregivers related to their physical therapy diagnosis, prognosis, interventions, and relationship to activity limitations and participation restrictions. | 7D12: Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students. | SI | Clinical mentorship |
| 24)Explain the need for changes in plan of care based on patient response during/after interventions and modify or adjust the | 7D30: Monitor and adjust the plan of care in response to patient/client status. | KI | Clinical mentorship |

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| interventions as appropriate. | | | |
| 25) Select appropriate criteria for discharge, discontinuation of plan of care, or progression along care continuum. | 7D26: Create a discontinuation of an episode of care plan that optimizes success for the patient in moving along the continuum of care. | KI | Clinical mentorship |
| 26) Analyze progress towards patient/client goals, monitor progress towards discharge and assess patient/client outcomes. | 7D31: Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation. | KI | Clinical mentorship |
| 27) Perform accurate, concise and appropriate EHR patient documentation including billing procedures. | 7D32: Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies. | KI | Clinical mentorship |

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| | 7D42 Participate in the financial management of the practice setting, including accurate billing and payment for services rendered. | | |
| 28) Determine when delegation to support staff (PTA/aide) is appropriate based on patient need, support staff's ability, state law and federal regulation. | 7D25: Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA). | KI | Clinical mentorship |
| 29) Discuss the roles and responsibilities of the PT in delivering care through direct access. | 7D35: Provide care through direct access. | SI | Clinical mentorship |
| 30) Discuss lifelong learning and teaching strategies in the clinical setting. | 7D15: Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. | BI | Clinical mentorship |
| 31) State the current health care policies and the potential impact it will have on clinical practice. | 7D41: Assess health care policies and their potential impact on the healthcare environment and practice. | KA | Clinical mentorship and guided instruction |

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| 32) Describe practice management and quality services. | 7D38: Participate in activities for ongoing assessment and improvement of quality services. | KI | Clinical mentorship and guided instruction |
| | 7D43: Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. | | |
| 33) Respond effectively to patient/client environmental emergencies in the practice setting. | 7D33: Respond effectively to patient/client and environmental emergencies in one's practice setting. | SA | Clinical mentorship |
| 34) Recognize risks to patient or healthcare provider safety and demonstrate safe patient care and handling in the clinic. | 7D37: Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team. | KI | Clinical mentorship |

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| 35) Analyze the use of healthcare informatics in the clinic. | 7D40: Use healthcare informatics in the healthcare environment. | KA | Clinical mentorship and guided instruction |
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Course Guidelines & Expectations: Please refer to the Moravian University DPT Program Clinical Education Handbook for specific details regarding clinical guidelines and expectations.

Grading Procedures:

| Course assignments | Quantity | Percent of Grade |
|--|----------|------------------|
| Mid-Term <i>Clinical Internship Evaluation Tool</i> (CIET) | 1 | Met/Not Met |
| Mid-Term Clinical Experience <i>Professional Behaviors Assessment</i> | 1 | Met/Not Met |
| Mid-Term <i>Clinical Reasoning Assessment Tool</i> (CRAT) | 1 | Met/Not Met |
| Final <i>Clinical Internship Evaluation Tool</i> (CIET) | 1 | Met/Not Met |
| Final Clinical Experience <i>Professional Behaviors Assessment</i> | 1 | Met/Not Met |
| Discussion Board Posts | 4 | Met/Not Met |
| Complete clinical site procedures and assignments (i.e drug testing, compliance training, etc) | 1 | Met/Not Met |
| Update clinical site information in Exxat | 1 | Met/Not Met |
| Pass/Fail | | |

PASS/FAIL: Students must complete all necessary assignments along with achieving the benchmark of “Always” for safety, “Most of the Time” for professional behaviors and “At the Level for Familiar Patients” for patient management on the *Clinical Internship Evaluation Tool* and *Clinical Experience Professional Behaviors Assessment* to achieve a PASS. The Director of Clinical Education (DCE) ultimately determines the final grade for the clinical experience based upon CIET data and feedback provided by the clinical instructor(s).

Remediation Policy:

If a student is unsuccessful in meeting the required scores for the *Clinical Internship Evaluation Tool* and *Clinical Experience Professional Behaviors Assessment*, they will receive a failing grade and will need to meet with the DCE to develop a learning contract. Until the clinical education experience is successfully remediated they will not be able to progress through the program. Students will only be able to fail one clinical experience prior to being dismissed from the program.

Students must successfully pass this course in order to progress to Semester 5.

Written assignments/discussion boards

Assignments not completed on time will result in automatic lowering of the grade by 10% each day until submitted (unless otherwise noted on the syllabus). If assignments are more than two days late, they will not be accepted and a “zero” will be assigned. Assignments are due at the beginning of class or lab on the due date. Emergencies do arise and make-up work may be negotiated with the instructor (at his or her discretion), although the grade will ordinarily reflect the lateness. Any deviation from this policy is at the discretion of the course instructor. All assignments must be submitted electronically unless previously approved by the professor.

Academic dishonesty and plagiarism

The DPT program follows the established guidelines in the Moravian University Academic Code of Conduct for all issues related to academic dishonesty or plagiarism. The Academic Code of Conduct may be found in the University Catalog and is available at:

<https://www.moravian.edu/catalog/academic-regulations/academic-code-of-conduct>

Attendance & Punctuality

Moravian University expects students to recognize the positive effect on academic success of clinic attendance and punctuality. All students are expected to attend all meetings of the courses in which they are enrolled; any absence is incurred at the student's own risk.

- 1) In the case of an absence (excused or unexcused), the student is responsible for what they may have missed in the clinic that day. They are allowed 1 excused absence from the clinic. If more than 1 absence has occurred, they will discuss with both their CI and DCE related to making up the missed clinic days. Refer to the communicable disease policy in relation to absences due to illness.
- 2) If more than 1 absence has occurred, a plan will be developed between the SCCE, DCE, and CI. This will include attention to extenuating circumstances.
- 3) Failure to attend clinical experiences or tardiness without an excused absence will require the student to meet with the DCE except in extenuating circumstances. In the case of student tardiness, the CI will have the right to ask a student to leave the clinic for the day. It is expected that if this were to occur, students will remain professional and honor the CI's request without causing further disruption. If there is a pattern of unexcused absences or tardiness, a meeting with the DCE will occur and a Professional Behavior Corrective Action

Plan (PB-CAP) will be created.

- 4) Failure to meet clinical requirements during integrated clinical experiences may result in failing the class. Students are expected to be present for all clinical experiences during the integrated clinicals except in cases of extenuating circumstances. If extenuating circumstances exist, the DCE and the student will meet to determine the most appropriate course of action.

Emergencies and illnesses do happen. Please note that if you are unable to attend your clinical experience for the day you will report that information to your CI and/or SCCE **as soon as possible**. It is expected that you will **directly call the CI**. An email or text message is **not sufficient** when alerting them to a missed clinic day.

Within 24 hours of an absence in the clinic, it is required that you inform the DCE of your absence and the reason for it. It is acceptable to email the DCE regarding an absence in the clinical setting.

Please note- it is expected that the student will work the hours that their CI(s) work. This may mean that they are required to work on weekends, holidays, and evening hours. Students should plan accordingly.

Use of Moravian email/electronic communications

- 1) Students are required to check their Moravian University email accounts and Canvas on a daily basis (including vacations and holidays). Important class and program information will be posted on Canvas and/or sent via email to Moravian University accounts only.
- 2) Personal emails may not be used.
- 3) Failure to check electronic mail is not an acceptable excuse for failure to meet or complete class/program assignments. Email communication can be a valuable tool in rapidly relaying and receiving information.
- 4) Students should remember that all communication (email, phone and in-person) with faculty, staff and clinical instructors should be handled professionally. It is not appropriate to send a professional email message that does not use appropriate grammar, spelling and punctuation. Whenever possible, students should communicate with faculty, staff and clinical instructors via email. However, faculty, staff and clinical instructors reserve the right to allow students to contact them via their cell phones when timely communication is necessary. The instructors will outline the terms of this communication and students will be expected not to abuse these terms.

Accessibility Services

Moravian University is committed to ensuring the full participation of all students in its programs. If you have a documented disability (or think you may have a disability) and, as a result, need a reasonable accommodation to participate in this class, complete course requirements, or benefit from the University's programs or services, contact the Accessibility Services Center (ASC) as soon as possible. To receive any academic

accommodation, you must be appropriately registered with ASC. The ASC works with students confidentially and does not disclose any disability-related information without their permission. To contact the Accessibility Services Center (ASC) call 610-861-1401 or email: asc@moravian.edu.

Title IX

Moravian University faculty are committed to providing a learning environment free from gender discrimination and sexual violence. Should a student disclose a concern of this nature, the faculty member is obligated to inform the Title IX Coordinator, who will assist the student in determining resources for support and resolution. Fully confidential reporting options include the Counseling Center, Health Center, and Religious Life (Chaplain). Survivors are encouraged to seek immediate assistance by contacting the Advocates at (484) 764-9242. For more information, please visit www.moravian.edu/titleix.

Tentative Course Outline:

| Date | Topic | Assessment |
|---------|---------------------|--|
| Week 1 | Clinical experience | Clinical site procedures and assignments due |
| Week 2 | | Discussion board post (Lifelong learning) due |
| Week 3 | | |
| Week 4 | | |
| Week 5 | | Discussion board post (Impact of health care policy on today's clinical practice) due |
| Week 6 | | Midterm CIET and Midterm <i>Professional Behaviors Assessment</i> due |
| Week 7 | | CRAT deadline |
| Week 8 | | |
| Week 9 | | Discussion board post (Use of health informatics in physical therapy practice) due |
| Week 10 | | |
| Week 11 | | Discussion board post (Personal definition of practice management based on real-life examples) due |
| Week 12 | | Final CIET and Final <i>Professional Behaviors Assessment</i> due |

Syllabus Changes: The course instructor reserves the right to modify the course syllabus in order to adjust to the learning needs of the students. Students will be notified

of any changes prior to implementation. If the need arises, each student is responsible for clarifying any course expectations with the instructor.

Appendix 6: DPT 900 Clinical Education Experience II

Moravian University
School of Rehabilitation Sciences
Doctor of Physical Therapy
Semester 7

Course: DPT 900
Course Title: Clinical Education Experience II
Credit Hours: 8 Credit Hours
Prerequisites: DPT 811/865/870/875/880/885/861
Clock Hours: 35-40 hours per week

Instructor: Alison Roll, PT, DPT, TPS
Office: SMRC 265
Office Phone: (610) 625-7234
Email: rolla@moravian.edu

Course Description:

This course is the students' second full-time 9 week clinical experience under the supervision and mentorship of a physical therapist clinical instructor where they will encounter a diverse patient population in a variety of settings. Students will be able to apply knowledge and skills that they have obtained in the didactic portion and part-time integrated clinical experiences to the clinic.

Required Text(s):

American Physical Therapy Association. *Guide to Physical Therapist Practice 3.0* APTA, 2014. Available at: <http://guidetoptpractice.apta.org/>

Quinn L. & Gordon J. *Documentation for Rehabilitation: A Guide to Clinical Decision Making in Physical Therapy* Elsevier, 2015. ISBN: 978-0323312332

Supplemental Text:

Hillegass E. Z. *PT Clinical Notes* F.A. Davis, 2014. ISBN: 978-0803627604

Additional Resources;

American Physical Therapy Association. *APTA Code of Ethics*. APTA, 2018.

Course Objectives: At the conclusion of this course, students will be able to successfully:

| Objective | CAPTE DPT Educational | Instructional Method(s) | Assessment Method(s) |
|-----------|-----------------------|-------------------------|----------------------|
|-----------|-----------------------|-------------------------|----------------------|

| | Competency (CAPTE, 2017) | | |
|--|--|---------------------|---|
| 1) Integrate behaviors consistent with the APTA Code of Ethics in all interactions with patients/clients, families, caregivers, and other healthcare practitioners including law and regulations and protection of vulnerable populations. | 7D1: Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. | Clinical mentorship | CIET |
| | 7D2: Report to appropriate authorities suspected cases of abuse of vulnerable populations. | | |
| | 7D3: Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services. | | |
| | 7D4: Practice in a manner consistent with the APTA <i>Code of Ethics</i> . | | |
| | 7D6: Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values. | | |
| | 7B: Ethics and Values | | |
| 2) Integrate behaviors consistent with the APTA <i>Core Values</i> in all interactions with patients/clients, families, caregivers | 7D5: Practice in a manner consistent with the APTA <i>Core Values</i> . | Clinical mentorship | CIET and <i>Professional Behaviors Assessment</i> |

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| and other healthcare practitioners. | 7B: Ethics and values | | |
| 3) Integrate effective communication skills and flexibility in communication style during all clinical interactions, patient/client history taking, and feedback sessions with the interprofessional team. | 7D7: Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers. | Clinical mentorship | CIET, <i>Professional Behaviors Assessment</i> |
| | 7B: Communication | | |
| 4) Display cultural competence and respect for diversity in all clinical interactions, including but not limited to patient/clients, families, caregivers and the interprofessional team. | 7D8: Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities. | Clinical mentorship | CIET and <i>Professional Behaviors Assessment</i> |
| 5) Demonstrate initiative, flexibility, implement constructive feedback, contribute to a positive work environment, utilize appropriate resources for problem solving, and recognize the importance of patient-centered interprofessional care and management. | 7D39: Participate in patient-centered interprofessional collaborative practice. | Clinical mentorship | CIET, <i>Professional Behaviors Assessment</i> and CRAT |

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| <p>6) Perform a thorough chart review including but not limited to patient complaints, medical conditions/status, pertinent lab values, precautions, diagnostic tests, communications and systems review using this information to participate in the case management process.</p> | <p>7D17: Obtain a history and relevant information from the patient/client and from other sources as needed.</p> | <p>Clinical mentorship</p> | <p>CIET and CRAT</p> |
| | <p>7D36: Participate in the case management process.</p> | | |
| <p>7) Recognize psychosocial factors that may impact patient/client management and prognosis.</p> | <p>7A: Psychosocial aspects of health and disability</p> | <p>Clinical mentorship</p> | <p>CIET and CRAT</p> |
| <p>8) Organize examination techniques efficiently and effectively for all patient/client cases including but not limited to systems review, differential diagnosis, and recognizing contraindications for further tests and measures.</p> | <p>7D18: Perform systems review.</p> | <p>Clinical mentorship</p> | <p>CIET and CRAT</p> |
| <p>9) Choose and perform appropriate examination techniques to assess activity and participation restrictions including</p> | <p>7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status.</p> | <p>Clinical mentorship</p> | <p>CIET and CRAT</p> |

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| consideration of biopsychosocial and environmental factors. | | | |
| 10) Construct an examination plan using best practice and safe psychomotor skills to assess aerobic capacity/endurance and ventilation and respiration or gas exchange. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | Clinical mentorship | CIET and CRAT |
| 11) Construct an examination plan using best practice and safe psychomotor skills to assess anthropometric characteristics, circulation (arterial, venous, lymphatic), and integumentary integrity. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | Clinical mentorship | CIET and CRAT |
| 12) Construct an examination plan using best practice and safe psychomotor skills to assess cranial and peripheral nerve integrity including those that examine pain, sensory integrity, reflex integrity, and motor function. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | Clinical mentorship | CIET and CRAT |
| 13) Construct an examination plan using best practice and safe psychomotor skills | 7D19: Select and competently administer tests and measures appropriate to the patient's age, | Clinical mentorship | CIET and CRAT |

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| to assess skeletal integrity, joint mobility & integrity, muscle performance, and range of motion. | diagnosis, and health status. | | |
| 14) Construct an examination plan using best practice and safe psychomotor skills for observation and assessment of posture, balance testing, and muscle performance. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | Clinical mentorship | CIET and CRAT |
| 15) Construct an examination plan using best practice and safe psychomotor skills to assess mobility and gait/locomotion including determination of the need for assistive technology. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | Clinical mentorship | CIET and CRAT |
| 16) Construct an examination plan using best practice and safe psychomotor skills to assess mental functions, neuromotor development, and sensory processing. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | Clinical mentorship | CIET and CRAT |
| 17) Apply appropriate clinical reasoning and evaluation of examination data to classify impairments in body structure and | 7D20: Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments. | Clinical mentorship | CIET and CRAT |

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| <p>function, activity limitations and participation restrictions and to determine the need to perform additional special tests and measures.</p> | <p>7D21: Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.</p> | | |
| <p>18) Interpret yellow or red flags which may necessitate further examination, consultation or referral with another healthcare provider.</p> | <p>7B: Clinical reasoning</p> <p>7D16: Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.</p> | <p>Clinical mentorship</p> | <p>CIET and CRAT</p> |
| <p>19) Articulate rationale for identified impairments, activity limitations and participation restrictions while determining plan of care based on best practice and patient-centered care.</p> | <p>7D10: Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.</p> <p>7D11: Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.</p> <p>7D24: Establish a safe and effective plan of care in collaboration with appropriate stakeholders including patients/clients, family members, payors, other professionals</p> | <p>Clinical mentorship</p> | <p>CIET and CRAT</p> |

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| | and other appropriate individuals. | | |
| | 7B: Clinical reasoning | | |
| 20) Utilize appropriate clinical decision making to characterize a PT diagnosis, prognosis, patient goals, and anticipated outcomes based on examination data. | 7D22: Determine a diagnosis that guides future client/patient management. | Clinical mentorship | CIET and CRAT |
| | 7D23: Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes. | | |
| | 7B: Clinical reasoning | | |
| | 7C: Differential diagnosis | | |
| 21) Use principles of safe biomechanics and best practice to select and execute interventions related to airway clearance techniques while considering patient presentation. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | Clinical mentorship | CIET and CRAT |
| 22) Use principles of safe biomechanics and best practice to select and execute interventions related to the prescription, application, fabrication, or modification of assistive technology. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | Clinical mentorship | CIET and CRAT |
| 23) Differentiate the most appropriate | 7D27: Competently perform physical | Clinical mentorship | CIET and CRAT |

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| therapeutic modality and apply proper parameters of the chosen therapeutic modality while considering patient presentation. | therapy interventions to achieve patient/client goals and outcomes. | | |
| 24) Use principles of safe biomechanics, motor learning and best practice to select and execute interventions that address functional mobility, self-care, activity limitations and participation restrictions, balance and gait retraining while considering patient presentation. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | Clinical mentorship | CIET and CRAT |
| 25) Execute interventions related to integumentary repair and protection based on best practice while considering patient presentation. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | Clinical mentorship | CIET and CRAT |
| 26) Use principles of safe biomechanics and best practice to select and execute manual therapy interventions including but not limited to non-thrust mobilization, thrust manipulation techniques, neural mobilization, | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | Clinical mentorship | CIET and CRAT |

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| facilitation techniques, and soft tissue techniques. | | | |
| 27) Use principles of safe biomechanics and best practice to select and execute therapeutic exercise and aerobic conditioning while considering patient presentation. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | Clinical mentorship | CIET and CRAT |
| 28) Utilize effective teaching strategies when educating clients, family members and caregivers related to their physical therapy diagnosis, prognosis, interventions, and relationship to activity limitations and participation restrictions. | 7D12: Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students. | Clinical mentorship | CIET and CRAT |
| | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | | |
| 29) Anticipate and respond to changes in patient status with interventions and modify or adjust the intervention or plan of care as appropriate based on patient response, adherence, time available and need for supervision. | 7D30: Monitor and adjust the plan of care in response to patient/client status. | Clinical mentorship | CIET and CRAT |

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| <p>30)Assess patient progress to determine appropriateness for discharge, discontinuation of plan of care or progression along care continuum.</p> | <p>7D26: Create a discontinuation of an episode of care plan that optimizes success for the patient in moving along the continuum of care.</p> | <p>Clinical mentorship</p> | <p>CIET</p> |
| <p>31)Deliver patient-centered care aligning with regulations of the practice environment while collaborating with the interprofessional team.</p> | <p>7D28: Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.</p> | <p>Clinical mentorship</p> | <p>CIET</p> |
| <p>32)Analyze progress towards patient/client goals, monitor progress toward discharge and assess patient/client outcomes.</p> | <p>7D31: Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.</p> | <p>Clinical mentorship</p> | <p>CIET</p> |
| <p>33)Perform accurate, concise and appropriate EHR patient documentation including billing procedures.</p> | <p>7D32: Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.</p> | <p>Clinical mentorship</p> | <p>CIET</p> |

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| | 7D42: Participate in the financial management of the practice setting, including accurate billing and payment for services rendered. | | |
| 34) Appropriately and safely delegate to support staff (PTA/Aide) based on patient need, support staff ability, state law, federal regulations, and facility guidelines. | 7D25: Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant. | Clinical mentorship | <i>Professional Behaviors Assessment</i> |
| 35) Determine provision of appropriate supervision and consistency of communication with the PTA and support personnel regarding delegated components of the plan of care. | 7D29: Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA. | Clinical mentorship | <i>Professional Behaviors Assessment</i> |
| 36) Demonstrate ability to perform direct access screening for appropriateness of care. | 7D35: Provide care through direct access. | Clinical mentorship | CIET and <i>Professional Behaviors Assessment</i> |
| 37) Integrate lifelong learning and teaching in the clinical setting. | 7D15: Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. | Clinical mentorship | <i>Professional Behaviors Assessment</i> |
| 38) Explain current healthcare policies including healthcare | 7D41: Assess healthcare policies and their potential impact | Clinical mentorship | Discussion board post |

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| reform and how they impact practice. | on the healthcare environment and practice. | and guided instruction | |
| 39) Explain components of practice management and quality improvement. | 7D38: Participate in activities for ongoing assessment and improvement of quality services. | Clinical mentorship and guided instruction | Discussion board post |
| | 7D43: Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. | | |
| 40) Apply knowledge of health informatics to the healthcare environment. | 7D40: Use health informatics in the healthcare en | Clinical mentorship and guided instruction | Discussion board post |
| 41) Recognize and appropriately intervene in patient/client environmental emergencies in the practice setting. | 7D33: Respond effectively to patient/client and environmental emergencies in one's practice setting. | Clinical mentorship | CIET |
| 42) Assess safety risks for self, patients/clients and the environment and recommend strategies to minimize risk. | 7D37: Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team. | Clinical mentorship | CIET |

Course Guidelines & Expectations: Please refer to the Moravian University DPT Program Clinical Education Handbook for specific details regarding clinical guidelines and expectations.

Grading Procedures:

| Course assignments | Quantity | Percent of Grade |
|---|----------|------------------|
| Mid-Term <i>Clinical Internship Evaluation Tool</i> (CIET) | 1 | Met/Not Met |
| Mid-Term Clinical Experience <i>Professional Behaviors Assessment</i> | 1 | Met/Not Met |
| Mid-Term <i>Clinical Reasoning Assessment Tool</i> (CRAT) | 1 | Met/Not Met |
| Final <i>Clinical Internship Evaluation Tool</i> (CIET) | 1 | Met/Not Met |
| Final Clinical Experience <i>Professional Behaviors Assessment</i> | 1 | Met/Not Met |
| Discussion Board Posts | 4 | Met/Not Met |
| Following clinical site set procedures and assignments (i.e drug testing, compliance training, etc) | 1 | Met/Not Met |
| Update clinical site information in Exxat | 1 | Met/Not Met |
| | | Pass/Fail |

PASS/FAIL: Students must complete all necessary assignments along with achieving the benchmark of “Always” and “At the Level for Familiar Patients” on the *Clinical Internship Evaluation Tool* and *Clinical Experience Professional Behaviors Assessment* to achieve a PASS. The Director of Clinical Education (DCE) ultimately determines the final grade for the clinical experience based upon CIET data and feedback provided by the clinical instructor(s).

Remediation Policy:

If a student is unsuccessful in meeting the required scores for the *Clinical Internship Evaluation Tool* and *Clinical Experience Professional Behaviors Assessment*, they will receive a failing grade and will need to meet with the DCE to develop a learning contract. Until the clinical education experience is successfully remediated they will not be able to progress through the program. Students will only be able to fail one clinical experience prior to being dismissed from the program.

Students must successfully pass this course in order to progress to Semester 8.

Written assignments/discussion boards

Assignments not completed on time will result in automatic lowering of the grade by

10% each day until submitted (unless otherwise noted on the syllabus). If assignments are more than two days late, they will not be accepted and a “zero” will be assigned. Assignments are due at the beginning of class or lab on the due date. Emergencies do arise and make-up work may be negotiated with the instructor (at his or her discretion), although the grade will ordinarily reflect the lateness. Any deviation from this policy is at the discretion of the course instructor. All assignments must be submitted electronically unless previously approved by the professor.

Academic dishonesty and plagiarism

The DPT program follows the established guidelines in the Moravian University Academic Code of Conduct for all issues related to academic dishonesty or plagiarism. The Academic Code of Conduct may be found in the University Catalog and is available at:

<https://www.moravian.edu/catalog/academic-regulations/academic-code-of-conduct>

Attendance & Punctuality

Moravian University expects students to recognize the positive effect on academic success of clinic attendance and punctuality. All students are expected to attend all meetings of the courses in which they are enrolled; any absence is incurred at the student's own risk.

- 1) In the case of an absence (excused or unexcused), the student is responsible for what they may have missed in the clinic that day. They are allowed 1 excused absence from the clinic. If more than 1 absence has occurred, they will discuss with both their CI and DCE related to making up the missed clinic days. Refer to the communicable disease policy in relation to absences due to illness.
- 2) If more than 1 absence has occurred, a plan will be developed between the SCCE, DCE, and CI. This will include attention to extenuating circumstances.
- 3) Failure to attend clinical experiences or tardiness without an excused absence will require the student to meet with the DCE except in extenuating circumstances. In the case of student tardiness, the CI will have the right to ask a student to leave the clinic for the day. It is expected that if this were to occur, students will remain professional and honor the CI's request without causing further disruption. If there is a pattern of unexcused absences or tardiness, a meeting with the DCE will occur and a Professional Behavior Corrective Action Plan (PB-CAP) will be created.
- 4) Failure to meet clinical requirements during integrated clinical experiences may result in failing the class. Students are expected to be present for all clinical experiences during the integrated clinicals except in cases of extenuating circumstances. If extenuating circumstances exist, the DCE and the student will meet to determine the most appropriate course of action.

Emergencies and illnesses do happen. Please note that if you are unable to attend your clinical experience for the day you will report that information to your CI and/or SCCE **as soon as possible**. It is expected that you will **directly call the CI**. An email or text message is **not sufficient** when alerting them to a missed clinic day.

Within 24 hours of an absence in the clinic, it is required that you inform the DCE of your absence and the reason for it. It is acceptable to email the DCE regarding an absence in the clinical setting.

Please note- it is expected that the student will work the hours that their CI(s) work. This may mean that they are required to work on weekends, holidays, and evening hours. Students should plan accordingly.

Use of Moravian email/electronic communications

- 1) Students are required to check their Moravian University email accounts and Canvas on a daily basis (including vacations and holidays). Important class and program information will be posted on Canvas and/or sent via email to Moravian University accounts only.
- 2) Personal emails may not be used.
- 3) Failure to check electronic mail is not an acceptable excuse for failure to meet or complete class/program assignments. Email communication can be a valuable tool in rapidly relaying and receiving information.
- 4) Students should remember that all communication (email, phone and in-person) with faculty, staff and clinical instructors should be handled professionally. It is not appropriate to send a professional email message that does not use appropriate grammar, spelling and punctuation. Whenever possible, students should communicate with faculty, staff and clinical instructors via email. However, faculty, staff and clinical instructors reserve the right to allow students to contact them via their cell phones when timely communication is necessary. The instructors will outline the terms of this communication and students will be expected not to abuse these terms.

Accessibility Services

Moravian University is committed to ensuring the full participation of all students in its programs. If you have a documented disability (or you think you may have a disability) and, as a result, you need a reasonable accommodation to participate in this class, complete course requirements, or benefit from the institution's programs or services, contact the Accessibility Services Center (ASC) as soon as possible. To receive any academic accommodation, you must be appropriately registered with ASC. The ASC works with students confidentially and does not disclose any disability-related information without the student's permission. To contact the Accessibility Services Center (ASC), located in the lower level of Monocacy Hall, call 610-861-1401, or email asc@moravian.edu.

Title IX

Moravian University faculty are committed to providing a learning environment free from harassment and discrimination, including sexual harassment/violence under Title IX. Should a student disclose a concern of this nature, the faculty member is obligated to inform the Executive Director for Equity and Compliance (Title IX Coordinator), who will assist the student in determining support measures and resolution options. Reports can be made online anytime at www.moravian.edu/titleix. Fully confidential reporting options include the University Chaplains and professionals in the Counseling and Health Centers. Survivors are encouraged to seek immediate assistance by contacting the Advocates at (484) 764-9242. For more information, including grievance procedures, please view the Equal Opportunity, Harassment, and Non-Discrimination Policy at www.moravian.edu/policy.

Tentative Course Outline:

| Date | Topic | Assessment |
|--------|---------------------|---|
| Week 1 | Clinical experience | Clinical site procedures and assignments due |
| Week 2 | | Discussion board post (How does your CI exemplify lifelong learning?) due |
| Week 3 | | Discussion board post (Health Care Policies and clinical decision making) due |
| Week 4 | | Midterm CIET and Midterm <i>Professional Behaviors Assessment</i> due |
| Week 5 | | Discussion board post (The need of health informatics in today's clinical practice) due; CRAT deadline |
| Week 6 | | |
| Week 7 | | Discussion board post (Quality improvement assessment) due |
| Week 8 | | |
| Week 9 | | Final CIET and Final <i>Professional Behaviors Assessment</i> due; Clinical Site information sheet due final clinical day |

Syllabus Changes: The course instructor reserves the right to modify the course syllabus in order to adjust to the learning needs of the students. Students will be notified of any changes prior to implementation. If the need arises, each student is responsible for clarifying any course expectations with the instructor.

Appendix 7: DPT 940 Clinical Education Experience III

Moravian University
School of Rehabilitation Sciences
Doctor of Physical Therapy
Semester 7

Course: DPT 900
Course Title: Clinical Education Experience III
Credit Hours: 8 Credit Hours
Prerequisites: DPT 811/865/870/875/880/885/861
Clock Hours: 35-40 hours per week

Instructor: Alison Roll, PT, DPT, TPS
Office: SMRC 265
Office Phone: (610) 625-7234
Email: rolla@moravian.edu

Course Description:

This course is the students' second full-time 9 week clinical experience under the supervision and mentorship of a physical therapist clinical instructor where they will encounter a diverse patient population in a variety of settings. Students will be able to apply knowledge and skills that they have obtained in the didactic portion and part-time integrated clinical experiences to the clinic.

Required Text(s):

American Physical Therapy Association. *Guide to Physical Therapist Practice 3.0* APTA, 2014. Available at: <http://guidetoptpractice.apta.org/>

Quinn L. & Gordon J. *Documentation for Rehabilitation: A Guide to Clinical Decision Making in Physical Therapy* Elsevier, 2015. ISBN: 978-0323312332

Supplemental Text:

Hillegass E. Z. *PT Clinical Notes* F.A. Davis, 2014. ISBN: 978-0803627604

Additional Resources;

American Physical Therapy Association. *APTA Code of Ethics*. APTA, 2018.

Course Objectives: At the conclusion of this course, students will be able to successfully:

| Objective | CAPTE DPT Educational | Instructional Method(s) | Assessment Method(s) |
|-----------|-----------------------|-------------------------|----------------------|
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| | Competency (CAPTE, 2017) | | |
|--|--|---------------------|---|
| 1) Exemplify behaviors consistent with the <i>APTA Code of Ethics</i> and legal requirements in all interactions with patients/clients and families including vulnerable populations and other healthcare practitioners. | 7D1: Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management. | Clinical mentorship | CIET |
| | 7D2: Report to appropriate authorities suspected cases of abuse of vulnerable populations. | | |
| | 7D3: Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services. | | |
| | 7D4: Practice in a manner consistent with the <i>APTA Code of Ethics</i> . | | |
| | 7D6: Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values. | | |
| | 7B: Ethics and values | | |
| 2) Exemplify behaviors consistent with the <i>APTA Core Values</i> in all interactions | 7D5: Practice in a manner consistent with the <i>APTA Core Values</i> . | Clinical mentorship | CIET and <i>Professional Behaviors Assessment</i> |
| | 7B: Ethics and values | | |

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| with patients/clients, families, caregivers and other healthcare practitioners. | | | |
| 3) Exemplify effective communication skills and flexibility in communication style during all clinical interactions, patient/client history taking, and feedback sessions with the interprofessional team. | 7D7: Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers. | Clinical mentorship | CIET, <i>Professional Behaviors Assessment</i> |
| | 7B: Communication | | |
| 4) Display cultural competence and respect for diversity in all clinical interactions, including patient/clients, families, caregivers and the interprofessional team. | 7D8: Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities. | Clinical mentorship | CIET and <i>Professional Behaviors Assessment</i> |
| 5) Exemplify initiative, flexibility, implement constructive feedback, contribute to a positive work environment, utilize appropriate resources for problem solving, and recognize the | 7D39: Participate in patient-centered interprofessional collaborative practice. | Clinical mentorship | CIET, <i>Professional Behaviors Assessment</i> and CRAT |

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| importance of patient-centered interprofessional care. | | | |
| 6) Perform a thorough and efficient chart review and history including but not limited to patient complaints, medical conditions/status, pertinent lab values, precautions, diagnostic tests, communications and systems review using this information to participate in the case management process. | 7D17: Obtain a history and relevant information from the patient/client and from other sources as needed. | Clinical mentorship | CIET and CRAT |
| | 7D36: Participate in the case management process. | | |
| 7) Integrate knowledge of psychosocial factors that may impact patient/client management and prognosis into examination and treatment planning. | 7A: Psychosocial Issues | Clinical mentorship | CIET and CRAT |
| 8) Formulate an examination plan to efficiently and effectively collect data for all patient/client cases including but not limited to systems review, | 7D18: Perform systems review. | Clinical mentorship | CIET and CRAT |
| | 7D16: Determine when patients/clients need further examination or consultation by a physical therapist or referral to another | | |

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| differential diagnosis, and recognizing contraindications for further tests and measures and interventions or need for referral or consultation by another healthcare professional. | healthcare professional. | | |
| 9) Employ appropriate examination techniques to assess activity limitations and participation restrictions including functional status, self-care and civic, community, domestic, education, social life, work life and environmental factors. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | Clinical mentorship | CIET and CRAT |
| 10) Employ appropriate examination techniques to assess aerobic capacity and endurance and ventilation and respiration/gas exchange. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | Clinical mentorship | CIET and CRAT |
| 11) Select and execute appropriate examination techniques to | 7D19: Select and competently administer tests and measures appropriate to the patient's age, | Clinical mentorship | CIET and CRAT |

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| <p>assess anthropometric characteristics, circulation (arterial, venous, lymphatic), and integumentary integrity.</p> | <p>diagnosis, and health status.</p> | | |
| <p>12) Select and execute appropriate examination techniques to assess cranial and peripheral nerve integrity including those that examine pain, sensory integrity, reflex integrity, and motor function.</p> | <p>7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status.</p> | <p>Clinical mentorship</p> | <p>CIET and CRAT</p> |
| <p>13) Select and execute appropriate examination techniques to assess skeletal integrity, joint mobility & integrity, and range of motion.</p> | <p>7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status.</p> | <p>Clinical mentorship</p> | <p>CIET and CRAT</p> |
| <p>14) Select and execute appropriate examination techniques to assess mobility and gait/locomotion including determination of the need for</p> | <p>7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status.</p> | <p>Clinical mentorship</p> | <p>CIET and CRAT</p> |

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| assistive technology. | | | |
| 15) Select and execute appropriate examination techniques for observation and assessment of posture, balance testing, and muscle performance including but not limited to manual muscle tests, power assessment, and muscle endurance tests. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | Clinical mentorship | CIET and CRAT |
| 16) Choose and execute appropriate examination techniques related to mental functions, neuromotor development, and sensory processing. | 7D19: Select and competently administer tests and measures appropriate to the patient's age, diagnosis, and health status. | Clinical mentorship | CIET and CRAT |
| 17) Execute efficient and effective clinical reasoning and evaluation of examination data to classify impairments in body structure and function, activity limitations and participation restrictions and to determine the | 7D20: Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments. | Clinical mentorship | CIET and CRAT |
| | 7D21: Use the International Classification of Function (ICF) to | | |

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| <p>need to perform additional special tests and measures.</p> | <p>describe a patient's/client's impairments, activity and participation limitations.</p> | | |
| <p>18)Formulate a PT diagnosis, prognosis, expected outcomes, appropriateness of care, plan of care, duration of interventions, and patient goals for patients across the lifespan.</p> | <p>7B: Clinical reasoning</p> <p>7D16: Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.</p> <p>7D22: Determine a diagnosis that guides future patient/client management.</p> <p>7D23: Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.</p> <p>7D24: Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.</p> | <p>Clinical mentorship</p> | <p>CIET and CRAT</p> |
| <p>19)Appraise patient status and progress or</p> | <p>7D26: Create a discontinuation of an episode of care</p> | <p>Clinical mentorship</p> | <p>CIET</p> |

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| <p>achievement of goals to determine appropriateness for discharge, discontinuation of plan of care, or progression along the care continuum for patients across the lifespan.</p> | <p>plan that optimizes success for the patient in moving along the continuum of care.</p> | | |
| <p>20) Critically analyze appropriate evidence-based care, clinical knowledge and theory to create and defend a patient-centered plan of care based on patient presentation.</p> | <p>7D10: Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.</p> <p>7D11: Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.</p> <p>7B: Evidence-based practice, clinical reasoning</p> | <p>Clinical mentorship</p> | <p>CIET</p> |
| <p>21) Use principles of safe biomechanics and best practice to select, justify and execute appropriate airway clearance techniques while considering</p> | <p>7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes.</p> | <p>Clinical mentorship</p> | <p>CIET and CRAT</p> |

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| patient presentation. | | | |
| 22)Use principles of safe biomechanics and best practice to select, justify and execute appropriate therapeutic modalities and apply proper parameters of the chosen therapeutic modality while considering patient presentation. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | Clinical mentorship | CIET and CRAT |
| 23)Use principles of safe biomechanics and best practice to select, justify and execute interventions related to the prescription, application, fabrication, or modification of assistive technology. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | Clinical mentorship | CIET and CRAT |
| 24)Use principles of safe biomechanics and best practice to select, justify, and execute interventions that address functional mobility, self-care, activity limitations and participation restrictions, balance and gait retraining while | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | Clinical mentorship | CIET and CRAT |

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| considering patient presentation. | | | |
| 25) Select, justify and execute interventions related to integumentary repair and protection based on best practice while considering patient presentation. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | Clinical mentorship | CIET and CRAT |
| 26) Use principles of safe biomechanics and best practice to select, justify and execute manual therapy interventions including but not limited to non-thrust mobilization, thrust manipulation techniques, neural mobilization, facilitation techniques, and soft tissue techniques. | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | Clinical mentorship | CIET and CRAT |
| 27) Use principles of safe biomechanics and best practice to select, justify and execute therapeutic exercise and aerobic conditioning while considering | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | Clinical mentorship | CIET and CRAT |

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| patient presentation. | | | |
| 28) Integrate effective teaching strategies when educating clients, family members, and caregivers related to their physical therapy diagnosis, prognosis, interventions, and relationship to activity limitations and participation restrictions. | 7D12: Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students. | Clinical mentorship | CIET and CRAT |
| | 7D27: Competently perform physical therapy interventions to achieve patient/client goals and outcomes. | | |
| 29) Demonstrate entry-level skill in monitoring changes in patient/client status and modifying or adjusting the interventions or plan of care as appropriate. | 7D30: Monitor and adjust the plan of care in response to patient/client status. | Clinical mentorship | CIET |
| 30) Prioritize patient-centered care delivery aligning with regulations of the practice environment while collaborating with the interprofessional team. | 7D28: Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment. | Clinical mentorship | CIET |
| 31) Demonstrate entry-level skill when progressing | 7D31: Assess patient outcomes, including the use of appropriate | Clinical mentorship | CIET |

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| patients/clients towards their goals, monitoring progress towards discharge and assessing patient/client outcomes. | standardized tests and measures that address impairments, functional status and participation. | | |
| 32) Efficiently perform accurate, concise and appropriate EHR patient documentation including billing procedures. | 7D42: Participate in the financial management of the practice setting, including accurate billing and payment for services rendered. | Clinical mentorship | CIET |
| 33) Appropriately and safely delegate to support staff (PTA/Aide) based on patient need, support staff ability, state law and federal regulation. | 7D25: Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant. | Clinical mentorship | <i>Professional Behaviors Assessment</i> |
| 34) Select the appropriate level of supervision and provide consistent communication with the physical therapist assistant and support personnel regarding delegated components of the plan of care. | 7D29: Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA. | Clinical mentorship | <i>Professional Behaviors Assessment</i> |
| 35) Demonstrate entry-level skill in provision of care under direct access. | 7D35: Provide care through direct access. | Clinical mentorship | CIET and <i>Professional Behaviors Assessment</i> |

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| 36) Serve as a lifelong learner and display characteristics that would make a successful clinical instructor. | 7D15: Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. | Clinical mentorship | <i>Professional Behaviors Assessment</i> |
| 37) Reflect and assess current healthcare policies and how they impact clinical practice. | 7D41: Assess health care policies and their potential impact on the healthcare environment and practice. | Clinical mentorship and group teaching | Discussion board post |
| 38) Participate in at least one area of practice management and quality improvement. | 7D38: Participate in activities for ongoing assessment and improvement of quality services. | Clinical mentorship and group teaching | Discussion board post |
| | 7D43: Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement. | | |
| 39) Adapt and intervene effectively to patient/client environmental emergencies in the practice setting. | 7D33: Respond effectively to patient/client and environmental emergencies in one's practice setting. | Clinical mentorship | CIET |
| 40) Always practice in a safe manner by assessing and addressing safety risks for self, patient/clients and the environment | 7D37: Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in | Clinical mentorship | CIET |

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| and implement strategies to minimize risk. | the healthcare setting as an individual and as a member of the interprofessional healthcare team. | | |
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Course Guidelines & Expectations: Please refer to the Moravian University DPT Program Clinical Education Handbook for specific details regarding clinical guidelines and expectations.

Grading Procedures:

| Course assignments | Quantity | Percent of Grade |
|---|----------|------------------|
| Mid-Term <i>Clinical Internship Evaluation Tool</i> (CIET) | 1 | Met/Not Met |
| Mid-Term Clinical Experience <i>Professional Behaviors Assessment</i> | 1 | Met/Not Met |
| <i>Clinical Reasoning Assessment Tool</i> (CRAT) | 1 | Met/Not Met |
| Final <i>Clinical Internship Evaluation Tool</i> (CIET) | 1 | Met/Not Met |
| Final Clinical Experience <i>Professional Behaviors Assessment</i> | 1 | Met/Not Met |
| Discussion Board Posts | 4 | Met/Not Met |
| Following clinical site set procedures and assignments (i.e drug testing, compliance training, etc) | 1 | Met/Not Met |
| Update clinical site information in Exxat | 1 | Met/Not Met |
| Pass/Fail | | |

PASS/FAIL: Students must complete all necessary assignments along with achieving the benchmark of “Always” and “At the Level for All Patients” on the *Clinical Internship Evaluation Tool* and *Clinical Experience Professional Behaviors Assessment* to achieve a PASS. The Director of Clinical Education (DCE) ultimately determines the final grade for the clinical experience based upon CIET data and feedback provided by the clinical instructor(s).

Remediation Policy:

If a student is unsuccessful in meeting the required scores for the *Clinical Internship Evaluation Tool* and *Clinical Experience Professional Behaviors Assessment*, they will

receive a failing grade and will need to meet with the DCE to develop a learning contract. Until the clinical education experience is successfully remediated they will not be able to graduate.

Students must successfully pass this course in order to graduate.

Written assignments/discussion boards

Assignments not completed on time will result in automatic lowering of the grade by 10% each day until submitted (unless otherwise noted on the syllabus). If assignments are more than two days late, they will not be accepted and a “zero” will be assigned. Assignments are due at the beginning of class or lab on the due date. Emergencies do arise and make-up work may be negotiated with the instructor (at his or her discretion), although the grade will ordinarily reflect the lateness. Any deviation from this policy is at the discretion of the course instructor. All assignments must be submitted electronically unless previously approved by the professor.

Academic dishonesty and plagiarism

The DPT program follows the established guidelines in the Moravian University Academic Code of Conduct for all issues related to academic dishonesty or plagiarism. The Academic Code of Conduct may be found in the University Catalog and is available at:

<https://www.moravian.edu/catalog/academic-regulations/academic-code-of-conduct>

Attendance & Punctuality

Moravian University expects students to recognize the positive effect on academic success of clinic attendance and punctuality. All students are expected to attend all meetings of the courses in which they are enrolled; any absence is incurred at the student's own risk.

- 1) In the case of an absence (excused or unexcused), the student is responsible for what they may have missed in the clinic that day. They are allowed 1 excused absence from the clinic. If more than 1 absence has occurred, they will discuss with both their CI and DCE related to making up the missed clinic days. Refer to the communicable disease policy in relation to absences due to illness.
- 2) If more than 1 absence has occurred, a plan will be developed between the SCCE, DCE, and CI. This will include attention to extenuating circumstances.
- 3) Failure to attend clinical experiences or tardiness without an excused absence will require the student to meet with the DCE except in extenuating circumstances. In the case of student tardiness, the CI will have the right to ask a student to leave the clinic for the day. It is expected that if this were to occur, students will remain professional and honor the CI's request without causing further disruption. If there is a pattern of unexcused absences or tardiness, a meeting with the DCE will occur and a Professional Behavior Corrective Action Plan (PB-CAP) will be created.
- 4) Failure to meet clinical requirements during integrated clinical experiences may result in failing the class. Students are expected to be present for all clinical

experiences during the integrated clinicals except in cases of extenuating circumstances. If extenuating circumstances exist, the DCE and the student will meet to determine the most appropriate course of action.

Emergencies and illnesses do happen. Please note that if you are unable to attend your clinical experience for the day you will report that information to your CI and/or SCCE **as soon as possible**. It is expected that you will **directly call the CI**. An email or text message is **not sufficient** when alerting them to a missed clinic day.

Within 24 hours of an absence in the clinic, it is required that you inform the DCE of your absence and the reason for it. It is acceptable to email the DCE regarding an absence in the clinical setting.

Please note- it is expected that the student will work the hours that their CI(s) work. This may mean that they are required to work on weekends, holidays, and evening hours. Students should plan accordingly.

Use of Moravian email/electronic communications

- 1) Students are required to check their Moravian University email accounts and Canvas on a daily basis (including vacations and holidays). Important class and program information will be posted on Canvas and/or sent via email to Moravian University accounts only.
- 2) Personal emails may not be used.
- 3) Failure to check electronic mail is not an acceptable excuse for failure to meet or complete class/program assignments. Email communication can be a valuable tool in rapidly relaying and receiving information.
- 4) Students should remember that all communication (email, phone and in-person) with faculty, staff and clinical instructors should be handled professionally. It is not appropriate to send a professional email message that does not use appropriate grammar, spelling and punctuation. Whenever possible, students should communicate with faculty, staff and clinical instructors via email. However, faculty, staff and clinical instructors reserve the right to allow students to contact them via their cell phones when timely communication is necessary. The instructors will outline the terms of this communication and students will be expected not to abuse these terms.

Accessibility Services

Moravian University is committed to ensuring the full participation of all students in its programs. If you have a documented disability (or you think you may have a disability) and, as a result, you need a reasonable accommodation to participate in this class, complete course requirements, or benefit from the institution's programs or services, contact the Accessibility Services Center (ASC) as soon as possible. To receive any academic accommodation, you must be appropriately registered with ASC. The ASC

works with students confidentially and does not disclose any disability-related information without the student’s permission. To contact the Accessibility Services Center (ASC), located in the lower level of Monocacy Hall, call 610-861-1401, or email asc@moravian.edu.

Title IX

Moravian University faculty are committed to providing a learning environment free from harassment and discrimination, including sexual harassment/violence under Title IX. Should a student disclose a concern of this nature, the faculty member is obligated to inform the Executive Director for Equity and Compliance (Title IX Coordinator), who will assist the student in determining support measures and resolution options. Reports can be made online anytime at www.moravian.edu/titleix. Fully confidential reporting options include the University Chaplains and professionals in the Counseling and Health Centers. Survivors are encouraged to seek immediate assistance by contacting the Advocates at (484) 764-9242. For more information, including grievance procedures, please view the Equal Opportunity, Harassment, and Non-Discrimination Policy at www.moravian.edu/policy.

Tentative Course Outline:

| Date | Topic | Assessment |
|---------|---------------------|---|
| Week 1 | Clinical experience | Clinical site procedures and assignments due |
| Week 2 | | |
| Week 3 | | Discussion board post (Reflect on the impact healthcare policy has changed your clinical decision making) due |
| Week 4 | | CRAT deadline |
| Week 5 | | |
| Week 6 | | Discussion board post (Reflect on practice management and quality improvement you have performed) due |
| Week 7 | | |
| Week 8 | | Mid-term CIET and Midterm <i>Professional Behaviors Assessment</i> due |
| Week 9 | | |
| Week 10 | | |
| Week 11 | | |

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| Week 12 | | Discussion board post (CI for a day reflection) due |
| Week 13 | | |
| Week 14 | | |
| Week 15 | | Final CIET and Final <i>Professional Behaviors Assessment</i> due; Clinical Site information due final clinical day |

Syllabus Changes: The course instructor reserves the right to modify the course syllabus in order to adjust to the learning needs of the students. Students will be notified of any changes prior to implementation. If the need arises, each student is responsible for clarifying any course expectations with the instructor.

Appendix 8: Clinical Internship Evaluation Tool

Clinical Internship Evaluation Tool

Student Name: _____

Student ID Number: _____ Year of Graduation: _____

Clinical Facility: _____

Type of Rotation: _____ Date: _____

Midterm: _____ Final: _____ or One-Year Affiliation Quarter (specify): _____

Days Absent: _____ Days Made Up: _____

Clinical Instructor: _____

Clinical Instructor's Phone Number: _____

Clinical Instructor's Email: _____

Clinical Instructor Assessment _____ or Self-Assessment _____

Clinical Instructor Only:

Completed Basic

Credentialing Course? Yes No

Completed Advanced Course? Yes No

Other Credentials: _____ Years of Clinical Experience _____

Please Return to: Alison Roll, PT, DPT

Director of Clinical Education
Program of Physical Therapy
1441 Schoenersville Road,
Bethlehem, PA 18018

To Contact DCE: rolla@moravian.edu

Clinical Internship Evaluation Tool Instructions

INTRODUCTION

Moravian University's Physical Therapy Program recognizes that in the present day health care environment, a student graduating from an entry-level physical therapy program must be ready to "hit the ground running." The graduate should be able to skillfully manage patients in an efficient manner while achieving an effective outcome. We strive to achieve this goal through both the didactic and the clinical education portions of our curriculum. Thus, we developed a clinical performance tool that evaluates the student against this benchmark. In order for this tool to be an effective and reliable measure, students *must* be rated against the standard of a competent clinician who meets the above criteria. If students are rated against the standard of an entry-level practitioner, this tool will not provide a uniform method of evaluation. In addition, it is our belief that the criteria will be too low.

USING THE FORM

This form is composed of two sections. The first section, ***Professional Behaviors***, evaluates Safety, Professional Ethics, Initiative, and Communication Skills in the clinic. Safety behaviors address whether the student is following all health and safety precautions required at your facility along with taking any other measures needed to maintain both the patient's safety and their own safety. Professional Ethics addresses the student's knowledge of, and compliance with, all rules, regulations, ethical standards, legal standards, and their professional appearance and conduct in the clinic during all interactions. Initiative addresses the student's ability to maximize all opportunities for learning during their clinical affiliation, begin to problem solve independently, seek out, accept, and implement constructive criticism, and develop teamwork and flexibility in the clinical setting. Communication Skills looks at both their ability to verbally communicate with patients, families, and other healthcare professionals along with their written skills with documentation, home programs, and other required paperwork.

When evaluating the student on ***Professional Behaviors***, the frequency of appropriate behavior is the construct being measured. The occurrence of the appropriate behavior is rated as: *Never* (0% occurrence), *Rarely*, *Sometimes* (50% occurrence), *Most of the Time*, or *Always* (100% occurrence). From the onset of the fieldwork experiences, our expectation is that the student shows safe, professional behavior and demonstrates a great deal of initiative. **Note that you cannot mark "Not**

Observed” on these behaviors. You may mark “not observed” for Communication Skills if the student has not had the opportunity to demonstrate a particular skill. For instance, if the student has had no opportunity to communicate with other professionals this would be “not observed.” If there are any concerns, or if you have positive feedback for the student, please elaborate in the “Comments” section. We expect the student to “*Always*” demonstrate **Professional Behaviors** in the clinic, with the exception of Communication Skills, which may be developing during the initial clinical education experiences.

The second section, **Patient Management** evaluates the student’s ability to efficiently manage a patient with an effective outcome. It is divided into four sections, Examination, Evaluation, Diagnosis/Prognosis, and Intervention. These elements of patient management are defined in the APTA Guide to Physical Therapist Practice. The examination includes all aspects of gathering data from the patient including obtaining a history, a systems review, and performing tests and measures. The evaluation is the analysis and synthesis of the data gathered in order to determine a diagnosis and plan of care for the patient. The student should demonstrate the development of their critical thinking skills during the evaluation process of patient management including determining the patient’s impairments and functional limitations. Diagnosis/Prognosis involves all aspects of developing a plan of care for the patient including determining a diagnosis for physical therapy management (not the medical diagnosis), determining the prognosis or outcome for this episode of physical therapy care, determining the appropriate frequency and duration of care including criteria for discharge, and determining the appropriate treatments. Intervention includes the student’s ability to apply the treatments, perform patient/family education, monitor the patient’s response to treatment and adapt accordingly, and recognize when the outcome has been reached. For all areas of patient management, the student should be using the best available evidence in their decision making.

When evaluating the student’s **Patient Management** skills, please keep in mind that the student should be compared to a ‘competent clinician who skillfully manages patients in an efficient manner to achieve an effective outcome’. This form is designed for use with all patient types, and in any clinical setting, thus the student should be evaluated based on your clinic population and the expectation for productivity/efficiency in your specific clinic. In considering the student’s scores for their Patient Management skills, please review the following definitions first.

Types of Patients:

Familiar presentation: Could include any of the following: a patient diagnosis/problem that is seen frequently in your setting, a patient with a diagnosis that the student has evaluated and treated more than once, a diagnosis that was specifically covered in the student's didactic curriculum, a patient who does not have a complex medical history or complicated course of care for this episode of care in physical therapy.

Complex presentation: Could include a patient problem/diagnosis that is rarely seen, a patient problem/diagnosis that the student did not cover in their didactic curriculum, a patient diagnosis that is rarely seen in this clinic, or the patient who has had a complicated course of care for the present episode of care or a complex medical history.

Level of Clinical Instructor Support:

Guidance: Student is dependent on the CI to direct the evaluation/patient treatment; either the CI is present throughout the patient interaction or the student needs to discuss with the CI after each step of the evaluation and treatment. If the student requires the guidance level of support for an item on the Patient Management Scale for the majority of the patients they are seeing, then they should be marked at ***Well Below*** for that item.

Supervision: Student is able to carry out the evaluation and treatment but needs to be monitored to correct minor errors in technique or to facilitate decision making. The student is able to make the correct clinical decisions with only a few verbal cues/suggestions from the CI. The CI is not directing their decision making. If a student requires supervision for an item for patients with both a familiar and a complex presentation, then they should be marked ***Below*** for that item. If they only require supervision for patients with a complex presentation, then they should be marked ***At That Level for Familiar Patients***.

Independent: A student is considered "independent" if they are directing the evaluation and treatment and getting an effective outcome. If a student is coming to the CI for consultation about a patient's evaluation or plan of care, or clarifying a clinical decision, this is not considered "Supervision". When the student is at the "independent" level of CI support for an item on the Patient Management Scale, the student is demonstrating the skills of a competent clinician. If they are independent only for patients with a familiar presentation, then they would be marked ***At That Level for Familiar Patients***. If they are independent for all patients, then they would be marked ***At That Level for all Patients***.

Please score the student on ***Patient Management*** items as follows:

Well Below: Student requires Guidance from their clinical instructor to complete an item for all patients.

Below: Student requires supervision and/or has difficulty with time management while completing the item for all patients. The student could continue to require Guidance for the patient with a more complex presentation while only needing Supervision with the patient with a familiar presentation.

At That Level for Familiar Patients: Student is independently managing patients with a familiar presentation; they are at the level of a competent clinician with these patients when performing an item. Students require Supervision to manage patients with a complex presentation and they are below the level of a competent clinician for these patients.

At That Level for all Patients: Student is independently managing both patients with a familiar presentation and patients with a complex presentation. Student can carry an appropriate caseload for your clinic and achieve an effective outcome with patients. The student is at the level of a competent clinician in your setting.

Above: Student is performing above the level of a competent clinician in your clinic. Clinical skills are highly effective and demonstrate the most current evidence in practice. The student can carry a higher than expected caseload. The student actively seeks out and develops independent learning opportunities. The student serves as a mentor to other students and provides resources to the clinical staff.

Please use the comment page for specific areas of concern and/or positive feedback. In addition to adding comments, please check off whether the student has met the clinical benchmarks for this affiliation. The student should have provided you with clinical benchmarks specific to their affiliation. The clinical benchmarks are also available on the University of Pittsburgh Clinical Education Portal.

Global Rating Scale: On the last page you are asked to make a global rating about how the student compares to a competent clinician on an eleven point scale from 0 to 10. The bottom of the scale indicates a student *Well Below a Competent Clinician* and the top of the scale represents a student *Above a Competent Clinician*. Please place an X in one of the boxes indicating the level where you feel your student is performing.

On the last page please also indicate whether the student is performing at a satisfactory level for their current level of education. The clinical benchmarks for their

affiliation are the minimal expectations for the affiliation so if they are not meeting them, then they are not performing at a satisfactory level. Please let the DCE know immediately if there is a problem in any area of **Professional Behaviors** or the student is not meeting their clinical benchmarks in a timely manner. In the comment section, please explain a *No* response and give an overall summary of the student's performance.

Please complete this form and review it with the student at midterm and at the end of the affiliation. Send the forms to the Director of Clinical Education (DCE) at Moravian University at the intervals specified above (midterm/final). Do not hesitate to call the Physical Therapy Program at any time during the affiliation with questions or concerns regarding use of this tool or the student's performance. The DCE's telephone number is 610-625-7234.

REFERENCES:

American Physical Therapy Association. Guide to Physical Therapist Practice, ed. 2. Physical Therapy 81[1]. 2001

Sackett et al. Clinical Epidemiology A Basic Science for Clinical Medicine. 1991.

World Health Organization (2001) International Classification of Impairments, Disabilities and Health. Geneva: World Health Organization.

STUDENT NAME: _____

| STANDARDS & BENCHMARKS | | | RATING | | | |
|------------------------|-------|--------|-----------|------------------|--------|--------------|
| PROFESSIONAL BEHAVIORS | Never | Rarely | Sometimes | Most of the Time | Always | Not Observed |
| SAFETY | | | | | | |
| 1. Follows Health and | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| Safety Precautions(e.g. Universal /Standard Precautions) | | | | | | |
| 2. Takes appropriate measures to minimize risk of injury to self (e.g. appropriate body mechanics) | | | | | | |
| 3. Takes appropriate measures to minimize risk of injury to patient (e.g. chooses correct level of assist) | | | | | | |
| Comments: | | | | | | |
| Met Clinical Benchmarks for Safety Yes No | | | | | | |

| PROFESSIONAL ETHICS | | | | | | |
|---|--|--|--|--|--|--|
| <p>1. Demonstrate compliance with all regulations regarding patient privacy, confidentiality, and security. (e.g. HIPAA, DOH, PA PT Practice Act)</p> | | | | | | |
| <p>2. Demonstrates positive regard for patients/peers during interactions</p> | | | | | | |
| <p>3. Demonstrates cultural competence; shows tolerance of and sensitivity to individual differences</p> | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| 4. Adheres to ethical and legal standards of practice, including Practice Act and APTA Code of Ethics | | | | | | |
| 5. Maintains appropriate appearance and attire in accordance with the facility's dress code | | | | | | |
| 6. Maintains appropriate professional conduct and demeanor as per the Code of Professional Conduct | | | | | | |
| 7. Demonstrates awareness of patients' rights and responsibilities | | | | | | |

Comments:

Met Clinical Benchmarks for Professional Ethics Yes No

STUDENT NAME: _____

| STANDARDS & BENCHMARKS | | | RATING | | | |
|---|-------|--------|-----------|------------------|--------|--------------|
| PROFESSIONAL BEHAVIORS | Never | Rarely | Sometimes | Most of the Time | Always | Not Observed |
| INITIATIVE | | | | | | |
| 1. Recognizes and maximizes opportunity for learning | | | | | | |
| 2. Implements constructive criticism | | | | | | |
| 3. Utilizes available resources for problem solving | | | | | | |
| 4. Is a positive contributor to the efficient operation of the clinic | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| through the demonstration of teamwork and flexibility | | | | | | |
| Comments: | | | | | | |
| Met Clinical Benchmarks for Initiative Yes No | | | | | | |
| COMMUNICATION SKILLS | | | | | | |
| <i>Communicates verbally with precise and appropriate terminology and in a timely manner.</i> | | | | | | |
| 1. With patients and families/caregivers | | | | | | |
| 2. With healthcare professionals (e.g. MD, nurses, insurance carriers, case managers, OT, ST, etc.) | | | | | | |
| <i>Communicates in writing with precise and appropriate terminology and in a timely manner.</i> | | | | | | |
| 3. Documentation standards (e.g. concise, accurate, legible; conforms with standard procedures) | | | | | | |

| EXAMINATION | | | | | |
|--|--|--|--|--|--|
| 1. Obtains an accurate history of current problem | | | | | |
| 2. Identifies problems related to activity limitations and participation restrictions using standardized outcomes instruments when available | | | | | |
| 3. Performs systems review and incorporates relevant past medical history | | | | | |
| 4. Generates an initial hypothesis | | | | | |
| 5. Generates alternative hypotheses (list of differential dx) | | | | | |
| 6. Selects evidence-based tests and measures to confirm or disconfirm hypotheses | | | | | |
| 7. Recognizes contraindications for further tests and measures | | | | | |
| 8. Demonstrates appropriate psychomotor skills when performing tests and measures | | | | | |
| EVALUATION | | | | | |
| 1. Makes correct clinical decisions based on the data gathered in the examination (confirms/disconfirms initial and alternative hypotheses) | | | | | |
| 2. Identifies impairments in body structure and function; activity limitations; and participation restrictions | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| 3. Administers further tests and measures as needed for appropriate clinical decision making | | | | | |
| DIAGNOSIS/PROGNOSIS | | | | | |
| 1. Determines a diagnosis for physical therapy management of the patient | | | | | |
| 2. Determines expected outcomes (using standardized indices of activity limitations and participation restrictions where applicable) of physical therapy interventions (goals) | | | | | |
| 3. Selects appropriate physical therapy interventions or makes appropriate consultations or referrals | | | | | |
| 4. Determines appropriate duration and frequency of intervention; considers cost effectiveness | | | | | |
| 5. Determines criteria for discharge | | | | | |
| INTERVENTION | | | | | |
| 1. Adheres to evidence during treatment selection | | | | | |
| 2. Applies effective treatment using appropriate psychomotor skills | | | | | |
| 3. Incorporates patient/family education into treatment | | | | | |
| 4. Incorporates discharge planning into treatment | | | | | |
| 5. Assesses progress of patient using appropriate measures | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| 6. Modifies intervention according to patient/client's response to treatment | | | | | |
| 7. Recognizes when expected outcome has been reached and makes appropriate recommendations | | | | | |
| 8. Recognizes psychosocial influences on patient management | | | | | |

STUDENT NAME:

Please comment here on the specific areas of concern or areas of strength.

Examination:

Met Clinical Benchmarks for Examination? Yes No

Evaluation:

Place an "X" in the box which best describes the student.

0 1 2 3 4 5 6 7 8 9 10

*Well Below
a Competent
Clinician*

*Above a
Competent
Clinician*

2. Is the student performing at a level that is satisfactory for his/her current level of education?

_____ Yes _____

_____ No _____

Summative Comments: _____

Student Signature: _____

Date:

Clinical Instructor Signature: _____

Date:

Adapted from: Fitzgerald, L.M., Delitto A. & Irrgang J.J. (2007). Validation of the Clinical Internship Evaluation Tool, *Physical Therapy*, 87(7),844–860.

Appendix 9: Clinical Education Experience Professional Behavior Assessment

In addition to filling out the CIET, we ask that the CI also fills out this form to ensure that our students are displaying all of the necessary skills that will make them a successful entry level practitioner. Below is a likert scale ranging from 1-10, with 1 meaning that they do not display these characteristics and 10 meaning that they are exemplar. Please explain any ratings that are a 6 or below and a 9 or above. Thank you for your time and feedback.

Clinical Experience Professional Behavior Continuum

1. Collaboration & Teamwork

| | |
|---|---|
| <p>Does not resolve conflict in a respectful/collegial way Does not value others' opinions/values Unequal non-collegial participation Never asks how they can be of assistance Unwilling to accept tasks/ offloads responsibilities</p> | <p>Resolves conflict in collegial/ respectful manner Values and respects others opinion/values Equal collegial interactions and participation Eager to help team Willing to share responsibilities and is team player</p> |
| <p style="text-align: center;"> ----- ----- ----- ----- ----- ----- ----- ----- ----- </p> <p>Comments:</p> | |

2. Compassion

| | |
|---|---|
| <p>Lacks empathy/compassion Is not sensitive to others' needs Does not acknowledge or value the influence of social stigmas</p> | <p>Displays empathy and compassion Is always sensitive to others' needs Acknowledges and seeks to alleviate social stigma</p> |
|---|---|

-----|-----|-----|-----|-----|-----|-----|-----|-----|
Comments:

3. Responsibility

| | |
|---|---|
| Lacks personal responsibility Does not recognize limits or seek help Does not recognize others' needs Does not confront problematic behavior | Always takes responsibility for actions Recognizes limits and seeks help Recognizes and responds to needs of others Confronts problematic behavior |
| ----- ----- ----- ----- ----- ----- ----- ----- ----- Comments: | |

4. Emotional Intelligence

| | |
|--|---|
| Lacks self-reflection Does not cope with challenge/conflict/uncertainty Lacks emotional stability Lacks humility Displays unearned confidence or conceit | Exceptional self-reflection Copes with challenge/conflict/uncertainty Demonstrates emotional stability Is humble Displays commensurate confidence |
| ----- ----- ----- ----- ----- ----- ----- ----- ----- Comments: | |

5. Communication & Interpersonal Skills

| | |
|--|--|
| Ineffective verbal/non-verbal communication Lacks active listening skills | Communicates effectively (verbal and non-verbal) with others |
|--|--|

| | |
|---|---|
| Inappropriate behavior (hostile, aggressive, etc.) | Uses active listening skills Displays professional appropriate behavior at all times |
| ----- ----- ----- ----- ----- ----- ----- ----- ----- | |
| Comments: | |

6. Supervision of Support Staff

| | |
|--|---|
| Inappropriately delegates patients to support staff Does not provide appropriate answers/direction/guidance for support staff Delegation compromises patient safety Poor understanding of support staffs job responsibilities Inappropriately interacts with all support staff | Determine when delegation to support staff (PTA/Aide) is appropriate based on patient need, support staff's ability, state law and federal regulation Understands support staffs job responsibilities Interacts well with all support staff |
| ----- ----- ----- ----- ----- ----- ----- ----- ----- | |
| Comments: | |

7. Service to the Profession

| | |
|---|--|
| Unable to adequate provide patient-centered interdisciplinary care Displays minimal to no interest in career development Does not seek out learning opportunities | Demonstrates patient-centered interdisciplinary care Identifies career development Seeks out lifelong learning opportunities |
| ----- ----- ----- ----- ----- ----- ----- ----- ----- | |
| Comments: | |

8. Critical Thinking

| | |
|---|--|
| <p>Unable to formulate logical questions to treatment interventions/evaluations Unable or challenged with identifying, generating and evaluating elements of logical argument Unable or challenged with utilizing, analyzing and critically evaluating scientific evidence Unable or challenged when determining the impact of bias on the decision making process</p> | <p>Able to logically question treatment interventions/evaluations Able to identify, generate and evaluate elements of logical argument Able to utilize, analyze and critically evaluate scientific evidence Able to determine the impact of bias on the decision making process</p> |
| <p style="text-align: center;"> ----- ----- ----- ----- ----- ----- ----- ----- </p> <p>Comments:</p> | |

9. Stress Management

| | |
|---|--|
| <p>Unable to identify sources of stress Unable to effectively cope with stress Does not recognize stress in others Unable to aide others in stress management techniques</p> | <p>Able to identify sources of stress Implements effective coping behaviors to stress Able to apply stress management techniques to others (i.e. patient/client and family members, other members of the healthcare team) in work/life scenarios</p> |
| <p style="text-align: center;"> ----- ----- ----- ----- ----- ----- ----- ----- </p> <p>Comments:</p> | |

10. Effective Use of Time and Resources

| | |
|--|---|
| <p>Does not display the ability to effectively manage time Does not seek to maximize down time/appears "lazy" Unable to finish documentation and other work tasks in a timely and efficient manner</p> | <p>Displays time management skills Maximizes down time in the clinic (i.e. seeks out learning opportunities such as working with other clinicians) Able to finish documentation and other work tasks in a timely and efficient manner</p> |
|--|---|

|-----|-----|-----|-----|-----|-----|-----|-----|

Comments:

**Appendix 10: Clinical Reasoning Assessment Tool (CRAT)
Clinical Reasoning Assessment Tool**

Identifier: _____ Date: _____

Indicate if you are the: Faculty Learner

Assessment: Competency _____ Practical _____ ICE I/II CAPE 1/2
CE I/II/III

Content Knowledge – identifies appropriate foundational knowledge and information related to the International Classification of Functioning, Disability, and Health (ICF) Framework. Content knowledge is the knowledge the resident brings to the case, not the knowledge the patient brings/shares. In addition, this is just the *identification of the facts and NOT the interpretation of this information.*

Sample behaviors to assess:

- 1) Identifies appropriate foundational knowledge integral to patient’s health condition including biological and physical (anatomy, histology, physiology, kinesiology, and neuroscience).
- 2) Determines relevant ICF components as they relate to the patient case (identifies the patient’s health condition, body structure and function limitations, activity limitations, participation restrictions, and personal and environmental factors).

VISUAL ANALOG SCALE (please mark)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Beginner

Intermediate

Competent

Proficient

| | | | |
|--|---|---|--|
| Limited evidence of content and foundational knowledge and identification of patient-related ICF components | Moderate evidence of content and foundational knowledge and identification of patient-related ICF components | Strong evidence of content and foundational knowledge and identification of patient-related ICF components | Comprehensive evidence of content and foundational knowledge and identification of patient-related components |
|--|---|---|--|

Comments:

Procedural Knowledge/Psychomotor Skill– ability to determine appropriate test/measure/intervention and psychomotor performance of an intervention/test/skill. (When to perform skill, What skills to perform, and How to perform skill)

Sample behaviors to assess:

- 1) Determines appropriate test/measure/intervention to perform
- 2) Demonstrates the ability to safely and effectively perform test/measure/intervention

(hand placement, patient positioning, palpation, force production, safety, use of equipment)

3) Incorporates effective communication strategies including verbal and nonverbal skills (can the resident ask the patient the right questions)

VISUAL ANALOG SCALE (please mark)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Beginner

Intermediate

Competent

Proficient

| | | | |
|---|--|---|---|
| <p>Limited accuracy in performing test/measures/interventions but can SAFELY perform these</p> | <p>Moderate accuracy in performing test/measures/interventions and can SAFELY perform these</p> | <p>Strong accuracy in performing intervention/test efficiently and effectively utilizing appropriate knowledge base, verbal and manual cues, and use of equipment to allow the patient to complete test or fully participate in intervention</p> | <p>Efficiently performs tests and interventions with skill and ease and able to build patient rapport during the exam and intervention</p> |
|---|--|---|---|

Comments:

Conceptual Reasoning (Cognitive and Metacognitive Skills – data analysis and self-awareness/reflection)- entails the interrelationship and synthesis of information upon which judgment is made utilizing reflection and self-awareness. (Making sense out of all of the information)

Sample behaviors to assess and questions to ask:

1. Appropriately justifies, modifies, or adapts test/measure or intervention based upon patient case.
2. Interprets exam findings appropriately including interpreting information from the patient (communication)
3. Applies and interprets patient information across all aspects of the ICF model to justify test/measure or intervention
4. Active listening
5. What additional information do you need to make decisions/judgments?
6. What would you do differently if you were able to do this examination again?

VISUAL ANALOG SCALE (please mark)

| Beginner | Intermediate | Competent | Proficient |
|---|---|--|--|
| Justifies choice for a few tests and measures/interventions Able to identify some patient problems Interprets results of selected tests/measures | Justifies choice for most tests and measures/interventions Identifies relevant patient problems Generates a working hypothesis and begins to prioritize a patient problem list | Justifies choice for all tests and measure/interventions Prioritizes problem list and incorporates patient goals into plan of care Confirm/disprove working hypothesis and determines alternate hypothesis Synthesizes relevant patient data | Generates a hypothesis, understands patient perspective, and reasoning is a fluid, efficient, seamless process (demonstrates "reflection in action") |

Comments:

Resident must meet or exceed *identified level* (**Competent** or **Proficient**) for satisfactory completion in the following areas (please check):

Content Knowledge: _____ Satisfactory _____ Unsatisfactory

Procedural Knowledge/Psychomotor Skill: _____ Satisfactory _____ Unsatisfactory

Conceptual Reasoning: _____ Satisfactory _____ Unsatisfactory

General Comments:

Furze J., Gale J.R., Black L., Cochran T.M., Jensen, G.M. (2015). Clinical Reasoning: Development of a Grading Rubric for Student Assessment. *Journal of Physical Therapy Education*, 29(3),34-45.

Appendix 11: CI Student Readiness Assessment

CI Student Readiness Assessment

Thank you for spending time with our students. Your time, expertise and interest are very important to them. It will help them develop into competent entry level practitioners. We ask that you take a few minutes to fill out the following student readiness assessment. Your time and feedback are very important to the growth and development of our students. For any questions, please direct them to the Director of Clinical Education, Alison Roll (rolla@moravian.edu)

The below rubric has been adapted from the American Council of Academic Physical Therapy’s document and paper on student readiness for Clinical Experiences, called “Student Readiness for the First Full-Time Clinical Experience.” Please use the rating scale below to mark where the student is in the following areas.

| <i>At least familiar</i> | <i>At least emerging</i> | <i>Proficient</i> |
|--|---|--|
| Student has basic knowledge of the material/skill/behavior and would require guidance to apply it appropriately in the clinical setting. | Student understands how to apply the material/skill/behavior safely and consistently in simple situations and would require guidance to apply the concept or perform the task in more complex situations. | Student can integrate the knowledge/skill/behavior safely and independently in all (simple and complex) clinical situations and is able to identify the need for guidance appropriately. |

| | At least familiar | At least emerging | Proficient |
|---|--------------------------|--------------------------|-------------------|
| Students should engage in self-assessment including: | | | |
| self-assessment of the impact of one’s behaviors on others | | | |
| the understanding of one’s own thought processes (metacognition) | | | |
| self-reflection and identification of areas of strength and those needing improvement, development of a plan to improve, and discussion of that plan with instructors | | | |

| | | | |
|---|--|--|--|
| seeking out resources, including support from others when needed, to assist in implementation of the plan | | | |
| Students should utilize constructive feedback by: | | | |
| being open and receptive, verbally/non-verbally | | | |
| implementing actions to address issues promptly | | | |
| reflecting on feedback provided | | | |
| Students should demonstrate effective communication abilities within the following groups: | | | |
| diverse patient populations | | | |
| families and other individuals important to the patients | | | |
| healthcare professionals | | | |
| Students should exhibit effective verbal, non-verbal and written communication abilities to: | | | |
| listen actively | | | |
| demonstrate polite, personable, engaging and friendly behaviors | | | |
| independently seek information from appropriate sources | | | |
| build rapport | | | |
| seek assistance when needed | | | |
| engage in shared decision-making with patients | | | |
| demonstrate empathy | | | |
| use language and terminology appropriate for the audience | | | |
| introduce one's self to CI, clinical staff, and patients | | | |
| Students should be prepared to engage in learning through demonstrating: | | | |
| accountability for actions and behaviors | | | |
| resilience/perseverance | | | |
| cultural competence and sensitivity | | | |
| an eager, optimistic and motivated attitude | | | |
| respect for patients, peers, healthcare professionals and community | | | |
| open-mindedness to alternative ideas | | | |

| | | | |
|--|--|--|--|
| self-care to manage stress | | | |
| responsibility for learning | | | |
| self-organization | | | |
| taking action to change when needed | | | |
| willingness to adapt to new and changing situations | | | |
| appropriate work ethic | | | |
| maturity during difficult or awkward situations with patients, families and healthcare professionals | | | |
| Student should recognize and follow specific professional standards, including: | | | |
| appropriate dress code | | | |
| core values identified by the APTA as accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility | | | |
| code of ethics identified by the APTA | | | |
| clinical expectations specific to setting | | | |
| HIPAA regulations | | | |
| legal aspects related to patient care | | | |
| obligations of the patient-provider relationship | | | |
| passion for the profession | | | |
| patient rights | | | |
| maintaining professional boundaries | | | |
| understanding physical therapy's role in the healthcare system | | | |

Appendix 12: CI Professional Behavior Continuum Assessment

Thank you for spending time with our students. Your time, expertise and interest are very important to them. It will help them develop into competent entry level practitioners. We ask that you take a few minutes to fill out the following professional behaviors continuum assessment. Your time and feedback are very important to the growth and development of our students. For any questions, please direct them to the Director of Clinical Education, Alison Roll (rolla@moravian.edu)

Below is a likert scale ranging from 1-10, with 1 meaning that they do not display these characteristics and 10 meaning that they are exemplar. Please explain any ratings that are at a 6 or below and at a 9 or above. Thank you for your time and feedback.

CI Professional Behavior Continuum Assessment

1. Collaboration & Teamwork

| | |
|--|--|
| Does not resolve conflict in a respectful/collegial way Does not value others' opinions/values Unequal non-collegial participation Never asks how they can be of assistance Unwilling to accept tasks/ offloads responsibilities | Resolves conflict in collegial/ respectful manner Values and respects others opinion/values Equal collegial interactions and participation Eager to help team Willing to share responsibilities and is team player |
| ----- ----- ----- ----- ----- ----- ----- ----- ----- | |
| Comments: | |

2. Compassion

| | |
|--|--|
| Lacks empathy/compassion Is not sensitive to others' needs Does not acknowledge or value the influence of social stigmas | Displays empathy and compassion Is always sensitive to others' needs Acknowledges and seeks to alleviate social stigma |
|--|--|

|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Comments:

3. Emotional Intelligence

| | |
|--|---|
| Lacks self-reflection Does not cope with challenge/conflict/uncertainty Lacks emotional stability Lacks humility Displays unearned confidence or conceit | Exceptional self-reflection Copes with challenge/conflict/uncertainty Demonstrates emotional stability Is humble Displays commensurate confidence |
|--|---|

|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Comments:

4. Communication & Interpersonal Skills

| | |
|--|---|
| Ineffective verbal/non-verbal communication Lacks active listening skills Inappropriate behavior (hostile, aggressive, etc.) | Communicates effectively (verbal and non-verbal) with others Uses active listening skills Displays professional appropriate behavior at all times |
|--|---|

|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Comments:

5. Critical Thinking

| | |
|--|--|
| Unable to formulate logical questions to treatment interventions/evaluations | Able to logically question treatment interventions/evaluations |
|--|--|

| | |
|---|--|
| <p>Unable or challenged with identifying, generating and evaluating elements of logical argument</p> <p>Unable or challenged with utilizing, analyzing and critically evaluating scientific evidence</p> <p>Unable or challenged when determining the impact of bias on the decision making process</p> | <p>Able to identify, generate and evaluate elements of logical argument</p> <p>Able to utilize, analyze and critically evaluate scientific evidence</p> <p>Able to determine the impact of bias on the decision making process</p> |
| <p style="text-align: center;"> ----- ----- ----- ----- ----- ----- ----- ----- ----- </p> <p>Comments:</p> | |

6. Stress Management

| | |
|---|--|
| <p>Unable to identify sources of stress</p> <p>Unable to effectively cope with stress</p> <p>Does not recognize stress in others</p> <p>Unable to aide others in stress management techniques</p> | <p>Able to identify sources of stress</p> <p>Implements effective coping behaviors to stress</p> <p>Able to apply stress management techniques to others (i.e. patient/client and family members, other members of the healthcare team) in work/life scenarios</p> |
| <p style="text-align: center;"> ----- ----- ----- ----- ----- ----- ----- ----- ----- </p> <p>Comments:</p> | |

Appendix 13: Peer Professional Behavior Continuum Assessment

After spending time with your peer partner in the clinic, please rate them on the following continuum below related to their performance. Your constructive feedback will help improve their performance in the clinical setting. It is encouraged that explanations of ratings are provided for each category. The likert scale ranges from 1-10, with 1 meaning that they do not display these characteristics and 10 meaning that they are exemplar. Please explain any ratings that are at a 6 or below and at a 9 or above.

Peer Professional Behavior Continuum Assessment

1. Collaboration & Teamwork

| | |
|--|--|
| Does not resolve conflict in a respectful/collegial way Does not value others' opinions/values Unequal non-collegial participation Never asks how they can be of assistance Unwilling to accept tasks/ offloads responsibilities | Resolves conflict in collegial/ respectful manner Values and respects others opinion/values Equal collegial interactions and participation Eager to help team Willing to share responsibilities and is team player |
| ----- ----- ----- ----- ----- ----- ----- ----- | |
| Comments: | |

2. Compassion/Humility

| | |
|--|---|
| Lacks empathy/compassion Is not sensitive to others' needs Does not acknowledge or value the influence of social stigmas Lacks humility | Displays empathy and compassion Is always sensitive to others' needs Acknowledges and seeks to alleviate social stigma Is humble |
|--|---|

-----|-----|-----|-----|-----|-----|-----|-----|-----|
Comments:

3. Communication & Interpersonal Skills

| | |
|--|---|
| Ineffective verbal/non-verbal communication Lacks active listening skills Inappropriate behavior (hostile, aggressive, etc.) | Communicates effectively (verbal and non-verbal) with others Uses active listening skills Displays professional appropriate behavior at all times |
| ----- ----- ----- ----- ----- ----- ----- ----- ----- Comments: | |

4. Critical Thinking

| | |
|--|---|
| Unable to formulate logical questions to treatment interventions/evaluations Unable or challenged with identifying, generating and evaluating elements of logical argument Unable or challenged with utilizing, analyzing and critically evaluating scientific evidence Unable or challenged when determining the impact of bias on the decision making process | Able to logically question treatment interventions/evaluations Able to identify, generate and evaluate elements of logical argument Able to utilize, analyze and critically evaluate scientific evidence Able to determine the impact of bias on the decision making process |
| ----- ----- ----- ----- ----- ----- ----- ----- ----- Comments: | |

5. Participation

| | |
|---|--|
| Does not offer to share thoughts Does not share ideas without prompts Does not ask question or asks inappropriate questions | Freely shares thought processes Freely shares ideas without prompting Asks questions |
| <p style="text-align: center;"> ----- ----- ----- ----- ----- ----- ----- ----- ----- </p> <p>Comments:</p> | |

Appendix 14: Professional Dispositions, Behaviors and Essential Functions

The Commission on Accreditation of Physical Therapy Education accredits professional training programs in physical therapy and requires institutions to ensure that students demonstrate entry-level clinical performance prior to graduation. Accredited programs must provide evidence that their graduates have acquired the knowledge and skills necessary for eligibility to sit for the National Physical Therapy Examination (NPTE) and upon passing the examination, enter into the profession of physical therapy. As a result, all students admitted to the program must be able to demonstrate the following essential functions with or without reasonable accommodations.

Essential competencies include the ability to meet the cognitive, affective and psychomotor requirements of the curriculum. Examples of tasks related to these essential competencies include the following:

- 1) Comprehend, retain, integrate, synthesize, and apply information to meet curricular and clinical demands;
- 2) Display mature, empathic, and effective relationships with clients and faculty/staff while maintaining professional boundaries;
- 3) Display affective skills and appropriate demeanor and rapport that relate to professional education and quality patient care;
- 4) Communicate professionally, intelligibly, and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds. This includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively;
- 5) Possess reading and writing skills sufficient to meet curricular and clinical demands. Students must be able to understand and speak the English language at a level consistent with competent professional practice;
- 6) The ability to adjust to changing situations and uncertainty in clinical situations;
- 7) Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations and interventions using accepted techniques; and accurately, safely and efficiently use equipment and materials during the assessment and treatment of patients;
- 8) Recognize disorders of movement and function to accurately develop physical therapy diagnoses, assessments, and therapeutic judgments. This includes the ability to record physical examination items and treatment plans clearly and accurately and differentiate normal versus abnormal findings;
- 9) Participate in classroom and clinical activities for the defined workday.

These are mandatory for admission to, retention in, and completion of the DPT educational program. The program is committed to providing access to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. However, the program is unable to make accommodations that impose an undue burden, present a threat to the health or safety of the individual or others, or fundamentally alter the nature of the academic or clinical curriculum.

These professional dispositions, behaviors and essential functions are developmental, meaning you are not necessarily expected to demonstrate these immediately. However, as you move through the program and receive instruction and education on these skills, you are expected to gradually become proficient in these professional competencies.

You are expected to progress from awareness and understanding to demonstrating, mastering and integrating the following professional dispositions, behaviors and essential functions. Successful progression through the program requires students to progress in these behaviors and functions throughout the program.

- 1) Professionalism: The ability to maintain appropriate hygiene, dress, and demeanor and to follow program policies and procedures.
- 2) Collaboration: The willingness and ability to work together with students, clinical & academic faculty, other healthcare professionals and patients/clients.
- 3) Honesty/Integrity: The ability to demonstrate moral excellence and trustworthiness.
- 4) Respect: The ability to demonstrate consideration and regard for self and others regardless of ethnicity, age, sexual orientation, gender, or religious affiliation. The University's Equal Opportunity, Harassment, and Non-Discrimination statement specifies non-discrimination on the basis of "race, color, national origin, religion, sex, gender identity and expression, political affiliation, age, disability, veteran status, genetic information or sexual orientation."
- 5) Reverence for Learning: The ability to demonstrate reverence for knowledge, experience, and being prepared for academic and clinical responsibilities.
- 6) Emotional Maturity: The ability to control emotions by exhibiting appropriate social behavior in the classroom and clinic and during other program activities and interactions.
- 7) Flexibility: The willingness to accept and adapt to change. The student is expected to have the flexibility to function effectively under stress; that is, the individual is expected to be able to learn to adapt to changing environments, to display flexibility to function in the face of uncertainties inherent in the clinical problems of many patients/clients.
- 8) Sensory/Observational Skills: The ability to recognize typical versus abnormal movement and function through visual and tactile skills.
- 9) Communication Skills: The ability to demonstrate effective communication skills necessary for establishing rapport with patients/clients, conducting clinical sessions, educating clients and interacting with colleagues, faculty, and other professionals.
- 10) Motor-coordination and Balance Skills: The ability to perform the physical activities and examinations necessary in making diagnoses, manipulate and use necessary equipment without violating testing protocol and with best therapeutic practice. Sustain necessary physical activity required for classroom and clinical activities.

My signature indicates that I have read and understand the Professional Dispositions,

Behaviors and Essential Functions necessary for the profession. If I feel I need reasonable accommodations in order to demonstrate these dispositions, behaviors and essential functions, I am aware that I can contact the Disability Support Services in the Academic Support Center, by phone at 610-861-1401 or email at disabilitysupport@moravian.edu.

Student's Full Name (Printed)

Student's Signature

Date

Appendix 15: Learning Plan Example

Student responsibilities

1. Assist in developing an appropriate learning plan that meets current needs.
2. Develop a detailed schedule that has you working on contract goals and objectives regularly.
3. Take the initiative to contact your CI or the DCE immediately to get the assistance you need (with, for example, motivation, resources, feedback).
4. Meet with your CI regularly and DCE as needed to review progress and discuss material.

Clinical Instructor responsibilities

1. Assist in developing the learning plan and ensure its aligns with the students areas of further growth in the clinic.
2. Recommend learning resources, such as books, journal articles, additional mentors, practice time for psychomotor skills, etc.
3. Be available as a resource for information, but allow the student to take initiative in asking for assistance with learning.
4. Meet at a minimum weekly with the student to review progress, share ideas, and encourage learning.
5. Evaluate the student’s work as described in the learning plan.

Director of Clinical Education responsibilities

1. Assist in developing a learning plan that ensures it meets the needs of both the student and CI in order to progress through the clinical experience.
2. Recommend learning resources, such as books, journal articles, additional mentors, practice time for psychomotor skills, etc.
3. Be available as a resource for information, but allow the student to take initiative in asking for assistance with learning.
4. Meet as needed with the student to review progress, or more often at the student’s request, to share ideas, and encourage learning.
5. Evaluate the student’s work as described in the learning plan.

| <i>What are you going to learn? (Objectives)</i> | <i>How are you going to learn it? (Resources and Strategies)</i> | <i>Target date for completion</i> |
|--|---|--|
| Itemize what you want to be able to do or know when completed. | What do you have to do in order to meet each of the objectives defined? | When do you plan to complete each task? |

| <i>How are you going to know that you learned it? (Evidence)</i> | <i>How are you going to prove that you learned it? (Verification)</i> | <i>CI & DCE feedback (Evaluation)</i> |
|---|--|--|
| What is the specific task that you are to complete to demonstrate learning? | Who will receive the product of your learning and how will they evaluate it? | How well was the task completed? Provide an assessment decision. |

I have reviewed and agree with the above learning plan.

Student: _____ Date: _____

CI: _____ Date: _____

DCE: _____ Date: _____

Appendix 16: DPT Professional Behavior Corrective Action Plan

In addition to the expectations stated in the Moravian University student code of conduct, all DPT students are also held accountable to standards of professional behavior that are reflective of the *APTA Core Values* and *Code of Ethics*.

If a faculty member, clinical instructor, director of clinical education or peer identifies and documents a problem with a student's professional behavior or inability to maintain a standard within the realm of acceptable professional behavior, the student may be placed on the Professional Behavior Corrective Action Plan (PB-CAP). However, if the event is *egregious* enough to warrant suspension or dismissal per the Moravian University student code of conduct, a student will not be given the opportunity to enter into this plan and will be immediately dismissed from the DPT program. Examples for this action include but are not limited to: felony conviction; pleading no contest for behaviors that would prohibit the granting of a physical therapy license; behaviors that jeopardize the welfare of patients, aggressive behavior towards peers or educators, or other behaviors that are determined to be non-remediable. If the event is determined to be remediable and does not violate the Moravian University student code of conduct, they will be allowed to enter into the PB-CAP.

The PB-CAP has two steps:

Step 1 The student will meet with a faculty member, director of clinical education or program director to identify the behavior and counsel the student to demonstrate behavior consistent with the professional standard. To identify the level to which the professional behavior is absent, and determine the magnitude of improvement required, the professional behavior continuum in the DPT Program Handbook will be utilized for initial classification and follow-up. When warranted, referrals to other student services such as counseling services or to the Moravian University Student Help and Referral (SHARE) team will be made. A remediation plan and contract will be created and will include the following items:

1. Description of the specific behaviors that the student is expected to demonstrate.
2. Specific tasks that the student is expected to accomplish.
3. Time frames related to accomplishing the tasks and behaviors.
4. Repercussions for unsuccessful remediation or inability to meet the terms of the contract.
5. A faculty member responsible for monitoring the terms of the contract.
6. Explanation of how the terms of the contract will be monitored.

Step 2. If the faculty member, director of clinical education or program director feels that the student did not meet the requirements laid out in the initial remediation contract, the student will meet with the Professional Behavior Committee. If the committee also

determines that the student has not satisfactorily remediated the behavior as defined in the remediation plan contract, the student will either be placed on probation or dismissed from the DPT program.

If placed on probation, the terms of the probation and remediation will be outlined in a subsequent contract.

If the committee determines that the student is no longer capable of remediation or is unwilling to engage in a remediation process, they will be dismissed from the DPT program.

Appendix 17: Professional Behavior Continuum

1. Collaboration & Teamwork

| | |
|---|---|
| Does not resolve conflict in a respectful/collegial way Does not value others' opinions/values Unequal non-collegial interactions and participation Never asks how they can be of assistance Unwilling to accept tasks/ offloads responsibilities | Resolves conflict in a respectful/collegial way Values and respect others' opinions/values Equal collegial interactions and participation Eager to help team Willing to share responsibilities and is team player |
| ----- ----- ----- ----- ----- ----- ----- ----- ----- | |
| Comments: | |

2. Honesty/Integrity

| | |
|---|--|
| Lacks honesty Does not abide by APTA Code of Ethics Does not abide by Moravian University Code of Conduct | Always honest Abides by APTA Code of Ethics consistently Abides by APTA Code of Conduct consistently |
| ----- ----- ----- ----- ----- ----- ----- ----- ----- | |
| Comments: | |

3. Respect

| | |
|---|---|
| Lacks respect for confidentiality Does not respect or value efforts toward diversity and inclusion Is not courteous Lacks professional demeanor (dress/language) Is not present/punctual for learning experiences | Values and observes confidentiality Respects and values diversity and inclusion Always courteous Displays utmost professional demeanor (dress/language) Present and punctual for all learning experiences |
|---|---|

|-----|-----|-----|-----|-----|-----|-----|-----|

Comments:

4. Compassion

Lacks empathy and compassion
Is not sensitive to others' needs
Does not acknowledge or value the influence of social stigmas

Displays empathy and compassion
Is always sensitive to others' needs
Acknowledges and seeks to alleviate social stigma

|-----|-----|-----|-----|-----|-----|-----|-----|

Comments:

5. Responsibility

Lacks personal responsibility for actions
Does not recognize limits or seek help
Does not recognize others' needs
Does not confront problematic behavior

Always takes responsibility for actions
Recognizes limits and seeks help
Recognizes and responds to others' needs
Confronts problematic behavior

|-----|-----|-----|-----|-----|-----|-----|-----|

Comments:

6. Reverence for Learning

Does not take responsibility for learning
Does not welcome and utilize constructive criticism
Does not identify or acknowledge learning barriers

Takes responsibility for learning
Values and implements changes based on constructive criticism
Acknowledges and identifies learning barriers

| |
|---|
| ----- ----- ----- ----- ----- ----- ----- ----- ----- |
| Comments: |

7. Emotional Intelligence

| | |
|--|---|
| Lacks self-reflection Does not cope with challenge/conflict/uncertainty Lacks emotional stability Lacks humility Displays unearned confidence or conceit | Exceptional self-reflection Copes with challenge/conflict/uncertainty Demonstrates emotional stability Is humble Displays commensurate confidence |
| ----- ----- ----- ----- ----- ----- ----- ----- ----- | |
| Comments: | |

8. Communication & Interpersonal Skills

| | |
|--|--|
| Ineffective verbal/non-verbal communication Lacks active listening skills Inappropriate behavior (hostile, aggressive, etc.) | Communicates effectively (verbal and non-verbal) with others Uses active listening skills Displays appropriate professional appropriate at all times |
| ----- ----- ----- ----- ----- ----- ----- ----- ----- | |
| Comments: | |

Adapted with Permission: Duquesne Doctor of Physical Therapy Program

Appendix 19: Two Week Check In Form

Doctor of Physical Therapy Program 2 Week Check in Form

Student Name: _____ **Date:** _____

Type (Circle One): *Email* *Phone Call* **Facility Name:**

Clinical Setting: _____

Clinical Education Experience:

I II III

| Clinical Instructor Name | Phone Number | Email Address |
|--------------------------|--------------|---------------|
| | | |

RED FLAG ISSUES

| If the CI answers No to any Red Flag Item the Faculty Member must follow up with the DCE | |
|--|--|
| Safety – Does the student work to ensure the safety of the patient and self? | <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: |
| Professional Behavior – Does the student display expected professional behavior? | <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: |
| Accountability – Is the student accountable for his/her actions? | <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: |
| Communication – Does the student communicate clearly and appropriately with CI, patients, staff, etc? | <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: |
| Clinical reasoning – Does the student demonstrate clinical reasoning appropriate to his/her level of education? | <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: |
| Additional Comments: | |

| |
|--|
| |
|--|

Is additional support from the DCE recommended? Yes No

Questions for the student

| | |
|--|--|
| Does your CI provide you with timely feedback? | <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: |
| Do you receive objective feedback including information on both strengths and areas needing further development? | <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: |
| Do you feel comfortable asking your CI for assistance/additional help/guidance/review of skills? | <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: |
| Describe one unique treatment or diagnostic technique that you have been able to practice. Is there something that you want to be able to practice more? | |
| What type of patient's have you seen thus far (i.e. age range and diagnoses)? | |
| Additional Comments: | |

Faculty Signature: _____

Date: _____

Appendix 20: Midterm Site Visit Form

Moravian University Doctor of Physical Therapy Site Visit Form

Student Name: _____ Date: _____

Type (Circle One): *Site Visit* *Phone Call* Facility Name:

Clinical Setting: _____ Clinical Education Experience:

I II III

| Clinical Instructor Name | Phone Number | Email Address |
|--------------------------|--------------|---------------|
| | | |

Patient population commonly seen at site (ages and diagnoses):

| Continuum of Care | % Time Spent | Case Mix | % Seen | Patient lifespan | % Seen |
|---------------------------|--------------|---|--------|------------------|--------|
| Acute, Critical Care, ICU | | Musculoskeletal | | 0-12 | |
| SNF/ECU/Sub-acute | | Neuromuscular | | 13-21 | |
| Rehabilitation | | Cardiopulmonary | | 22-65 | |
| Ambulatory/Outpatient | | Integumentary | | Over 65 | |
| Home Health/Hospice | | Other (GI, renal, GU, metabolic, endocrine) | | | |
| Wellness/Fitness/Injury | | | | | |

Other professions the student has had an opportunity to interact with through the site (e.g. OT/COTA, SLP, physician/physician assistant, etc.):

- OT/COTA SLP Physician PA Nurse CRNP Respiratory Therapist
 Social Worker Psychiatrist/Psychologist Nutritionist ATC Other:

Other physical therapy personnel the student has had an opportunity to interact with through the site (e.g. Director of PT, PTA, therapy aides, etc.):

PTA PT Aides Manager/director Front Desk Coordinator Other: _____

Other learning opportunities the student has or will be exposed to/participate in during this clinical rotation (e.g. observe surgeries/medical procedures, participate in ground rounds, conferences, cont. ed.)

Surgery/medical procedure observation Grand rounds Conference(s) Faculty meetings
 Continuing education In-services Staff development Research
 Observation of specialty practice Other: _____

What is the **PRODUCTIVITY EXPECTATION** of therapists at your clinical site?

- How is your work schedule structured (e.g. 4 10-hour days, 5 8-hour days, etc.)?
- How many patients is the student typically seeing in one day?

| For CIs | YES | NO | Comments |
|--|-----|----|----------|
| 1. Is the student open and receptive to feedback? | | | |
| 2. Do you see the student integrating feedback into practice in a consistent and positive manner? | | | |
| 3. Does the student's performance currently meet your expectations of students at this level/site? Why or why not? | | | |
| 4. How do you structure your feedback sessions with the student? | | | |

Student strengths in knowledge, skills and behavior:

CI:

Student:

Please provide any comments or suggestions to Moravian's PT program or faculty members regarding academic suggestions and/or the clinical education process and preparation:

CI:

Student:

Additional Comments:

| For Students | YES | NO | Comments |
|---|------------|-----------|-----------------|
| 1. Has this site and your CI provided a quality learning environment that is conducive to meeting your learning objectives? Please provide examples. | | | |
| 2. Does the CI provide feedback in a manner that is useful, respectful and timely? | | | |
| 3. How do you and your CI structure feedback sessions? | | | |
| 4. Would you recommend this site for future Moravian students? Why or why not? | | | |
| 5. Do you feel you were sufficiently prepared for this clinical rotation? In what areas did you feel less prepared? Which did you feel more prepared? | | | |

| | |
|---|--|
| 6. Number of hours student works (typical week): _____ % of time spent with the CI during the day _____ Additional hours spent at site outside of working hours _____ Additional hours spent preparing at home | |
| Do you believe that the expected workload is reasonable? Why or why not? | |

Faculty Signature: _____

Date: _____

Appendix 21: Physical Therapy Student Evaluation Form

PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003
(updated 12/27/10)



**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the

specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

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

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education

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

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

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General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address City State

Clinical Experience Number Clinical Experience Dates

Signatures

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

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

ECF/Nursing Home/SNF
 Federal/State/County Health
 Industrial/Occupational Health Facility

School/Preschool Program
 Wellness/Prevention/Fitness Program
 Other

Orientation

4. Did you receive information from the clinical facility prior to your arrival?
 Yes No
5. Did the on-site orientation provide you with an awareness of the
 Yes No
 information and resources that you would need for the experience?
6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

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

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

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

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

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

| Components Of Care | Rating | Components Of Care | Rating |
|--------------------|--------|--------------------|--------|
| Examination | | Diagnosis | |
| • Screening | | Prognosis | |

| | | | |
|----------------------|--|---------------------|--|
| ● History taking | | Plan of Care | |
| ● Systems review | | Interventions | |
| ● Tests and measures | | Outcomes Assessment | |
| Evaluation | | | |

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

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

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

Clinical Experience

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

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments (Please specify)

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

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe

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

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

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
 - Time well spent; would recommend this clinical education site to another student.
 - Some good learning experiences; student program needs further development.
 - Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*?
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

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

| Provision of Clinical Instruction | Midterm | Final |
|--|---------|-------|
| The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience. | | |
| The clinical education site had written objectives for this learning experience. | | |
| The clinical education site's objectives for this learning experience were clearly communicated. | | |
| There was an opportunity for student input into the objectives for this learning experience. | | |
| The CI provided constructive feedback on student performance. | | |
| The CI provided timely feedback on student performance. | | |
| The CI demonstrated skill in active listening. | | |
| The CI provided clear and concise communication. | | |
| The CI communicated in an open and non-threatening manner. | | |
| The CI taught in an interactive manner that encouraged problem solving. | | |
| There was a clear understanding to whom you were directly responsible and accountable. | | |
| The supervising CI was accessible when needed. | | |

| | | |
|---|--|--|
| The CI clearly explained your student responsibilities. | | |
| The CI provided responsibilities that were within your scope of knowledge and skills. | | |
| The CI facilitated patient-therapist and therapist-student relationships. | | |
| Time was available with the CI to discuss patient/client management. | | |
| The CI served as a positive role model in physical therapy practice. | | |
| The CI skillfully used the clinical environment for planned and unplanned learning experiences. | | |
| The CI integrated knowledge of various learning styles into student clinical teaching. | | |
| The CI made the formal evaluation process constructive. | | |
| The CI encouraged the student to self-assess. | | |

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

Midterm Evaluation Yes No Final Evaluation Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

Final Evaluation

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

Midterm Comments

Final Comments

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

Midterm Comments

Final Comments

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