Clinical Education Student Handbook
Doctor of Physical Therapy Program

Temple University
Department of Physical Therapy
2013-2014
Table of Contents

I. Introduction

II. Program Philosophy

III. Clinical Education Philosophy

IV. Curriculum
   A. Course Sequence
   B. Curriculum Matrix (Appendix A)
   C. Course Descriptions

V. Clinical Education
   A. Schedule
   B. Rotation Requirements

VI. Criteria for Student Assignments
   A. Facility Preference Form (Appendix B)
   B. Site Assignment Process

VII. The Roles of Academic and Clinical Faculty
   A. Director of Clinical Education
   B. Center Coordinator of Clinical Education
   C. Clinical Instructor
   D. Rights and Privileges of Clinical Education Faculty (CCCE/CI)

VIII. The Role of the DPT Student
   A. Description of Role of DPT Student
   B. Rights and Privileges of the DPT Student
   C. Student Requirements
   D. American Databank
   E. Financial Management
   F. Disability Disclosure Statement (Appendix C)

IX. Policies for Clinical Education
   A. Policies on Absences and/or Lateness
   B. Student Documents
   C. Dress Code Policy
   D. Grading Policy
   E. Mobile Device Policy
   F. Social Media Policy
   G. Liability Coverage
   H. Interview Policy

X. Evaluation of Students Performance in Clinical Education
   A. APTA Physical Therapy Clinical Performance Instrument
   B. Student Portfolio Requirements
   C. APTA Student Evaluation of Site and Clinical Instructor (Appendix D)
   D. APTA Core Values Self-Assessment (Appendix E)
   E. Feedback to Students (Appendix F)
XI. **Contact Information**

XII. **Forms to be Completed by Student**
   A. Release Form
   B. Information Form
   C. Student Signature Page

XIII. **Appendices**
   A. Curriculum Matrix
   B. Facility Preference Form
   C. Statement of Essential Functions
   D. APTA Student Evaluation of Site and Clinical Instructor
   E. APTA Professionalism Core Values Self-Assessment
   F. Feedback to Student (Weekly Planning Form)
   G. CPI Quick Guide
   H. Performance Dimensions and Rating Scale Anchors of CPI
Section I: Introduction

Clinical Education is an important part of the Doctor of Physical Therapy program at Temple University. This clinical education handbook is an integral part of successful completion of the clinical education courses. The goal of the handbook is to provide information about Temple University’s Doctor of Physical Therapy program; its clinical education philosophy, and policies for clinical education for our students and affiliating facility sites. This handbook should be viewed as a working document that will be continually developed and changed due to the dynamic nature of clinical education.

To Our Clinical Affiliating Sites/Facilities:

This clinical education manual is for your use when a Temple University student is participating in a clinical internship at your facility. It will provide you guiding information about Temple University’s Doctor of Physical Therapy program and its clinical education components.
Section II: Program Philosophy

The mission of the Physical Therapy Department at Temple University is to provide an educational framework that fuses objective outcome data and current research into curriculum for the professional entry-level, academic doctoral and post-graduate levels. The training of professionals, dissemination of knowledge, and delivery of services takes place with a commitment to evidence-based practice, excellent customer service practices, and an ethical framework of altruism and fiscal appropriateness. A faculty of educators and scholars will develop and maintain a comprehensive and current research agenda that directs the evolution of these curricula. Our interprofessional collaborations and a commitment to faculty development will support relationships with faculty and students across the university and with our clinical partners.

The faculty is committed to preparing students for entry-level physical therapy practice by modeling ethical and professional behaviors and by providing an education directed towards the ever-evolving science and practice of the physical therapy profession. Consistent with the vision and mission of the Physical Therapy Department, the faculty incorporates the best available evidence, contemporary clinical expertise, and respect for patient/client values into the curricular design and content delivery. A broad scope of faculty expertise establishes a responsive curricular infrastructure to provide a dynamic, innovative, and professional entry-level education. Faculty collaborates and systematically evaluates the effectiveness of the curriculum to promote depth of student understanding and to ensure excellence in practice, education, and scholarship.

Curricular Goals:
The goals of our curriculum are:

- To promote the collection, interpretation, utilization, and dissemination of objective outcome data;
- To provide opportunities to gather, understand, and utilize the best available evidence;
- To provide opportunities to participate in reflection, self-assessment, and advancement of professional development and contemporary practice;
- To demonstrate the value of the diversity of personal, professional, and societal perspectives as they relate to the delivery of patient/client centered health and health care services; and
- To integrate researchers, clinicians, and students within education, scholarship, and practice.
Clinical education is an integral part of the curriculum of the entry-level Doctor of Physical Therapy (DPT) program at Temple University. The clinical education experiences are taught in a trans-curricular manner. The philosophy of clinical education at Temple University is that it is important to expose students early and often to the clinical/practical aspect of physical therapy. The student is introduced to clinical education from the time of admission and exposure is continued throughout the curriculum in various formats. The methods of presenting the clinical aspect of physical therapy may include classroom observation, lab sessions, clinical site visits, and finally, three (3) or four (4) full-time clinical internships which are completed at scheduled intervals during the DPT curriculum.

The full-time clinical internships take place in clinical settings with licensed physical therapists facilitating the instruction of the student. Daily schedules may vary depending on the hours of the individual clinical facility and/or clinical instructor. Students are expected to participate during the hours that are indicated by the clinical faculty at their internship site for a minimum of 40 hours per week.

The Doctor of Physical Therapy program at Temple University is dedicated to providing the professional education and development for students as they become competent entry-level physical therapists. Graduates are expected to function as autonomous practitioners and to provide a full range of physical therapy services. Students will learn to function as entry-level clinicians in the roles of clinical practitioner, consultant, and advocate. They will also have exposure to further their development towards roles in research, teaching, and in supervisory positions.
Section IV: Curriculum

A. Curriculum Matrix (Appendix A)
B. Course Descriptions

A. Curriculum Matrix
The curriculum matrix documents the sequence of physical therapy courses and associated credit hours within the DPT program.

B. Course Descriptions

Year 1

Summer Semester 2
8512. Human Physiology (3 credits)
This course provides D.P.T. students with an opportunity to learn basic facts and principles of physiology. The course focuses on cellular, skeletal, muscular, neurological, cardiovascular, pulmonary, integumentary, renal, endocrine, and metabolic physiology. The discussed clinical topics are relevant to the modern practicing physical therapist.

8536. Teaching Learning & Group Dynamics (3 credits)
The focus of this course is the development of the teaching, learning, and group dynamics knowledge and skills needed by health care professionals to serve as effective change agents with patients/clients and students, as well as effective collaborators with colleagues across disciplines and health care administrators. In addition, the course provides insight on the skills needed to evaluate the impact of the teaching, learning, and group dynamic initiatives to bring about change through the presentation of a variety of topics, required readings, lectures, seminars, and experiential activities.

Fall Semester
8502. Human Anatomy I (3 credits)
This course represents the first part of a regional study of the gross structure of the human body. It includes classroom lectures and laboratory observations, including dissection of the back, upper and lower limbs, head and neck, thorax, abdomen and pelvis, and perineum. Emphasis is on the structure and function of the skeletal, muscular, cardiovascular, respiratory, and peripheral nervous systems, including their embryologic development. Students must learn the origins, insertions, and both spinal cord level and peripheral innervations, and actions of each muscle. In addition, students must know all bony landmarks and all ligaments that support the joints under study.

8502. Human Anatomy II (3 credits)
This course represents the second part of a regional study of the gross structure of the human body. It includes classroom lectures and laboratory observations, including dissection of the back, upper and lower limbs, head and neck, thorax, abdomen and pelvis, and perineum. Emphasis is on the structure and function of the skeletal, muscular, cardiovascular, respiratory, and peripheral nervous systems, including their embryologic development. Students must learn the origins, insertions, and both spinal cord level and
peripheral innervations, and actions of each muscle. In addition, students must know all bony landmarks and all ligaments that support the joints under study.

8513. Movement Science I (3 credits)
Movement Science I is offered as a 15-week, 3-credit course during the fall semester of the first year of the DPT curriculum and represents a course that provides an initial bridge between anatomy and physiology of the neuromusculoskeletal system and the biomechanics of movement. The course is designed to help the DPT student understand the complex nature of human movement by using various types of models to establish a biomechanical foundation from which movement can be analyzed. Students will be expected to identify, comprehend, and apply some movement models that can be appropriately generalized across multiple portions of the body and do likewise for specific movement models of specific joints, body segments or tasks such as posture, standing and basic movement patterns.

8516. Introduction to Physical Therapy (1 credit)
This course introduces students to the concepts of professionalism, advocacy, and the role of the physical therapist in the American health care system. Students learn about the American Physical Therapy Association, its role in advancing the profession of Physical Therapy, and resources available through the organization. In preparation for clinical practice, students are introduced to various documentation strategies, including electronic health records. Students complete a medical terminology self-study prior to the beginning of the semester to help enhance documentation skills.

8517. Clinical Examination & Intervention Skills I (3 credits)
This Clinical Examination and Intervention Skills (CEIS) course provides an introduction to appropriate patient/client and clinician positioning/draping to preserve the modesty of the patient/client as well as the safety of the patient/client and clinician. The practices of appropriate positioning and draping for both the patient/client and clinician are emphasized throughout the course as the students begin to practically experience palpating their classmates and performing techniques such as soft tissue mobilization. Techniques such as manual muscle testing and goniometry are discussed based on the biomechanical concepts involved. Students spend their time in the laboratory practicing these techniques with specific attention paid to anatomy and the reliability and validity of manual muscle testing and range of motion measurements. Additionally, screening techniques (both gross motor and neurological) are addressed with time to practice these techniques assigned to the laboratory component of the class in order to help facilitate the student’s developing decision-making processes.

8528. Critical Inquiry I (3 credits)
This course provides an introduction to the critical analysis of professional literature in preparation for evidence-based practice. Students learn how to conduct searches of scientific and professional literature related to physical therapy, how to judge the validity of information obtained through both print and electronic media, and how to assess the internal and external validity of research articles as sources of information on which to base clinical decisions. Students also learn how to use web-based technology to prepare reports of research-based literature.
**Spring Semester**

**8521. Neuroscience (3 credits)**
This course offers a study of the anatomy of the human nervous system with special attention to the brain and spinal cord. It includes histology, physiology, and pathology of the nervous system. Examples are given of the cause-effect relationship between lesions and symptoms, albeit complex.

**8522. Rehabilitative Pathophysiology (3 credits)**
There are three components of this course: basic pathology (injury and adaptation); normal microanatomy of skin, bone, and connective tissue; and pathology of the cardiac, pulmonary, immune, endocrine, musculoskeletal, and integumentary systems.

**8523. Movement Science II (4 credits)**
PHTH8523 occurs in the spring semester of the first year in the curriculum. The course is the second of three foundational courses where students gain knowledge of movement sciences. In this course theories and basic principles of motor control and learning will be integrated and related to motor behaviors observed in individuals with or without sensory and motor impairments. The students will gain experience in observing and measuring human motor behavior, which will focus on postural control, locomotion and goal-directed manual tasks. The students will learn to perform task analysis on motor skills as a method to analyze movement behavior and allow them to apply practice principles to enhance motor learning in individuals with or without sensory or motor impairments.

**8524. Clinical Examination & Intervention Skills II (2 credits)**
The Clinical Examination and Intervention Skills (CEIS) course sequence contains theory and evidence for and practice of examination and intervention skills that can be applied to a wide variety of clinical settings and patient populations. The CEIS II course content includes examination and intervention skills related to bed mobility, transfers, and ambulation. It also provides a general review of systems assessments, including vital signs, sensory testing, cognitive assessment, and tests of dynamic posture, reflexes, and tone — all within a context of functional intervention, safety, customer service, infection control, and confidentiality. The development and advancement of the patient-therapist therapeutic relationship within the patient-practitioner collaborative model is emphasized in this course.

**8525. Clinical Electroneurophysiology (3 credits)**
This course includes the known physiologic and physical effects and application of select thermal and electrical therapeutic modalities. A problem-solving approach is used to assist the student to integrate basic physiologic, physical, and medical science aspects for the safe application of the modality. Electrodiagnostic testing in the context of physical therapy practice is presented. Validity, reliability, sensitivity, and specificity of select clinical tests and the effectiveness of each thermal modality/electrotherapeutic device are addressed.

**8548. Critical Inquiry II (1 credit)**
This course continues the fall semester Critical Inquiry I course by providing practice of skills needed to locate, understand, and critique research literature for clinical decision-making. Emphasis is on methods used to find relevant literature and assess the validity of research articles, systematic reviews, and meta-analyses. As a result of the activities in this
course, students are able to conduct and document a focused search of the literature, effectively examining and interpreting the validity of research reported in the literature to enable appropriate judgments about the application of research evidence to clinical questions. Students are also able to document the analysis of research studies’ validity.

**Summer 1 Semester**

**8514. Clinical Decision Making  (2 credits)**
This course presents evidenced-based models and exemplars of clinical decision making, including the World Health Organization’s International Classification of Functioning, Disability and Health Model, decision making bias and heuristics, patient management, documentation styles, interdisciplinary care, teamwork, and interview/evaluation algorithms. This course provides the student physical therapist with the tools to utilize a patient-therapist collaborative model to develop a goal-directed, team-centered intervention that encompasses the physical, psychological, social, and psychomotor status of the patient.

**8529. Exercise  (3 credits)**
Course content begins with an introduction of peripheral neurophysiology that functions as both a feedback system and instigator of human movement. Studied next is the physiologic response of connective tissue to exercise, including tissue irritability and plasticity, and how each relates to the goals of increased range or mobility through stretching and increased strength or stability from exercise progression. The decision-making rationale of exercise prescription is then discussed within the context of these goals regarding the use of exercise to augment performance in the areas of strength, power, and endurance, plus the progression and monitoring of the physiologic response to exercise for both symptomatic and asymptomatic individuals. Specific attention is paid to the concept of isometric, isotonic, and isokinematic (or any other) forms of exercise, including the incorporation of neural influences through proprioceptive neuromuscular facilitation (PNF).

**8533. Movement Science III  (2 credits)**
Movement Sciences III begins with the discussion of upper extremity movement and goal directed reaching, starting with the mechanical and motor control characteristics underlying reaching, before moving onto alternations that can occur with common impairments and aging. Discussion then moves on to the mechanical and motor control characteristics involved with the maintenance of balance and posture, before leading to an in depth discussion on the alternations of balance and posture associated with pathological conditions and aging. Finally, the course ends with the mechanical and motor control characteristics of gait, laying the foundation for the detailed discussion of gait dysfunction and alterations related to common impairments and aging. Special attention will be placed on the accurate assessment of gait impairments and the possible treatment alternatives available, with discussion of potential outcomes. The laboratories associated with the lecture series outlined above involve discussion and training on the use of the existing and advance tests for balance and posture, gait, and upper extremity function, and are supplemented with case studies to allow for the development of the skill set necessary to allow the student to apply the tests as used in lab to the clinical arena.
Summer 2 Semester
9585. Clinical Internship I  (6 credits)
Clinical Internship I follows the first year of completed academic coursework. The internship takes place off site and is coordinated by the Director of Clinical Education. This internship focuses on developing the professional clinical skills needed to work with various patient populations. Specifically, this internship gives students the opportunity to interact with patients in order to practice their interview skills, their interpersonal communication, their patient/client education, and their basic examination skills, including range of motion, manual muscle testing, palpation, and data collection.

Year 2
Fall Semester
8518. Psychosocial Aspects  (2 credits)
This course focuses on thoughtful critical thinking regarding the needs of human beings during illness and disease states and the related specific skills the student will require to successfully interact with and enhance wellness of patients and families in health care settings. To accomplish this, a variety of topics are presented through required readings, lectures, discussions, and experiential activities.

8532. Clinical Management of Musculoskeletal Conditions I  (4 credits)
The goal of the three-course musculoskeletal management series is for students to become proficient in the physical therapy management of patients with musculoskeletal disorders. Evidence-based practice serves as a foundation for this course. Students learn a comprehensive examination scheme utilizing the most valid and reliable tests and measures. Using the current best evidence, students learn to develop a plan of skilled interventions for patients with selected musculoskeletal disorders. Psychomotor skills are emphasized and practiced to proficiency during laboratory sessions for selected physical examination tests and manual therapy techniques. This course begins with an overview of the examination and intervention process for patients with musculoskeletal disorders. The focus of the remaining material is on the lower quarter regions of the musculoskeletal system: lumbar spine, pelvis, hip, knee, ankle, and foot.

8534. Clinical Management of Neuromuscular Conditions I  (4 credits)
This course introduces evidence-based practice for adults and children with neurologic dysfunction. Using the International Classification of Function (ICF) model and the Hypothesis Oriented Algorithm for Clinicians (HOAC), students focus on evaluation and treatment for impairments of the human movement system and limitations in functional activities. Emphasis is placed on designing effective interventions for individuals with stroke, cerebral palsy (CP), traumatic brain injury (TBI), and spinal cord injury (SCI). Epidemiologic data and clinical medicine topics related to these diagnostic groups are presented. Issues related to the psychometric properties of measures and treatment efficacy and effectiveness are emphasized. The concept of diagnosis of neuromuscular disorders by physical therapists is introduced.

8535. Clinical Management of Cardiopulmonary Conditions  (3 credits)
This course includes presentation of advanced pathophysiology, examination techniques, and therapeutic interventions specific to the cardiac, vascular, and pulmonary systems. The course begins with the functional applications and implications of primary and secondary
cardiovascular and pulmonary anatomy and dysfunction as it relates to movement dysfunctions. Throughout the course, students gain knowledge of disease pathology and progression, appropriate interventions, tests and procedures, plan of care progressions, and management of the acutely ill patient. The course emphasis is on impairments related to primary or secondary dysfunction of the cardiac and ventilatory pumps. Topics include aging; diabetes; cardiac rehabilitation; pulmonary rehabilitation; the use of supplemental oxygen as a clinical drug; and rehab strategies for management of patients with co-morbidities affecting the cardiac, vascular, and pulmonary systems. This course includes wellness and prevention care, cultural issues, epidemiological data, and outcome measures. Issues of validity, reliability, sensitivity, and specificity are addressed with all examination techniques.

8546. Bioethics (2 credits)
This 10-week course focuses on the complexity of clinical and research scenarios. It requires health care expertise and an understanding of bioethical principles and values, within the context of a decision-making process. This course allows the student to increase understanding of ethics within the context of ethical dilemmas; understand more about one's own values and preferences when collecting information and making decisions; and value the gifts of collaboration when making bioethical decisions. Students explore scenarios that require ethical decision-making and develop some expertise with using an ethical decision-making matrix and applying the APTA Code of Ethics and Guide for Professional Conduct.

Spring Semester
8542. Clinical Management of Musculoskeletal Conditions II (4 credits)
The second course in the musculoskeletal management series emphasizes the same concepts as PHYS THER 8532 with a focus on the upper quarter regions of the musculoskeletal system: cervical and thoracic spine, shoulder girdle, elbow, wrist, and hand.

8547. Management & Health Care Systems (3 credits)
This course is an introduction to the American health care system, using a model proposed by Kissick, which identifies four major system components: resources, delivery systems, planning/regulatory infrastructure, and consumers. The course looks at all four of these components with less emphasis on consumers as this area is addressed in the Behavioral Science Series and again in the Management course. This course emphasizes the interconnections between the various segments of the health care system. It also explores and integrates the role of physical therapy as a profession and physical therapists as professionals in the system. Further emphasis is on class participation as a method of modeling professional behavior.

8554. Clinical Management of Neuromuscular Conditions II (3 credits)
The course covers evidence-based practice for children and adults with disorders of the neuromuscular system with an emphasis on progressive disorders and selected current topics in managing neuromuscular disorders. Examination, evaluation, diagnosis, prognosis, and treatment of individuals with these disorders are addressed. The course includes epidemiologic data and medical management of progressive disorders, lifespan change in neurologic status, outcome measures, prevention of secondary impairments,
wellness for individuals with neuromuscular dysfunction, and cultural issues related to the disorders presented. Issues addressed include validity, reliability, sensitivity, and specificity of measures as well as evidence of treatment efficacy and effectiveness.

**8551. Medical Diagnostics  (2 credits)**
Students gain an appreciation for and begin to develop strategies to integrate data from medical diagnostic procedures. These data include results obtained from imaging and laboratory chemistry tests, as well as data derived from vascular, neurologic, cardiac, and pulmonary testing. The focus is on utilizing clinical data that documents both the status and the progression of disease and its impact on differential diagnosis, prognostication, and physical therapy interventions.

**8553. Clinical Medicine & Pharmacotherapeutics  (3 credits)**
During the first half of the class, students gain an appreciation for the natural history, medical and/or surgical management of diabetes mellitus, HIV/AIDS, rheumatologic disorders, oncology, organ transplantation, and infectious diseases from the perspective of various health care practitioners, including nurses, physicians, and physical therapists. Students also gain an appreciation for the impact of these disorders on functional abilities and the role of the physical therapist in the coordination and management of care for individuals with these diseases. During the second half of the class, students are introduced to pharmacology as it relates to the practice of physical therapy. Discussions include pharmacokinetics and the indications and contraindications of various drugs relative to their effect on diagnosis, prognosis, and interventions in physical therapy. Specific pharmacologic categories covered in the course are cardiovascular medications, chemotherapeutic agents, NSAIDS, antirheumatic agents, pulmonary medications, pain management strategies, neuromuscular medications, ionto/phonopheresis agents, different classifications of steroids, and diabetes management agents.

**Summer Semester 1 & 2**

**9586. Clinical Internship II  (12 credits)**
The second full-time clinical internship takes place over the course of twelve weeks. Clinical Internship 2 typically occurs during the summer semester of the student’s second academic year. The internship typically takes place off site and is coordinated, managed, and over-seen by the Director of Clinical Education. This internship focuses on developing and integrating clinical skills and engaging in clinical decision making with various patient populations. Students are evaluated by the Clinical Instructor using the APTA PT CPI Web (2006).

**Year 3**

**Fall Semester**

**8550. Special Topics in Physical Therapy (4 credits)**
Special Topics in Physical Therapy is offered as a 10-week, 4-credit course during the Fall Semester of the third year of the DPT curriculum. There are eight (8) primary components to this course: Wellness & Prevention, including workplace ergonomics & workman’s compensation & screenings, Women’s & Men’s Health, Lymphedema, Oncology, Critical Illness, Genetics / Epigenetics, Primary care roles of the physical therapist, and Aquatic therapy.
8555. Assistive Technologies (2 credits)
This course presents the theory, evidence for, and process of examination and interventions used in the management of patients with a variety of complex or multiple organ-system pathologies. Emphasis is on the rehabilitation management of patients with transient, prolonged, or residual impairments that affect functional and vocational performance. Students learn about home and workplace assessment, as well as assessment for and prescription of appliances and equipment used to maximize patients’ functional abilities. These include wheelchairs, seating systems, alternative and adaptive equipment, aides, and prosthetic and orthotic devices.

8558. Evidence-Based Practice I (2 credits)
This is the first in a two-course sequence designed to encourage use of the principles of evidence-based practice, integrating clinical expertise, patients’ values, and research evidence to produce a therapeutic alliance. In this course, students generate a systematic review of the literature to answer a specific clinical question. Students can choose either a review of therapeutic interventions or diagnostic tests. The key project for this course is a written systematic review in a standardized format. In addition, during the annual Temple PT Student Presentation Day, students present their research through either a poster or platform presentation format.

8559. Elective – Clinical Specialty (3 credits)
This course introduces students to clinical materials that go beyond entry-level education across an array of clinical disciplines. Students can choose between either a combination of content areas or remain within a particular specialty, e.g., orthopaedics/musculoskeletal, manual therapy, sports, pediatrics, acute care, and research. Content offerings may vary from year to year depending on student interest and available faculty expertise.

Spring Semester
8568. Evidence-Based Practice II (2 credits)
This is the second in a two-course sequence designed to encourage use of the principles of evidence-based practice, integrating clinical expertise, patient values, and research evidence during clinical practice. This course is offered via a distance learning format utilizing the Blackboard courseware platform. Students complete several written assignments related to the application of evidence-based principles to their clinical practice. The primary project is an individual project in which the students apply the principles of evidence-based practice to a clinical problem encountered during the final clinical internship. The student then presents this process to colleagues in their clinical setting as an in-service.

9685. Clinical Internship III (12 credits) & 9686 Clinical Internship IV (12 credits)
The third and fourth full-time clinical internships take place over the course of twenty-four weeks. The internships are typically scheduled starting in the Fall semester of the third academic year and run until the spring semester. The internships take place off site and are coordinated by the Director of Clinical Education. The internships focus on developing and integrating clinical skills and engaging in clinical decision making with various patient populations. Students are evaluated by the Clinical Instructor using the APTA PT CPI Web (2006).
Section V: Clinical Education

A. Clinical Education Schedule

Clinical Internship I (6 Weeks)
Year 1: July – August
Clinical Internship II (12 Weeks)
Year 2: May – August
Clinical Internship III (12 Weeks)  Clinical Internship IV (12 Weeks)
Year 3: November – January               Year 3: January – May

* The actual length of internships may be subject to change in cases where multiple federal holidays occur during the internship time frame. In these cases, an internship duration may be modified to ensure that each student receives the required allocated clinical education time. This is subject to change based upon the discretion of the DCE and the clinical site.

B. Rotation Requirements

All students must complete a total of forty-two (42) weeks of clinical education internships during the course of the DPT program. Internships in the third year may be completed as two separate twelve week experiences, or as a combined twenty-four (24) week final clinical internship, depending on the site’s preference.

The internships will focus on developing and integrating clinical skills with various patient populations. It is required that each student participate in at least one inpatient and one outpatient full-time clinical experience, to ensure the student’s opportunity to provide care in two distinct patient settings. The inpatient setting is defined as acute, sub acute, transitional care, rehab hospital, or skilled nursing. Outpatient settings may be located in diverse environments such as schools, home care, and free-standing clinics. Other internship settings are agreed upon by both the student and the Director of Clinical Education. These may include any of the following: inpatient, outpatient, pediatrics, geriatrics, orthopaedics, neurologic, women’s health, wound care, industry, and other specialty areas. Opportunities also exist for military and international placements.
Section VI: Criteria for Student Assignment

A. Facility Preference Form (see Appendix B)

B. Site Assignment Process

A. Facility Preference Form (Appendix B)
The Facility Preference Form is utilized by the students to submit preferred internship settings and locations.

B. Site Assignment Process
1. Internship requests are sent to each facility’s CCCE during the academic year prior to each internship.
2. All students will be provided with a list of the offered clinical education placements when available for the upcoming internship.
3. Each student will select 5 internship sites in order of preference.
4. Each student will then complete the Facility Preference Form (Appendix B) indicating their five selections and designate inpatient versus outpatient as preferred setting. This form is to be submitted to the Directors of Clinical Education (DCE) at the designated time.
5. It is highly recommended that students not perform an internship at a place of previous work and/or volunteer experience. If the student believes this would be a good learning experience they can appeal to the DCE in writing or via an in-person meeting.
6. If a site is listed on the Facility Preference Form, the student is indicating their willingness and ability to attend the site.
7. Each student will be interviewed by a Director of Clinical Education.
8. The Directors of Clinical Education will attempt to match each student with a preference or an appropriate internship site using the following criteria:
   a. Student’s preferences
   b. Previous clinical experience
   c. Student’s overall clinical and academic performance
   d. Student’s professional behaviors
   e. Individual clinical education meeting with DCE
   f. Criteria of the clinical site
9. In some instances, individual clinical sites may require an interview as part of the selection process.
10. After the students have been assigned, the Director of Clinical Education will post or email internship assignments to each individual student.
11. In the event that an internship is cancelled the Director of Clinical Education will first attempt to assign the student to one of their other preferences; however, if all of the sites selected by the student have been assigned, the student will be assigned to another available site.
12. The Director of Clinical Education retains the right to make all final assignments based on previously stated criteria.
Section VII: The Roles of Academic and Clinical Faculty

A. Director of Clinical Education (DCE)
The Director of Clinical Education is also known as the Academic Coordinator of Clinical Education (ACCE).

- Acts as the course instructor for all the clinical education courses, which includes the responsibilities of designing and coordinating course material as well as assigning the grade for each course.
- Coordinate the administration of the clinical education curriculum and program.
- Functions as a liaison between the affiliating clinical sites and the university physical therapy academic program.
- Assign students to affiliating clinical sites for each internship and assist in preparing their preference list.
- Orient and prepare the student for the clinical education experience.
- Evaluate the student’s progress in integrating the academic and clinical information.

B. Center Coordinator of Clinical Education (CCCE)
- Assign a CI with a minimum of 1 year of clinical experience to each student.
- Coordinate, supervise, organize and direct on-site clinical education program for both the clinical instructor and student via educational planning, clinical experience and performance.
- Maintain site specific organizational structure to maximize student learning experiences while fostering development of individual site’s clinical education program.
- Function as a liaison between the clinical affiliating site, clinical instructors and the student through regular communication in verbal or written form.
- Contact the DCE immediately if the CI has indicated that a student is having difficulty during the clinical internship, or may be in jeopardy of not passing the internship.
- Responsible for education of the clinical instructors in regards to changes in clinical education by staff development activities.
- Serve as a resource to both the clinical instructors and student.
- Evaluate the academic faculty (DCE) for effectiveness in their ability to manage all aspects of the clinical education program.
- Evaluate the entry-level DPT program for instructional effectiveness in didactic and clinical domains including recommendations for enhancements in program.
- Review the Clinical Education Handbook provided by Temple University.
C. Clinical Instructor (CI)

- Directly supervise the student during the clinical affiliation in concordance with the applicable legal, regulatory, and ethical guidelines as well as APTA Standards of Practice.
- Plan and develop the student’s clinical experience by utilizing the DPT student goals and objectives in coordination with the individual facility’s programs.
- Clarify goals, objectives and expectations by providing regular and objective feedback to the student and/or DCE.
- Evaluate the student’s performance utilizing the PT-CPI in the clinical setting at regular pre-determined intervals.
- Contact the DCE immediately if the student is having difficulty during the clinical internship, or may be in jeopardy of not passing the internship.
- Complete required paperwork/forms and provides feedback to DCE on student performance.
- Communicate with DCE about clinical education and student performance concerns.
- Review the Clinical Education Handbook provided by Temple University.

D. Rights and Privileges of Clinical Education Faculty (CCCE/CI)

The clinical faculty, designated as the CCCE and CI, are afforded the following rights and privileges associated with their participation in Temple University’s clinical education program.

- To be treated fairly and without discrimination by the students and faculty associated with Temple University.
- The right to receive information regarding affiliating students and/or changes in clinical education program in a timely fashion.
- The right to request assistance from the academic program, including the DCE or faculty members, in dealing with clinical education issues that may arise during the internship period.
- The right to request feedback in regards to the student experience or comments on the PT-CPI or Clinical Site Evaluation.
- The right to request individual assistance regarding use of the online PT-CPI and effective teaching strategies and techniques.
- The right to participate in one Temple University Department of Physical Therapy continuing education course per year free of charge, contingent upon accepting/supervising two students in that same year.
A. Description of the role of the DPT student

The DPT student is an integral part of the clinical education process. The student is expected to be an active learner and active participant in the entire clinical education process.

1. Prior to the clinical internship:
   - The student will work with the DCE in the selection process by providing information on areas of interest, previous experience and a preference list of clinical sites
   - The student is not expected to seek or find their own clinical experience
   - The student is not to contact clinical sites to arrange or discuss an internship without permission of the DCE
   - It is strongly discouraged that a student completes an internship at a facility where a family member is an employee
   - The student forfeits the opportunity to do an internship at a clinical site, or affiliating facilities, where they have made inappropriate contact or may have a familial conflict of interest

2. During the clinical internship:
   - The student is expected to abide by all the policies and procedures at the clinical site that are legal and ethical in the field of physical therapy, and in their role as a student
   - At all times the student is expected to display professional behaviors and attitudes as a member of the health care team. This may include working additional hours at home or in the clinic with the knowledge that as a team member your job is not necessarily limited to the clinic hours
   - The student must always be actively involved in the clinical internship by being an informed participant and asking appropriate questions
   - The student should not sign or endorse any legal forms or paperwork that is unclear to them. This includes, but is not limited to, waivers, liability forms, etc.
   - It is the student’s responsibility to identify any problems or concerns as well as initiate and maintain an open line of communication with the CI, CCCE and DCE. This includes contacting the DCE immediately if they are having difficulty during the clinical internship, and may be in jeopardy of not passing the internship.
B. Rights and Privileges of the DPT Student

- To be treated fairly and without discrimination by the academic and clinical faculty associated with the clinical internship experience.
- To be provided clear grading criteria for each internship as outlined on the syllabus.
- To be an active participant in the clinical internship placement process in coordination with the DCE and the clinical site as indicated.
- To complete their internship at a clinical site that shares similar expectations of performance as compared to the academic faculty and provides a beneficial educational environment.
- To receive timely and constructive feedback from their CI including:
  - Objective and open communication about their performance.
  - Clear information about expectations.
  - Regular assessment of progress toward internship objectives.
- To receive objective recommendations for improvement from the CI by means of the PT-CPI at the mid-point and completion of a given internship.
- To receive timely and constructive feedback from the DCE in regards to grading of assignments and any concerns about the scoring of the PT-CPI, including comments.
- To receive timely support from the academic program, including the DCE or faculty members, in addressing clinical education issues that may arise during the internship period.
- To have the right to privacy and confidentiality based upon Temple guidelines available at: [http://policies.temple.edu/ferpa/](http://policies.temple.edu/ferpa/)

C. Student Requirements

1. Upon admission to the DPT Program:
   a. Physical examination which includes completion of these two forms:
      - Student Health Services; Health Science Student Physical Form [http://www.temple.edu/studenthealth/PDFs/HSC_Physical_Form.pdf](http://www.temple.edu/studenthealth/PDFs/HSC_Physical_Form.pdf)
      - Student Health Services; Health Science Student Immunization Record [http://www.temple.edu/studenthealth/PDFs/HSC_Immunization_Record.pdf](http://www.temple.edu/studenthealth/PDFs/HSC_Immunization_Record.pdf)
   b. PPD (Mantoux Skin Test for Tuberculosis) or a Chest x-ray
   c. Criminal Background Checks
      - Child Abuse Clearance
      - Elder Abuse Clearance
      - FBI Background Clearance
      - OIG Clearance
   d. Drug Screen

2. OSHA Regulations
   To comply with the OSHA regulations concerning universal precautions, blood borne pathogens, occupational risks, and methods to reduce risks of infection, all DPT students at Temple are instructed in the appropriate techniques for universal precautions during the educational program at Temple University before starting
their clinical internship. All students are required to attend a class on OSHA regulations, and obtain the completion certificate. If for any reason the student does not attend the scheduled class, it is the student’s responsibility to meet with the DCE and make arrangements to meet this requirement before starting the clinical experience.

3. All students must keep current throughout the duration of the DPT Program:
   a. CPR for Healthcare Providers
   b. Basic First Aid
   c. OSHA Certification
   d. HIPPA Certification
   e. Yearly heath requirements:
      • Physical Examination
      • PPD (Mantoux Skin Test for Tuberculosis) or a Chest x-ray

4. Prior to the start of each internship:
   a. Review Clinical Education Handbook and return signature page to DCE.
   b. Sign all required forms outlined in Section XII.
   c. Send a letter of introduction to each site with which they affiliate, including specific goals and objectives.
   d. The student is responsible for ensuring all Temple requirements are current, and may be asked to present this information to the site.
      • The school is not responsible for providing this confidential information to each center.
      • The current student requirements are based upon those recommended by the Joint Commission and other agencies responsible for clinical site accreditation.

* Please note: clinical facilities may have requirements above and beyond that of Temple University. It is the student’s responsibility to find out what requirements need to be completed prior to the start of the affiliation. The site may opt to cancel the internship if these site specific requests are not met.

D. American Databank Information
Temple University utilizes American Databank Group which is an online repository utilized for gathering all of the information listed above. Students are responsible for enrolling in the service and paying all associated costs prior to onset of the DPT program. American Databank will also generate email reminders to students who are not current with any of above information. The student account should be active throughout the DPT program. Should a student have questions regarding specific tests or test results, they must notify the DCE immediately. Additional information may be found at: http://www.americandatabank.com/
E. Financial Management
The DPT program will offer as much information about each clinical site as is available; however, it is the student’s responsibility to review the facilities Clinical Site Information Form (CSIF) to confirm housing, transportation and other needs that they may have during their internship.

Students are responsible for all costs involved in the DPT Program. This includes, but is not limited to:

1. Housing, transportation, and other associated costs
2. Fees for physical examination, immunizations, and for obtaining copies of all records
3. Tuition and Temple University fees

It is highly recommended that students seek financial counseling to assist in budgeting for each clinical internship. Clinical Internship I and II span two academic years and fit within a traditional semester layout. Clinical Internship III and IV occur in direct succession, within the third academic year, and account for 24 credits. This may require advanced planning and budgeting. For further information and assistance contact Student Financial Services in Carnell Hall at 215-204-2244.

F. Disability Disclosure Statement
All students admitted to the program must be able to demonstrate essential functions with or without reasonable accommodations as outlined in the Temple University Department of Physical Therapy Clinical Education Handbook. (Appendix C)

For planning educational experiences, it is necessary that students reveal any medical conditions or movement impairment problems that need to be accommodated or monitored. Disciplinary action may be taken against students who fail to divulge information that places others or self at risk.

Any student who has a need of an accommodation based on the impact of a disability should contact the Director of Clinical Education privately to discuss the specific situation as soon as possible. Contact Disability Resources and Services at 215-204-1280 at 100 Ritter Annex to coordinate reasonable accommodations for students with documented disabilities.
A. Policy on Absences and/or Lateness:
Every student is expected to report to their clinical affiliation site according to the hours arranged by the Clinical Coordinator of Clinical Education (CCCE) or Clinical Instructor (CI).

Every student is expected to be on time as promptness is a professional behavior and only an excused absence or lateness will be permitted. The clinical internship is designed to promote professionalism, which will be an evaluation criteria on the CPI. Concerns from the student, CI, or CCCE regarding this policy should be addressed to the Director of Clinical Education.

When an absence is unavoidable, the student must contact the DCE and the CI. Contacting the CCCE is left to the discretion of the CI in cases of absence/lateness.

Students with an illness or medical condition that may be communicable to patients or staff should not have contact with either. If students are unsure whether they should be in patient contact areas, they should seek medical advice for evaluation of their work status. Students are to comply with the clinical center’s policies and procedures for patient care activities.

Because of the seriousness of the consequences of tardiness and absences, students are strongly encouraged to have perfect attendance.

Unplanned Absence: If it is necessary for a student to be absent from the clinic due to illness or other unplanned reason, the DCE and the CI must be contacted by the student on the day that they are unable to make it to the clinic.

Planned Absence: If a student plans an absence, the DCE and the CI must be contacted by the student as early as possible, and it must be approved. Written approval must first be obtained from the CI /CCCE. The CI/CCCE approval must then be submitted to the DCE (email or fax is acceptable).

Planned absences should be taken only if unavoidable. Medical procedures (unless emergent) and personal business should not be scheduled during clinical internship periods. If any planned or unplanned absence will be for more than one day, the student
must make up the time missed based on the schedule determined by the CI and/or CCCE. If the student misses a single day, it is up to the discretion of the CI and/or CCCE whether the day should be made up. The DCE should be contacted by the student, CI or CCCE if the student is absent more than 3 days. Excessive absences or abuse of the sick day policy cannot be excused. All missed days should be accounted for on the Clinical Performance Instrument (CPI).

**Lateness:** Students **MUST** call the CI as soon as possible if they are going to be late. If the CI cannot be reached for any reason, the student **MUST** contact the CCCE or the DCE.

Persistent tardiness may jeopardize the student’s successful completion of the goals for clinical education. It is the student’s responsibility to initiate discussion about modifying the daily schedule if there are reasons other than personal convenience that are resulting in tardiness.

Students must attend their clinical internship during the assigned working hours, days, weeks, and internship period, and may not be excused early for personal business.

**B. Policy on Holiday Schedules**
Students are required to follow the holiday schedule established by the clinical facility. This may not coincide with Temple University’s academic calendar.

**C. Student Documents**
On the first day of clinical education, the student must be prepared to show the required documentation as stated previously. The purpose of this policy is the protection of the public. The documentation contains confidential student information. The student’s permission must be obtained for the clinical site to copy this information as needed for their records.

**D. Dress Code**
Each student is expected to comply with the dress code guidelines of the clinical facility to which she/he is assigned.

The following are general guidelines for acceptable attire in most PT clinical settings:
- **Slacks** Wear casual style slacks of earth tones and shades. Jeans of any style and loud/bright colors are not acceptable.
- **Tops** Shirts and blouses of various styles that coordinate with slacks, as well as polo style tops are acceptable.
- **Lab Coat** Hip length white lab coats are sometimes used. If your facility requires this, you **MUST** wear/have one.
  - Temple patch must be worn on all lab coats (contact DCE for patch)
  - Patch on left upper arm (over deltoid muscle belly)
- **I.D.** Name tags must be worn during the clinical experience and must be easily seen for identification.
• Jewelry  Traditional/conservative and should be kept to a minimum. Dangling earrings and long necklaces (> 18 inches) are not permitted due to safety and practicality. Wearing very expensive jewelry is not advised.

• Hair  Long hair should be secured back so as not to interfere with treatment and for safety.

E. Grading Policy
The student will be assigned a grade of PASS/FAIL by the Director of Clinical Education (DCE), primarily based on the results of the APTA PT-CPI. The CPI is completed by the Clinical Instructor and the student, and reviewed by the DCE at both midterm and final. A portfolio assignment will also be considered in grading. A description of the portfolio may be found in Section X.

Pass: A “P” will be awarded to any student that met the objectives for each clinical education course as indicated in the syllabus for each CPI performance criteria. The level of performance varies depending on the specific objectives for the internship within the curriculum. A “P” is also dependent on submission of the completed portfolio assignments in a timely fashion.

Fail: An “F” may be given when an egregious event takes place while on internship, and the clinical site or DCE determines that it is unsafe for the student to remain in the clinical setting. An “F” may also be given if a student does not meet the objectives of the clinical education course to the level of performance indicated despite all efforts of the remediation procedures.

Incomplete: An “I” may be given to a student who does not meet the objectives for the clinical education course to the level of performance indicated in the expected time frame. This may be related to non-egregious event(s) during internship. In this instance, the student may undergo a period of remediation prior to repeating the internship experience.

If required clinical internship assignments are not turned in by the expected deadlines the student may receive a grade of Incomplete “I”. The student must submit the required assignments for a final grade of Pass “P”.

If a student is having difficulty during the clinical internship, and may be in jeopardy of not passing the internship, the DCE should be contacted immediately by the student, the CI, and the CCCE.

The DCE will evaluate the situation and arrange a meeting or telephone contact with the CI, CCCE, student, and the DCE. A plan of action will be discussed and adopted. The plan may include, but is not limited to, individualized learning objectives, professional behavior instruction, improving communication skills, professional dress and attitude review, consultation, etc. Appropriate time will be allowed for both the student and the CI to carry out this plan. If the internship objectives are not met, the student may be required to repeat the internship and receive a grade of incomplete “I” or fail “F.”

Any student receiving a failing “F” grade in any internship will be automatically dismissed from the DPT program.
F. Mobile Device Policy
Students must follow the policy of the clinical site concerning the use of cell phones and other personal electronic devices during clinical hours. In the absence of a facility policy, students should default to the following statement:

Cell phone or other personal electronic equipment used for personal purposes, such as conversations, text messaging, updating social networking sites or game playing is not permitted while in the clinical facility for your internship. Such devices must be set to silent or vibrate during you internship.

G. Social Media Policy
Students must follow the policy of the clinical site concerning the use of social media and other internet activities during clinical hours. In the absence of a facility policy, students should default to the following statement:

Any information that is posted by an individual on a social networking site is reflective of that individual. If the individual is identified as a Temple University and/or physical therapy student, the posted information is then reflective of the institution, the department and possibly even the profession. As a result, please remember that you are responsible for what you post!

When participating in social networking during internships and upon completion, the student MUST comply with all clinical facility HIPAA policies. A violation of such policies may not only result in legal action against you, but may also result in failure of a clinical rotation. Absolutely no reference to patients, clinical sites, or clinical instructors is permitted, even if names are not given or you believe you have blinded the identifying information.

Any issues concerning appropriate use of social networking may be reflected in the professional, legal and/or ethical items of the CPI and may jeopardize a student’s abilities to successfully complete a clinical internship.

H. Liability Coverage
Students are provided protection against general and professional liability claims by Temple University. A certificate of this protection is submitted to each internship site as per the contractual agreement with the clinical site, and a copy is available on the Clinical Internship Blackboard site.

I. Student Interviews (Final Internship Only)
One day off will be permitted for a post-graduation physical therapy position interview(s) during the last clinical internship period for final year students only. Preferably, the day should not be the last day of the internship. The student must collaborate with the Center Coordinator of Clinical Education (CCCE) and CI in advance and must obtain her/his permission. Students should be aware that many clinical facilities do not allow students interview days. This policy is maintained by many facilities due to the need to maintain consistent and cohesive patient care and should not be violated.
Section X: Evaluation of Student’s Performance

A. APTA Physical Therapy Clinical Performance Instrument

The APTA Clinical Performance Instrument (PT-CPI) is developed by APTA in order to provide valid and reliable information concerning the clinical performance of physical therapist students. A copy of the CPI can be obtained from the Director of Clinical Education (DCE) at Temple University Physical Therapy Department.

Each student will be evaluated by their CI during their clinical internship, using the APTA Physical Therapy Clinical Performance Instrument. A midterm and a final evaluation will occur at various intervals during the internship depending on the length of each experience. The evaluation should be reviewed with the student by the CI and reviewed with the CCCE if needed.

Each student is also required to complete a self-evaluation using the APTA Physical Therapy Clinical Performance Instrument, the same evaluation form used by the CI. The student should complete the self-evaluation before each evaluation period and review it with the CI at the formal evaluation meeting. THIS IS A COURSE REQUIREMENT.

The online version of this tool can be accessed at: https://cpi2.amsapps.com

The CPI is accessible only after having completed the online training at the APTA Learning Center: http://learningcenter.apta.org/ptcpi_aptalearningcenter.aspx

See also:
- Appendix G: APTA Quick Guide to accessing the online CPI
- Appendix H: Performance Dimensions and rating scale criteria used in grading

B. Student Portfolio Requirements

Portfolios are used to assist students in the process of learning. They help students to investigate their own learning experience and provide information about the clinical experience to the DCE. Students may be as creative as they would like to be in developing their portfolio, however, for grading purposes each of the following components MUST be present:
- Example of patient or staff education (i.e. inservice)
- Completed/Signed APTA Student Evaluation of Clinical Site and Clinical Instructor (Appendix D)
- APTA Core Values Self-Assessment (Appendix E)
C. APTA Student Assessment of Clinical Site and Clinical Instructor (Appendix D)
After each student’s clinical experience is completed, the Director of Clinical Education and the Center Coordinator of Clinical Education evaluate the affiliation and consider suggestions for improvement. Students’ opinions are an important part of this evaluation process. Your positive, as well as constructive, comments are very helpful.

This form provides students the opportunities to express their opinions of the clinical internship experience. Students are responsible for filling out this form before the end of the clinical internship and discussing it with the CI or CCCE. The form must be signed by the student and the CI and returned with the portfolio submission.

D. APTA Core Values Self-Assessment (Appendix E)
After each clinical experience, the student completes a self-assessment to develop an awareness about the APTA Core Values and the frequency with which he or she demonstrates them in practice.

E. Feedback to Students (Appendix F: Weekly Planning Form)
The Weekly Planning Form is a tool to encourage clear and consistent communication between the CI and the student. It allows both parties to document performance and feedback on a weekly basis. This promotes open communication and an opportunity to set objective goals.

- This form is required of all students (CE I-IV) to complete weekly with their CI up to Mid-Term.
- If the student is not progressing as expected at any point during the internship, the student is required to continue the Weekly Planning Form for the remainder of the experience.
Section XI: Contact Information for Temple University

Mailing Address:
Temple University
College of Health Professions
Physical Therapy Program
3307 North Broad Street
Jones Hall - 6th floor
Philadelphia, PA 19140

Directors of Clinical Education:
Jane Fagan, PT, DPT, Cert. MDT
Phone: (215) 707-2693
Email: jane.fagan@temple.edu

Mary Anne Riopel, PT, DPT, OCS
Phone: (215) 707-5733
Email: maryanne.riopel@temple.edu

Department Fax: (215) 707-7500
Website: www.temple.edu/pt
Section XII: Forms to be Completed by the Student

A. Release Form
   This form will allow the DCE to discuss individual needs and goals with the affiliating site openly and honestly.

B. Clinical Education Information Form
   This form contains demographic information about the student and may be used in the event of an emergency for a contact person and/ or specific health problems.

C. Student Signature Page
   By signing this form, the student is stating that they have read the Clinical Education Student Handbook for the Doctor of Physical Therapy program and Temple University. They agree to abide by the information contained within the student manual as it has been reviewed with them.
Acknowledging the priority of safe, quality patient care, I hereby grant permission to the Department of Physical Therapy of Temple University, and the Director of Clinical Education of Physical Therapy of Temple University, to release to my clinical affiliation centers any information regarding my past academic clinical performance or any reasonable accommodation needed due to a stated disability.

Student Signature: _______________________________________________________

Student Name (Print): _____________________________________________________

Date: ______________
Temple University  
College of Health Professions and Social Work  
Department of Physical Therapy  
DPT Program  

Information Form

Name: ___________________________________________________________

Telephone Number: _______________________________________________

**Personal** Email Address: _______________________________________

Permanent Address: _____________________________________________

________________________________________________________________

Address while at Temple University: ________________________________

________________________________________________________________

Address while on Clinical Internship: ________________________________

________________________________________________________________

**Emergency Contact Person**

Name: __________________________________________________________

Telephone Number: _____________________________________________

Address: _______________________________________________________

________________________________________________________________

Relationship: __________________________________________________
I, ___________________________________ have read the Clinical Education Student Handbook for the Doctor of Physical Therapy program and Temple University. I agree to abide by the information contained within the student manual as it has been reviewed with me.

Student Signature: _______________________________________________________

Student Name (Print): ____________________________________________________

Date: ______________
Section XIII: Appendices

A. Curriculum Matrix
B. Facility Preference Form
C. Statement of Essential Functions
D. APTA Student Evaluation of Clinical Site and Clinical Instructor
E. APTA Core Values Assessment
F. Feedback to Student (Weekly Planning Form)
G. CPI Quick Guide
H. Performance Dimensions and Rating Scale Anchors of CPI
### 1st Professional Year

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Semester II (6 weeks)</td>
<td>8512 Human Physiology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8536 Teaching, Learning, &amp; Group Dynamics</td>
<td>3</td>
</tr>
<tr>
<td>Fall Semester (15 weeks)</td>
<td>8502 Human Anatomy I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8503 Human Anatomy II</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8513 Movement Science I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8516 Introduction to Physical Therapy</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>8517 Clinical Examination &amp; Intervention Skills I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8528 Critical Inquiry I</td>
<td>3</td>
</tr>
<tr>
<td>Spring Semester (15 weeks)</td>
<td>8521 Neuroscience</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8522 Rehabilitative Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8523 Movement Science II</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>8524 Clinical Examination &amp; Intervention Skills II</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>8525 Clinical Electrophysiology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8548 Critical Inquiry II</td>
<td>1</td>
</tr>
<tr>
<td>Summer Semester I (6 weeks)</td>
<td>8514 Clinical Decision Making</td>
<td>2</td>
</tr>
</tbody>
</table>

### 2nd Professional Year

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Semester II (4 weeks)</td>
<td>9585 Clinical Internship I</td>
<td>6</td>
</tr>
<tr>
<td>Fall Semester (15 weeks)</td>
<td>8518 Psychosocial Aspects</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>8532 Clinical Management Musculoskeletal I</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>8534 Clinical Management Neuromuscular I</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>8535 Clinical Management Cardiopulmonary</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8546 Bioethics</td>
<td>2</td>
</tr>
<tr>
<td>Spring Semester (15 weeks)</td>
<td>8542 Clinical Management Musculoskeletal II</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>8547 Management &amp; Health Care Systems</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8554 Clinical Management Neuromuscular II</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>8551 Medical Diagnostics</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>8553 Clinical Medicine &amp; Pharmacotherapeutics</td>
<td>3</td>
</tr>
<tr>
<td>Summer Semester I (6 weeks)</td>
<td>9586 Clinical Internship II</td>
<td>12</td>
</tr>
</tbody>
</table>

### 3rd Professional Year

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Semester II (6 weeks)</td>
<td>9586 Clinical Internship II (Cont. from Summer II)</td>
<td>0+</td>
</tr>
<tr>
<td>Fall Semester (10 weeks)</td>
<td>8559 Special Topics in Physical Therapy</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>8555 Assistive Technologies</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>8558 Evidence Based Practice I</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>8559 Elective - Clinical Specialty</td>
<td>3</td>
</tr>
<tr>
<td>Spring Semester (24 weeks)</td>
<td>8598 Evidence Based Practice II</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>9685 Clinical Internship III</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>9686 Clinical Internship IV</td>
<td>12</td>
</tr>
</tbody>
</table>
Appendix B. Facility Preference Form

Temple University
College of Health Professions and Social Work
Department of Physical Therapy

*Facility Preference Form*

You **MUST** list 5 facilities. Facilities **MUST** be from the provided list of internship sites.

1. ___________________________________________________________

2. ___________________________________________________________

3. ___________________________________________________________

4. ___________________________________________________________

5. ___________________________________________________________

You may also list one National Contract site you would be interested in a placement:

___________________________________________________________

Please list the zip code(s) of WHERE YOU WILL BE LIVING, or are WILLING TO TRAVEL to when on internship: __________ __________ __________ __________

List your previous clinic volunteer or paid experiences:

___________________________________________________________

___________________________________________________________

List any external factors or provide comments for consideration during the placement process. (Please do not include information related to transportation or finances.)

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________
Appendix C. Statement of Essential Functions

Temple University  
College of Health Professions and Social Work  
Department of Physical Therapy  
Statement of Essential Functions

The Doctor of Physical Therapy program at Temple University is dedicated to providing the professional education and development for students as they become competent entry-level physical therapists. Graduates are expected to function as autonomous practitioners and to provide a full range of physical therapy services. Individuals who successfully complete the program are eligible to sit for the National Physical Therapy Examination (NPTE) and upon passing the exam, 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.

**Professionalism**
Students must demonstrate the ability to act professionally in any environment, including stressful situations or when faced with impending deadlines. Acting professionally includes, but is not limited to, practicing safely, ethically and legally, demonstrating responsibility for lifelong professional growth and development, demonstrating respect for others, advocating for the health and health care needs of patients/clients, coping in difficult situations, demonstrating appropriate hygiene and appropriate affective interpersonal behaviors.

**Cognition**
Students must demonstrate the cognitive abilities to exhibit an understanding of the academic knowledge base and preparation expected of a physical therapist, identify cause-and-effect relationships one may encounter in a clinical or classroom setting, develop and appropriately modify patient/client goals/plans, respond appropriately to emergency situations, apply universal precautions, and apply teaching and learning theories in health care.

**Judgment**
Students must demonstrate sound judgment, based on an understanding of the rationale and justification for their choices, by listening and responding with appropriate verbal and nonverbal responses, in classroom, laboratory, and clinical settings.

**Communication**
Students must demonstrate clear, effective and efficient ability to understand and use the written and oral English language, as well as to listen, and respond, appropriately to verbal and nonverbal forms of communication.

**Mobility**
Students must demonstrate the physical ability to efficiently and safely move between and within clinical environments and maneuver under various conditions of environmental constraint.
Sensorimotor

Students must demonstrate adequate sensorimotor skills to provide safe and effective physical therapy examinations (e.g., palpation, auscultation, etc.), physical therapy interventions (e.g., range of motion activities, patient/client guarding, assisting with ambulation, transfers, etc.) and emergency treatment to patients (e.g., monitor alarms, monitor vital signs, perform CPR, etc.) efficiently and reliably.

Anyone requiring accommodations must contact Disability Resources and Services at: (215) 204-1280 in 100 Ritter Annex (Main Campus).
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

©2003 American Physical Therapy Association. All rights reserved. Duplication of this form in its entirety is permitted; however, any revision, addition, or deletion is prohibited.
GENERAL INFORMATION AND SIGNATURES

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address City State

Clinical Experience Number Clinical Experience Dates

Signatures

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

Student Name (Provide signature) Date

Primary Clinical Instructor Name (Print name) Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned Highest degree earned Degree area Years experience as a CI

Years experience as a clinician

Areas of expertise Clinical Certification, specify area

APTA Credentialed CI Other CI Yes No

State Yes No

Professional organization memberships APTA Other

Additional Clinical Instructor Name (Print name) Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned Highest degree earned Degree area Years experience as a CI

Years experience as a clinician

Areas of expertise Clinical Certification, specify area

APTA Credentialed CI Other CI Yes No

State Yes No

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

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

1. Name of Clinical Education Site ________________________________
   Address __________________________________ City __________________________ State _______

2. Clinical Experience Number ________________________________

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

   — Acute Care/Inpatient Hospital Facility
   — ECF/Nursing Home/SNF
   — Federal/State/County Health
   — Industrial/Occupational Health Facility
   — Private Practice
   — Rehabilitation/Sub-acute Rehabilitation
   — 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 information and resources that you would need for the experience? ______ Yes ______ No

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

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:
1 = Never 2 = Rarely 3 = Occasionally 4 = Often

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.

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

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.

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td></td>
<td>Diagnosis</td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td></td>
<td>Prognosis</td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td></td>
<td>Plan of Care</td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td></td>
<td>Interventions</td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td></td>
<td>Outcomes Assessment</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

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

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 than1 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 ____________

43
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

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

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

Midterm Evaluation   _____Yes _____No   Final Evaluation   _____Yes _____N
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.
PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

In 2000, the House of Delegates adopted Vision 2020 and the Strategic Plan for Transitioning to A Doctoring Profession (RC 37-01). The Plan includes six elements: Doctor of Physical Therapy, Evidenced-based Practice, Autonomous Practice, Direct Access, Practitioner of Choice, and Professionalism, and describes how these elements relate to and interface with the vision of a doctoring profession. In assisting the profession in its transition to a doctoring profession, it seemed that one of the initiatives that would be beneficial was to define and describe the concept of professionalism by explicitly articulating what the graduate of a physical therapist program ought to demonstrate with respect to professionalism. In addition, as a byproduct of this work, it was believed that practitioner behaviors could be articulated that would describe what the individual practitioner would be doing in their daily practice that would reflect professionalism.

As a part of the preparation for this consensus conference, relevant literature was reviewed to facilitate the development of the conference structure and consensus decision-making process. Literature in medicine reveals that this profession continues to be challenged to define professionalism, describe how it is taught, and determine how it can be measured in medical education. The groundwork and advances that medicine laid was most informative to the process and product from this conference. Physical therapy acknowledges and is thankful for medicine’s research efforts in professionalism and for their work that guided this conference’s structure and process.

Eighteen physical therapists, based on their expertise in physical therapist practice, education, and research, were invited to participate in a consensus-based conference convened by APTA’s Education Division on July 19-21, 2002. The conference was convened for the purpose of:

1) Developing a comprehensive consensus-based document on Professionalism that would be integrated into A Normative Model of Physical Therapist Professional Education, Version 2004 to include a) core values of the profession, b) indicators (judgments, decisions, attitudes, and behaviors) that are fully consistent with the core values, and c) a professional education matrix that includes educational outcomes, examples of Terminal Behavioral Objectives, and examples of Instructional Objectives for the classroom and for clinical practice.

2) Developing outcome strategies for the promotion and implementation of the supplement content in education and, where feasible, with practice in ways that are consistent with physical therapy as a doctoring profession.

The documentation developed as a result of this conference is currently being integrated into the next version of A Normative Model of Physical Therapist Professional Education: Version 2004. The table that follows is a synopsis of a portion of the conference documentation that describes what the physical therapist would be doing in his or her practice that would give evidence of professionalism.

In August 2003, Professionalism in Physical Therapy: Core Values was reviewed by the APTA Board of Directors and adopted as a core document on professionalism in physical therapy practice, education, and research. (V-10; 8/03)

We wish to gratefully acknowledge the efforts of those participants who gave their time and energies to this challenging initiative; a first step in clearly articulating for the physical therapist what are the core values that define professionalism and how that concept would translate into professional education.
USING THE SELF-ASSESSMENT

The Self-Assessment that follows is intended for the user to develop an awareness about the core values and to self-assess the frequency with which he or she demonstrates the seven core values based on sample indicators (behaviors not intended to be an exhaustive list) that describe what the practitioner would be doing in daily practice. These seven core values were identified during the consensus-based conference that further defined the critical elements that comprise professionalism. Core values are listed in alphabetical order with no preference or ranking given to these values. During the conference many important values were identified as part of professionalism in physical therapy, however not all were determined to be core (at the very essence; essential) of professionalism and unique to physical therapy. The seven values identified were of sufficient breadth and depth to incorporate the many values and attributes that are part of professionalism.

For each identified core value, (i.e., accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility) a definition and sample indicators (not intended to be exhaustive) are provided that describe what the physical therapist would be doing in practice, education, and/or research if these core values were present.

Complete the Self-Assessment
Review each core value indicator and check the frequency with which you display that sample indicator in your daily practice based on the rating scale provided (1-5). It is not expected that one will rate himself or herself as 5 (always) or 1 (never) on every item. Be candid in your response as this is a self-assessment process with an opportunity for personal learning and insight, identification of areas of strength and growth, and assessment of your development in the professionalism maturation process.

Analyze the Completed Self-Assessment
Once you have completed the Self-Assessment, you may want to reflect as an individual or group on the following questions:
- On what sample indicators did you or the group consistently score yourself/themselves on the scale at the 4 or 5 levels?
- Why did you or the group rate yourself/themselves higher in frequency for demonstrating these sample behaviors?
- On what sample indicators did you or the group score yourself/themselves on the scale at level 3 or below?
- Why did you or the group rate yourself/themselves lower in frequency for demonstrating these sample behaviors?
- Identify, develop, and implement approaches to strengthening the integration of the core values within your practice environment.
- Establish personal goals for increasing the frequency with which you demonstrate specific sample behaviors with specific core value(s)
- Conduct periodic re-assessment of your core value behaviors to determine the degree to which your performance has changed in your professionalism maturation.
PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

For each core value listed, a definition is provided and a set of sample indicators that describe what one would see if the physical therapist were demonstrating that core value in his/her daily practice. For each of the sample indicators listed, check only one item that best represents the frequency with which you demonstrate the behavior where 1= Never, 2= Rarely, 3= Occasionally, 4= Frequently, 5= Always.

<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
<th>Self-Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.</td>
<td>1. Responding to patient’s/client’s goals and needs.</td>
<td>1 (N) 2 (R) 3 (O) 4 (F) 5 (A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Seeking and responding to feedback from multiple sources.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Acknowledging and accepting consequences of his/her actions.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Assuming responsibility for learning and change.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Participating in the achievement of health goals of patients/clients and society.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Seeking continuous improvement in quality of care.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Maintaining membership in APTA and other organizations.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10. Educating students in a manner that facilitates the pursuit of learning.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
<td>Self-Assessment</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
</tbody>
</table>
| Altruism    | Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest. | 1. Placing patient’s/client’s needs above the physical therapists.  
2. Providing pro-bono services.  
3. Providing physical therapy services to underserved and underrepresented populations.  
4. Providing patient/client services that go beyond expected standards of practice.  
5. Completing patient/client care and professional responsibility prior to personal needs. | 1 2 3 4 5         |
| Compassion/| Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring.  
Caring is the concern, empathy, and consideration for the needs and values of others. | 1. Understanding the socio-cultural, economic, and psychological influences on the individual's life in their environment.  
2. Understanding an individual’s perspective.  
3. Being an advocate for patient’s/client’s needs.  
4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.  
5. Designing patient/client programs/interventions that are congruent with patient/client needs.  
6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care.  
7. Focusing on achieving the greatest well-being and the highest potential for a patient/client.  
8. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases. | 1 2 3 4 5         |
<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
<th>Self-Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion/ Caring</td>
<td>Excellence is physical therapy practice that consistently uses current</td>
<td>9. Embracing the patient's/client's emotional and psychological aspects of care.</td>
<td>1 (N) 2 (R) 3 (O) 4 (F) 5 (A)</td>
</tr>
<tr>
<td>(continued)</td>
<td>knowledge and theory while understanding personal limits, integrates</td>
<td>10. Attending to the patient's/client's personal needs and comforts.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>judgment and the patient/client perspective, challenges mediocrity, and</td>
<td>11. Demonstrating respect for others and considers others as unique and of value.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>works toward development of new knowledge.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellence</td>
<td>1. Demonstrating investment in the profession of physical therapy.</td>
<td></td>
<td>1 (N) 2 (R) 3 (O) 4 (F) 5 (A)</td>
</tr>
<tr>
<td></td>
<td>2. Internalizing the importance of using multiple sources of evidence to</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>support professional practice and decisions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Participating in integrative and collaborative practice to promote</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>high quality health and educational outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Conveying intellectual humility in professional and personal situations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Demonstrating high levels of knowledge and skill in all aspects of the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>profession.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Using evidence consistently to support professional decisions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Demonstrating a tolerance for ambiguity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Pursuing new evidence to expand knowledge.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Engaging in acquisition of new knowledge throughout one's professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>career.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Sharing one's knowledge with others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Contributing to the development and shaping of excellence in all</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>professional roles.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
<td>Self-Assessment</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
<td>-------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Integrity</td>
<td>Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.</td>
<td>1. Abiding by the rules, regulations, and laws applicable to the profession.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc.).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Articulating and internalizing stated ideals and professional values.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Using power (including avoidance of use of unearned privilege) judiciously.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Resolving dilemmas with respect to a consistent set of core values.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Being trustworthy.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Taking responsibility to be an integral part in the continuing management of patients/clients.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Knowing one’s limitations and acting accordingly.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Confronting harassment and bias among ourselves and others.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10. Recognizing the limits of one’s expertise and making referrals appropriately.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11. Choosing employment situations that are congruent with practice values and professional ethical standards.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
<td>Self-Assessment</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
<td>-------------------</td>
<td>-----------------</td>
</tr>
</tbody>
</table>
| **Professional Duty** | Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. | 1. Demonstrating beneficence by providing “optimal care”.  
2. Facilitating each individual’s achievement of goals for function, health, and wellness.  
3. Preserving the safety, security and confidentiality of individuals in all professional contexts.  
4. Involved in professional activities beyond the practice setting.  
5. Promoting the profession of physical therapy.  
6. Mentoring others to realize their potential.  
7. Taking pride in one’s profession. | 1 (N) | 2 (R) | 3 (O) | 4 (F) | 5 (A) |
| **Social Responsibility** | Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness. | 1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.  
2. Promoting cultural competence within the profession and the larger public.  
3. Promoting social policy that effect function, health, and wellness needs of patients/clients.  
4. Ensuring that existing social policy is in the best interest of the patient/client.  
5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.  
6. Promoting community volunteerism.  
7. Participating in political activism. | 1 (N) | 2 (R) | 3 (O) | 4 (F) | 5 (A) |
<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
<th>Self-Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Responsibility (continued)</td>
<td>8. Participating in achievement of societal health goals.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. Providing leadership in the community.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Participating in collaborative relationships with other health practitioners and the public at large.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Ensuring the blending of social justice and economic efficiency of services.</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
Appendix F. Feedback to Student (Weekly Planning Form)

Temple University
College of Health Professions and Social Work
Department of Physical Therapy
Doctor of Physical Therapy

Weekly Planning Form

Dates:_______________________    Week #:_____________________

Student’s Review of the Week:
When completing this form consider the five (5) performance dimensions: Quality of Care, Supervision/Guidance required, Consistency of Performance, Complexity of tasks/environment, and Efficiency of performance.

CI’s Review of the Week:
When completing this form consider the five (5) performance dimensions: Quality of Care, Supervision/Guidance required, Consistency of Performance, Complexity of tasks/environment, and Efficiency of performance.

Goals for the upcoming week of: ____________________________

Student’s Signature:_____________________ CI’s Signature:___________________
Appendix G. CPI Quick Guide

APTA Members/Current APTA Customers

1. Login to www.apta.org
   - Enter your username and password and select "click here to continue:" [http://www.apta.org/login](http://www.apta.org/login)
   - Under [http://www.apta.org/myAPTA](http://www.apta.org/myAPTA) make note of the email address associated with your apta.org account you will need to use the same address to verify your training completion in PT CPI Web.

2. Set up your computer
   - Enable pop-ups for [http://www.apta.org](http://www.apta.org) and [http://learningcenter.apta.org](http://learningcenter.apta.org). (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: [http://learningcenter.apta.org/oht.aspx#q1](http://learningcenter.apta.org/oht.aspx#q1)).

3. "Purchase" the free PT CPI online course
   - Access the PT CPI online course: [http://learningcenter.apta.org/ptcpi_aptalearningcenter.aspx](http://learningcenter.apta.org/ptcpi_aptalearningcenter.aspx) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. Take the PT CPI online course
   - After purchasing the course, go to My Courses [http://learningcenter.apta.org/My_Courses.aspx](http://learningcenter.apta.org/My_Courses.aspx) within the APTA Learning Center.

5. Print CEU certificate
   - Claim credit and print your 0.2 CEU certificate through My Courses [http://learningcenter.apta.org/My_Courses.aspx](http://learningcenter.apta.org/My_Courses.aspx) at the APTA Learning Center.

6. Access the PT CPI Web site
   - To access PT CPI Web 2.0, please click: [https://cpi2.amsapps.com](https://cpi2.amsapps.com).

   The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the 'I forgot or do not have a password' link to establish a password.

   **The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the PT CPI online training. The instructions for PT CPI Web can also be viewed online via this password protected URL: www.apta.org/ptcpievaluation password: ptcpiweb08 (that’s web”zero”8)**
New Customers (Non-APTA Members)

1. Create an account at www.apta.org
   • Register at apta.org: http://www.apta.org/login. Complete the required information and write down your username and password.
   • Please make a note of the e-mail address that you use when completing this registration information as you will need to use the same email address to verify your training completion in PT CPI Web.

2. Set up your computer
   • Enable pop-ups for http://www.apta.org and http://learningcenter.apta.org. (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: http://learningcenter.apta.org/oht.aspx#q1).

3. "Purchase" the free PT CPI online course
   • Access the PT CPI online course: http://learningcenter.apta.org/ptcpi_aptalearningcenter.aspx in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. Take the PT CPI online course
   • After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

5. Print CEU certificate
   • Claim credit and print your 0.2 CEU certificate through My Courses http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

6. Access the PT CPI Web site
   • To access PT CPI Web 2.0, please click: https://cpi2.amsapps.com.

The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the ‘I forgot or do not have a password’ link to establish a password. The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the PT CPI online training.

The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the PT CPI online training. The instructions for PT CPI Web can also be viewed online via this password protected URL: www.apta.org/ptcpievaluation password: ptcpiweb08 (that’s web”zero”8)
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

| CATEGORY | DEFINITIONS |
|---------------------------------------------|
| **Supervision/Guidance** | Level and extent of assistance required by the student to achieve entry-level performance.  
  - As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment. |
| **Quality** | Degree of knowledge and skill proficiency demonstrated.  
  - As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance. |
| **Complexity** | Number of elements that must be considered relative to the task, patient, and/or environment.  
  - As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI. |
| **Consistency** | Frequency of occurrences of desired behaviors related to the performance criterion.  
  - As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely. |
| **Efficiency** | Ability to perform in a cost-effective and timely manner.  
  - As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance. |

**Rating Scale Anchors**

| Performance Dimensions | DEFINITIONS |
|---------------------------------------------|
| **Beginning performance** | A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.  
  - At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.  
  - Performance reflects little or no experience.  
  - The student does not carry a caseload. |
| **Advanced beginner performance** | A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.  
  - At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.  
  - The student may begin to share a caseload with the clinical instructor. |
| **Intermediate performance** | A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.  
  - At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.  
  - The student is capable of maintaining 50% of a full-time physical therapist’s caseload. |
| **Advanced intermediate performance** | A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.  
  - At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.  
  - The student is capable of maintaining 75% of a full-time physical therapist’s caseload. |
| **Entry-level performance** | A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.  
  - At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.  
  - Consults with others and resolves unfamiliar or ambiguous situations.  
  - The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner. |
| Beyond entry-level performance | A student who is **capable of** functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.  
- At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.  
- The student is **capable of** maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.  
- The student is capable of supervising others.  
- The student willingly assumes a leadership role for managing patients with more difficult or complex conditions.  
- Actively contributes to the enhancement of the clinical facility with an expansive view of physical therapy practice and the profession. |