Dear Clinical Instructor:

Thank you for participating in the clinical education process with UNC students. This packet of materials is designed to provide you with the information you need to work with this student. The following is a list of items included in this packet. The items that are **BOLD** need to be returned to the university at the end of the rotation. Please do not hesitate to contact us at any time with questions or concerns. We will plan to contact you sometime around midterm to check on the student’s progress.

Thank you.
Jennifer Cooke & Lisa Johnston

**PACKET LIST**
1. Contact Information
2. Benefits for being a CI
3. CI Responsibilities
4. Syllabus for Clinical Education Courses
5. Policies and Guidelines for Clinical Education (includes time-off policies)
6. DPT Curriculum snapshot
7. Overview of Curriculum sequence (content areas covered)
8. Summary of Clinical Education Assignments
9. Weekly Planning Form
10. Definitions of Performance Dimensions and Rating Scale Anchors
11. CCCE/CI POST-CLINICAL FEEDBACK FORM/ENVELOPE – please mail to Jennifer Cooke
12. JUDY CAPPS BESWICK NOMINATION FORM/ENVELOPE (If you choose to nominate the student for this award) – please mail to Calvin Wang
DIVISION OF PHYSICAL THERAPY
DEPARTMENT OF ALLIED HEALTH SCIENCES
SCHOOL OF MEDICINE
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

DOCTORAL PROGRAM IN PHYSICAL THERAPY

CONTACT INFORMATION

Address: The University of North Carolina at Chapel Hill
The Division of Physical Therapy
Bondurant Hall Suite 3000
Campus Box 7135
Chapel Hill NC 27599-7135

Fax #: 919-966-3678

Web Site: https://www.med.unc.edu/ahs/physical/clinical-education/

DCE: Jennifer Cooke PT, DPT
Phone: 919-843-8696 (work)
       252-349-3871 (home)
Email: uncdptclined@med.unc.edu

Lisa Johnston, PT, MS, DPT
919-843-5723 (work)
919-389-4581 (home)
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Assistant: Kayla Gardner
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Contracts: Caroline Orth
Phone: 919-843-3795
Email: caroline_orth@med.unc.edu
The University of North Carolina Physical Therapy program affiliates with many excellent clinical education centers both inside and outside of North Carolina. Considerable planning and preparation go into the arrangements as affiliation contracts are established. The students’ special interests and personal circumstances are seriously considered as the clinical assignments are made. However, a diverse geographical distribution of assignments is important in the students’ development as a professional physical therapist. Each PT student should expect at least 2 clinical experiences to take place outside of Wake, Durham, or Orange counties.

The students must work with patients of all ages and a variety of clinical conditions to provide them with entry-level knowledge and skills in the general practice of physical therapy. For the total clinical education program, each student must complete three basic clinical experience requirements: acute care, neuromuscular, and musculoskeletal. The fourth requirement is designated as an “underserved” area of clinical practice. The underserved requirement may be combined with any of the above clinical requirement settings. First year physical therapy students have an 8-week practicum beginning in the summer. Second year physical therapy students have an 8-week practicum in March/April and an 8-week practicum in May/June at the end of the second academic year. Third year physical therapy students have a 12-week rotation in the summer at the end of the academic portion of the curriculum. The clinical settings are defined as follows:

1. **Acute Care** — practice with acute care which may include intensive care, infection control, wound care, orthopedic, neurologic and cardiopulmonary dysfunction.

2. **Neuromuscular** — a comprehensive approach to management of the patient with major disabilities and usually requiring long term care; an emphasis on neuromuscular diseases/disorders is preferred, although patients with cardiopulmonary or musculoskeletal problems may also be seen. Experiences include problem-solving and planning, interaction with and integration of contribution of several health disciplines such as nursing, physicians, social service, occupational therapy, speech therapy and orthotics. Most pediatric experiences (including pediatric acute care) are included in this category.

3. **Musculoskeletal** — including acute and chronic musculoskeletal and other orthopedic problems. Patients with many other types of involvement such as neurological and cardiopulmonary dysfunction may also be seen, but an emphasis on musculoskeletal disorders is preferred. Clinicals emphasizing sports medicine fall into this category.

4. **“Underserved”** — In an attempt to more accurately reflect the current state of physical therapy practice our students complete at least one clinical experience in a geographically underserved area of the state in order to better understand the scope of PT practice within the state of NC.
Benefits for Being a CI for UNC Chapel Hill!!

Physical Therapy students could not become practicing clinicians without the help of excellent clinicians in the field. They need rich learning environments and dedicated, caring mentors to evolve in their clinical skills and in their role as a professional. We would like to thank you for all you do in support of physical therapy and UNC. Here are a few things that we can offer to you as a way to say thanks:

- **AHEC Digital Library access.** This will allow you to search using PubMed Medline, Cochrane and other databases. You can access UNC’s electronic journals including *Physical Therapy*. Please fill out the information below and return to us in order to get your access established.

  **FAX to Jennifer Cooke: 919-966-3678**

  NAME __________________________________________________________

  EMAIL ADDRESS _________________________________________________

  EMPLOYER _____________________________________________________

  MAILING ADDRESS ______________________________________________

- **APTA CI Credentialing.** UNC hosts CI credentialing workshops on a regular basis. Please contact Jennifer Cooke at uncdptclined@med.unc.edu for additional information or to register for the next workshop.

- **Clinical Educational workshops.** The faculty at UNC are willing to come to your facility to provide inservices on topics that relate to your clinical practice and clinical education. Please contact us for more information or to set up a custom program.

- **Continuing Education workshops.** Please watch the Division website for current information about upcoming programs. On occasion we are able to offer CI’s registration at reduced rates, so please watch the website and let us know if you would like to attend a workshop.

  [http://www.med.unc.edu/ahs/physical/](http://www.med.unc.edu/ahs/physical/)

- **Preference for admissions.** Admission preference into the on-line transitional DPT program if offered. For more information about the tDPT program, please visit our web page at: [http://www.med.unc.edu/ahs/physical/](http://www.med.unc.edu/ahs/physical/)

- **Mentor program.** You also have the opportunity to become a professional mentor. Please email Jennifer Cooke at uncdptclined@med.unc.edu if you are interested in being a mentor for entry-level physical therapy students or post-professional students.
DIVISION OF PHYSICAL THERAPY
DEPARTMENT OF ALLIED HEALTH SCIENCES
SCHOOL OF MEDICINE
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

DOCTORAL PROGRAM IN PHYSICAL THERAPY

CI RESPONSIBILITIES

PRIOR TO ROTATION
1. Review materials sent about the student. Pay special attention to individual goals and objectives the student has written.
2. Review materials about the program as needed.
3. Plan clinical experience. Consider advanced scheduling of learning activities that may require additional lead-time like observing other disciplines.
4. Complete Web CPI training if you have not already done so.

DURING ROTATION
1. Provide regular informal feedback to the student about how they are doing. Most students need lots of reassurance that they are doing as you would expect. So don’t forget to include the positive things as well as things they need to be working on.
2. Communicate with the DCE sometime near midterm. The purpose of this conversation is to report about the student’s progress, clarify the academic program’s expectations and help generate additional ideas about how to work with the student.
3. Provide written feedback at midterm and final using the Web CPI. The student should complete their own self-assessment using the Web CPI prior to your meeting. This will give you both the opportunity to review both CI and student ratings of performance during the meeting.

FOLLOWING ROTATION
1. You will be asked by the student to complete a review of the curriculum and report about the student’s academic preparation for the clinical rotation. This feedback is used to help identify curricular areas for improvement.
2. You will also be asked to provide feedback about the clinical education process at UNC. This will include questions about the placement process, the effectiveness of the DCEs, and management of the clinical contract. This will be used for overall program improvements.
3. You may complete a nomination form for the Judy Capps Beswick Award for student excellence in the clinical setting if appropriate.

If you have questions about these responsibilities, please contact the DCE’s for clarification.
DIVISION OF PHYSICAL THERAPY  
DEPARTMENT OF ALLIED HEALTH SCIENCES  
SCHOOL OF MEDICINE  
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

DOCTORAL PROGRAM IN PHYSICAL THERAPY  
POLICIES AND GUIDELINES FOR CLINICAL EDUCATION

Students shall adhere to the rules, regulations, and holiday schedule of the clinical facility while assigned there and will wear uniforms acceptable to the physical therapy facility. Whether the facility has a dress policy or not, the student shall dress in a professional manner and shall wear a name tag designating that he or she is a physical therapy student. The clinical facility shall inform the student of said rules, regulations, schedules, and policies.

WORK DAYS AND HOURS:
The student is expected to work the work days and hours of the assigned clinical instructor. This may include skewed work weeks (i.e. Tuesday – Saturday) and/or nontraditional hours (i.e. four 10-hour days). The student is expected to adhere to the expected number of hours (approximately 40 hours/week), understanding that work responsibilities often require additional time outside of the assigned clinical work hours. Any missed days during the rotation should be recorded on the Web CPI and may be required to be made up before successful completion of the clinical experience.

EXCUSED ABSENCES:
1. Illness The student is responsible for notifying the Clinical Instructor and DCE. Clinical Instructor and DCE can approve absences related to illness for a maximum of three days on an 8 week rotation or 4 days for a 12 week rotation. Makeup for lost time within this range is not required unless the Clinical Instructor believes it is necessary for the student to meet the learning objectives. Time missed greater than those listed above requires make up time or extension to the clinical rotation and should be arranged in collaboration with the DCE. Any concerns regarding inadequate progression towards learning objectives should also be directed to the DCE.

2. Inclement Weather Days Students should not drive to clinical centers when fresh snow or ice is on the roads or when inclement weather prohibits safe travel. We strongly advise students to err on the side of safety rather than risk injury on the road. Students should discuss facility policies with the Clinical Instructor in advance of adverse weather conditions.

3. Job Interviews Permission is at the discretion and approval of the Clinical Instructor and only during the final practicum. We suggest that clinical sites permit one day for the purpose of job interviews. Additional time may be considered if make-up day(s) or time(s) are arranged.

4. Other While on rotations, students adhere to the holiday policy of the clinical facility. Absence for other reasons such as attending educational programs or professional conferences will be at the discretion of the Clinical Instructor and the DCE, keeping in mind that ample opportunities for these experiences will follow after graduation. Absence for personal reasons must be arranged in advance with
approval of the Clinical Instructor and DCE, with arrangements for time missed to be made up.

OTHER ABSENCES:
The only excused absences are listed above. Missed time for any other reason is considered to be unexcused. All unexcused missed time must be made up by the student working additional days, extra hours each day, etc. Clinical Instructors and DCE may approve missed time in advance for special circumstances (family weddings, graduations, doctor appointments) if they deem it to be appropriate, as long as it is not excessive in amount, and as long as all time missed is made up. Students may make up time with another clinical instructor with approval by the primary CI. Make up time should have similar clinical exposure to patients as the typical day for that clinical rotation. Staying late to work on documentation is NOT adequate to make up missed patient care time.

STUDENT PERFORMANCE:
Students will be evaluated using the Web CPI. The Web CPI should be completed on line and should be discussed with the student at midterm and near the end of the practicum.

If there are any concerns about a student’s performance during their practicum, please notify the DCE as soon as concerns are apparent. Most students prefer being advised of their deficiencies early so that they can work improve in those areas. The DCE will work with you to identify strategies for remediation of performance problems.

STUDENT’S ASSESSMENT OF THE CLINICAL EDUCATION EXPERIENCE:
Each student, after being evaluated by the Clinical Instructor, will share his/her written remarks with the Clinical Instructor regarding the student’s assessment of the clinical education experience. The student is responsible for returning the original to the academic program. The clinical site may copy and retain the student’s site assessment, but the original must be returned to UNC-CH by the student.

FINAL NOTE: If you have problems concerning Clinical Education please contact:

DCE: Jennifer Cooke PT, DPT
Phone: 919-843-8696 (work)
252-349-3871 (home)
Email: uncdptclined@med.unc.edu

Co-DCE: Lisa Johnston, PT, MS, DPT
Phone: 919-843-5723 (work)
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Email: Lisa_johnston@med.unc.edu

Assistant: Kayla Gardner
Phone: 919-962-4344
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Contracts: Caroline Orth
Phone: 919-843-3795
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Thank you very much for your participation in our Clinical Education program.
REQUIREMENTS FOR CLINICAL ROTATIONS
DOCTOR OF PHYSICAL THERAPY

Clinical sites require detailed documentation of student vaccination and/or disease history prior to beginning a rotation at their facility. UNC Campus Health Services provides these procedures during the regular semester for reasonable fees. It is the responsibility of the student to be aware of these requirements and supply documentation to the program as required. If a clinical site has additional requirements, it is the responsibility of the student to complete these requirements in a timely fashion prior to the clinical and to provide the documentation to the clinical site. An explanation of the standard immunization and infection control requirements is given below.

IMMUNIZATIONS
http://campushealth.unc.edu/services/immunizations/health-science-students-immunizations.html
*Students born before 1957 should consult with Campus Health Services for variations in immunization requirements.

Students born in 1957 or later and 18 years of age or older:
- Tetanus/Diphtheria/Pertussis: 3 DTP (diphtheria, tetanus, pertussis), Td (tetanus, diphtheria), or Tdap (tetanus, diphtheria, pertussis) doses (this fulfills the primary series requirement); 1 booster dose of Tdap (tetanus, diphtheria, pertussis) vaccine after completion of the primary series. A booster dose is required every 10 years.
- Measles/Mumps/Rubella: 2 Measles (rubeola), 2 Mumps, 1 Rubella doses (2MMR doses meet this requirement) OR positive titers.
- Tuberculin Skin Test (TST): 2-step TST required upon admission; 1-step TST required annually thereafter. Students with a positive TST are required to consult with Campus Health Services for further evaluation and counseling. Campus Health Services will decide if a chest x-ray is warranted and will require an annual system review. Any student who feels he/she has been exposed to TB during the year is also encouraged to have an additional skin test performed at that time. If a student has had TB in the past, written verification of appropriate treatment is required. The student is required to complete a form available from Campus Health Services annually, which monitors potential symptoms of this disease. The presence of symptoms may necessitate an additional chest x-ray. **It is best to wait for TST testing until you arrive on campus to ensure testing is completed in the window of time required for the first clinical rotation.**
- Varicella (chicken pox): 2 dose series of varicella vaccine OR immunity by positive titer. An affidavit of having the disease is not accepted.
- Hepatitis B: 3 dose series AND a positive Hepatitis B titer. Students who have a negative titer are required to follow-up with Campus Health Services for further evaluation.
- Influenza vaccine: Required annually and must be administered for the current flu season.

TRAINING
During each year of the Doctor of Physical Therapy program, students will be required to complete training programs in accordance with federal laws related to:

- Confidentiality, privacy and information security
- Infection Control for Health Care Professionals
- Protecting yourself from Blood borne Pathogens
- Preventing the spread of Tuberculosis
- Emergency Preparedness
- Fire Safety

HEALTH INSURANCE
UNC requires all students maintain their own health insurance during clinical rotations. The University also now has a mandatory health insurance requirement. If you cannot prove that you have valid health insurance, you will be charged a health insurance fee. You must also provide a copy of your current, valid insurance card annually prior to each clinical rotation.

CPR CERTIFICATION
Documentation of CPR training is required. American Heart Association certifications are acceptable. A photocopy of a current, signed CPR card is adequate to verify certification. Students must be certified throughout the duration of each of the clinical rotations. UNC requires basic adult CPR, but some clinical sites also require infant, child and choking modules. Check with local health care facilities and chapters of the American Heart Association for courses.

CRIMINAL BACKGROUND CHECKS
You will be required to have a criminal history database check upon admission to the program, and annually thereafter. The check will be done in each state in which you have lived in the past 7 years or back to the age of 18 years. The cost of the criminal history checks will be the responsibility of the student. Additionally, some clinical sites may require additional screens or more recent criminal background checks which are also the financial responsibility of the student. A history of certain criminal offenses may prohibit your ability to complete the clinical requirements of the program. Please see the Academic Coordinator of Clinical Education with any questions or concerns.

OTHER REQUIREMENTS
Some sites also have special requirements including physical exam, drug screen, additional immunizations, additional criminal background checks, or tuberculin skin test (TST) with more frequency than once per year. You will be informed of these additional requirements before the beginning of your clinical rotation. Cost associated with these services will be the student’s responsibility.

MANAGEMENT OF STUDENT INFORMATION
The Director of Clinical Education of the Division of Physical Therapy and the Allied Health Sciences Clinical Education Assistant will have access to all information. Management of student information will be completed by the online system, CastleBranch. The one-time cost of utilizing this management system is the responsibility of the student. It is the responsibility of the student to start the account and upload all required documentation into the CastleBranch. CastleBranch will also be utilized for completion of criminal background checks and coordination of any necessary drug screens (if applicable). CastleBranch will then maintain student records indefinitely and the student will be able to access these documents as needed.
Prior to clinical rotations, the Division of Physical Therapy faculty or staff will send to the student’s clinical site a CastleBranch document consisting of: immunization documentation, a copy of the student’s CPR training card, and a copy of the student’s health insurance card. Verification of LMS Training will also be supplied. Students will be required to disseminate their criminal background report upon request by the individual clinical site. In addition, any positive findings on criminal background checks must be reported to all clinical sites where the student has clinical rotations. If a clinical site requires a drug screen, it is the responsibility of the student to disseminate the drug screen results to the clinical site.

Please contact the Clinical Education Assistant or the Director of Clinical Education with questions.
DIVISION OF PHYSICAL THERAPY
DEPARTMENT OF ALLIED HEALTH SCIENCES
SCHOOL OF MEDICINE
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Course Title: Clinical Practicum I
Course Number: PHYT 761
Clock Hours: 320 – 8 weeks full-time
Credit Hours:
Day/time of Course: Second Summer Session, 1st year

Course Title: Clinical Practicum II
Course Number: PHYT 764
Clock Hours: 320 – 8 weeks full-time
Credit Hours:
Day/time of Course: Spring Semester, 2nd year

Course Title: Clinical Practicum III
Course Number: PHYT 768
Clock Hours: 320 – 8 weeks full-time
Credit Hours:
Day/time of Course: First Summer Session, 2nd year

Course Title: Clinical Practicum IV
Course Number: PHYT 770
Clock Hours: 480 – 12 weeks full-time
Credit Hours:
Day/time of Course Sessions: Summer Sessions I and II, 3rd year

Pre-requisites:
This course is restricted to students enrolled in the Doctor of Physical Therapy Program.

Faculty:
Jennifer Cooke, PT, DPT (DCE)
Lisa Johnston, PT, MS, DPT (Co-DCE)
Center Coordinators of Clinical Education and Clinical Instructors

Phone Numbers:
Jennifer Cooke (919) 843-8696 (day); (252) 349-3871 (cell)
uncdptclined@med.unc.edu

Lisa Johnston (919) 843-5723 (day); (919) 389-4581 (cell);
Lisa_Johnston@med.unc.edu

Course Description:
In general or specialized clinical settings, students are able to practice appropriate examination, evaluation, intervention, technical, and communicative skills. Safe, ethical, and legal physical therapy practice occurs under the supervision of clinical instructor(s). Rotations for PHYT 761 are commonly outpatient orthopedic or general hospital to emphasize application of musculoskeletal, cardiopulmonary, and basic care skills learned in the first year. Rotation sites for PHYT 764 and 768 may also include rehabilitation, home health, specialty acute care, or school-based settings to allow further application of musculoskeletal, neuromuscular content. Rotation sites for PHYT 770 are often include rehabilitation settings (inpatient or outpatient), pediatric settings, specialized treatment settings for musculoskeletal dysfunction, but could include any physical therapy setting offering clinical education to our students. During the second, third and forth Clinical Practicum, students are also
enrolled in Clinical Education Seminar courses on-line. These courses provide structure to application of academic content to relevant clinical practice situations.

**Course Objectives:**
At the successful completion of **PHYT 761**, the student will be able to demonstrate **Advanced Beginner** performance, defined as requiring clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions and demonstrating consistency in developing proficiency with simple tasks related to the following skill sets:

At the successful completion of **PHYT 764 and 768**, the student will be able to demonstrate **Intermediate** performance, defined as requiring less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions and demonstrating proficiency with simple tasks and ability to consistently perform skilled examinations, interventions, and clinical reasoning related to the following skill sets:

At the successful completion of **PHYT 770**, the student will be able to demonstrate **Entry-level** performance, defined as capability of functioning without guidance or clinical supervision managing patients with simple or complex conditions and consistent proficiency and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning related to the following skill sets:

(Objectives in **bold type** are considered “red flag” items)
(Objective with ** indicate objectives related to interprofessional education)

1. **Safety:** The student will practice in a safe manner that minimizes the risk to patient, self, and others as indicated by the following behaviors:
   a. Establishes and maintains safe working environment.
   b. Recognizes physiological and psychological changes in patients and adjusts patient interventions accordingly.
   c. Demonstrates awareness of contraindications and precautions of patient intervention.
   d. Ensures the safety of self, patient, and others throughout the clinical interaction (eg, universal precautions, responding and reporting emergency situations, etc).
   e. Requests assistance when necessary.
   f. Uses acceptable techniques for safe handling of patients (eg, body mechanics, guarding, level of assistance, etc.).
   g. Demonstrates knowledge of facility safety policies and procedures.

2. **Professional Behavior:** The student will demonstrate professional behavior in all situations.
   a. Demonstrates initiative (eg, arrives well prepared, offers assistance, seeks learning opportunities).
   b. Is punctual and dependable.
   c. Wears attire consistent with expectations of the practice setting.
   d. Demonstrates integrity in all interactions.
   e. Exhibits caring, compassion, and empathy in providing services to patients.
   f. Maintains productive working relationships with patients, families, CI, and others.
   g. Demonstrates behaviors that contribute to a positive work environment.
   h. Accepts feedback without defensiveness.
   i. Manages conflict in constructive ways.
   j. Maintains patient privacy and modesty.
   k. Values the dignity of patients as individuals.
   l. Seeks feedback from clinical instructor related to clinical performance.
   m. Provides effective feedback to CI related to clinical/teaching mentoring.

3. **Accountability:** The student will practice in a manner consistent with established legal and professional standards and ethical guidelines.
   a. Places patient’s needs above self interests.
   b. Identifies, acknowledges, and accepts responsibility for actions and reports errors.
   c. Takes steps to remedy errors in a timely manner.
   d. Abides by policies and procedures of the practice setting (eg, OSHA, HIPAA, PIPEDA [Canada], etc.)
e. Maintains patient confidentiality.
f. Adheres to legal practice standards including all federal, state/province, and institutional regulations related to patient care and fiscal management.
g. Identifies ethical or legal concerns and initiates action to address the concerns.
h. Displays generosity as evidenced in the use of time and effort to meet patient needs.
i. Recognize the need for physical therapy services to underserved and under represented populations.
j. Strive to provide patient/client services that go beyond expected standards of practice.

4. **Communication:** The student will communicate in ways that are congruent with situational needs.
   a. Communicates, verbally and nonverbally, in a professional and timely manner.
   b. Initiates communication in difficult situations.
   c. Selects the most appropriate person(s) with whom to communicate.
   d. Communicates respect for the roles and contributions of all participants in patient care.
   e. Listens actively and attentively to understand what is being communicated by others.
   f. Demonstrates professionally and technically correct written and verbal communication without jargon.
   g. Communicates using nonverbal messages that are consistent with intended message.
   h. Engages in ongoing dialogue with professional peers or team members.
   i. Interprets and responds to the nonverbal communication of others.
   j. Evaluates effectiveness of his/her communication and modifies communication accordingly.
   k. Seeks and responds to feedback from multiple sources in providing patient care.
   l. Adjust style of communication based on target audience.
   m. Communicates with the patient using language the patient can understand (eg, translator, sign language, level of education, cognitive impairment, etc)

5. **Cultural Competence:** The student will adapt delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs.
   a. Incorporates an understanding of the implications of individual and cultural differences and adapts behavior accordingly in all aspects of physical therapy services.
   b. Communicates with sensitivity by considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, and disability or health status.
   c. Provides care in a nonjudgmental manner when the patients’ beliefs and values conflict with the individual’s belief system.
   d. Discovers, respects, and highly regards individual differences, preferences, values, life issues, and emotional needs within and among cultures.
   e. Values the socio-cultural, psychological, and economic influences on patients and clients and responds accordingly.
   f. Is aware of and suspends own social and cultural biases.

6. **Professional Development:** The student will participate in self-assessment to improve clinical and professional performance.
   a. Identifies strengths and limitations in clinical performance.
   b. Seeks guidance as necessary to address limitations.
   c. Uses self-evaluation, ongoing feedback from others, inquiry, and reflection to conduct regular ongoing self-assessment to improve clinical practice and professional development.
   d. Acknowledges and accepts responsibility for and consequences of his or her actions.
   e. Establishes realistic short and long-term goals in a plan for professional development.
   f. Seeks out additional learning experiences to enhance clinical and professional performance. **
   g. Discusses progress of clinical and professional growth.
   h. Accepts responsibility for continuous professional learning.
   i. Discusses professional issues related to physical therapy practice.
   j. Participates in professional activities beyond the practice environment. **
   k. Provides to and receives feedback from peers regarding performance, behaviors, and goals.
   l. Provides current knowledge and theory (in-service, case presentation, journal club, projects, systematic data collection, etc) to achieve optimal patient care.

7. **Clinical Reasoning:** The student will apply current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.
   a. Presents a logical rationale (cogent and concise arguments) for clinical decisions.
   b. Makes clinical decisions within the context of ethical practice.
   c. Utilizes information from multiple data sources to make clinical decisions (eg, patient and caregivers, health care professionals, hooked on evidence, databases, medical records).
d. Seeks disconfirming evidence in the process of making clinical decisions.
e. Recognizes when plan of care and interventions are ineffective, identifies areas needing modification, and implements changes accordingly.
f. Critically evaluates published articles relevant to physical therapy and applies them to clinical practice.
g. Demonstrates an ability to make clinical decisions in ambiguous situations or where values may be in conflict.
h. Selects interventions based on the best available evidence, clinical expertise, and patient preferences.
i. Assesses patient response to interventions using credible measures.
j. Integrates patient needs and values in making decisions in developing the plan of care.
k. Clinical decisions focus on the whole person rather than the disease.
l. Recognizes limits (learner and profession) of current knowledge, theory, and judgment in patient management.

8. Screening: The student will determine with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.
   a. Utilizes test and measures sensitive to indications for physical therapy intervention.
   b. Advises practitioner about indications for intervention. **
   c. Reviews medical history from patients and other sources (eg, medical records, family, other health care staff).
   d. Performs a system review and recognizes clusters (historical information, signs and symptoms) that would preclude interventions due to contraindications or medical emergencies.
   e. Selects the appropriate screening tests and measurements.
   f. Conducts tests and measurements appropriately.
   g. Interprets tests and measurements accurately.
   h. Analyzes and interprets the results and determines whether there is a need for further examination or referral to other services. **
   i. Chooses the appropriate service and refers the patient in a timely fashion, once referral or consultation is deemed necessary **
   j. Conducts musculoskeletal, neuromuscular, cardiopulmonary, and integumentary systems screening at community sites.

9. Examination: The student will perform a physical therapy patient examination using evidenced-based tests and measures.
   a. Obtains a history from patients and other sources as part of the examination.
   b. Utilizes information from history and other data (eg, laboratory, diagnostic tests and pharmacological information) to formulate initial hypothesis and prioritize selection of test and measures.
   c. Performs systems review.
   d. Selects evidence-based tests and measures that are relevant to the history, chief complaint, and screening.
      Tests and measures include, but are not limited to, the following: a) aerobic capacity, b) anthropometric characteristics, c) arousal, mentation, and cognition, d) assistive and adaptive devices, e) community and work (job, school, or play) reintegration, f) cranial nerve integrity, g) environmental, home, and work barriers, h) ergonomics and body mechanics, i) gait, assisted locomotion, and balance, j) integumentary integrity, k) joint integrity and mobility, l) motor function, m) muscle performance (including strength, power, and endurance), n) neuromotor development and sensory integration, o) orthotic, protective, and supportive devices, p) pain, q), posture, r) prosthetic requirements, s) range of motion, t) reflex integrity, u) self-care and home management (including activities of daily living and instrumental activities of daily living), v) sensory integration (including proprioception and kinesthesia), and w) ventilation, respiration, and circulation.
   e. Conducts tests and measures accurately and proficiently.
   f. Sequences tests and measures in a logical manner to optimize efficiency.
   g. Adjusts tests and measures according to patient’s response.
   h. Performs regular reexaminations of patient status.
   i. Performs an examination using evidence based test and measures.

10. Evaluation: The student will evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.

12. Makes clinical judgments based on data from examination (history, system review, tests and measurements).

11. Reaches clinical decisions efficiently.

10. Cites the evidence to support a clinical decision.

11. Diagnosis and Prognosis: The student will determine a diagnosis and prognosis that guides future patient management.

10. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.

9. Determines a diagnosis that is congruent with pathology, impairment, functional limitation, and disability.

8. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.

7. Estimates the contribution of factors (eg, preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.

6. Utilizes the research and literature to identify prognostic indicators (co-morbidities, race, ethnicity, gender, health behaviors, etc) that help predict patient outcomes.

12. Plan of Care: The student will establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.

11. Establishes goals and desired functional outcomes that specify expected time durations.

10. Establishes a physical therapy plan of care in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services. **

9. Establishes a plan of care consistent with the examination and evaluation.

8. Selects interventions based on the best available evidence and patient preferences.

7. Follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care.

6. Progresses and modifies plan of care and discharge planning based on patient responses.

5. Identifies the resources needed to achieve the goals included in the patient care.

4. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.

3. Discusses the risks and benefits of the use of alternative interventions with the patient.

2. Identifies patients who would benefit from follow-up.**

1. Advocates for the patients’ access to services.

13. Procedural Interventions: The student will perform physical therapy interventions in a competent manner.

12. Performs interventions safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner.

11. Interventions (listed alphabetically) include, but not limited to, the following: a) airway clearance techniques, b) debridement and wound care, c) electrotherapeutic modalities, d) functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning), e) functional training in self-care and home management (including activities of daily living and instrumental activities of daily living), f) manual therapy techniques*: spinal/peripheral joints (thrust/non-thrust), g) patient-related instruction, h) physical agents and mechanical modalities, i) prescription, application, and as appropriate fabrication of adaptive, assistive, orthotic, protective, and supportive devices and equipment, and therapeutic exercise (including aerobic conditioning).

10. Performs interventions consistent with the plan of care.

9. Utilizes alternative strategies to accomplish functional goals.

8. Follows established guidelines when implementing an existing plan of care.

7. Provides rationale for interventions selected for patients presenting with various diagnoses.

6. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.

5. Assesses patient response to interventions and adjusts accordingly.

4. Discusses strategies for caregivers to minimize risk of injury and to enhance function.

3. Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.

2. Incorporates the concept of self-efficacy in wellness and health promotion.
14. Educational Interventions: The student will educate others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.**
   a. Identifies and establishes priorities for educational needs in collaboration with the learner.
   b. Identifies patient learning style (eg, demonstration, verbal, written).
   c. Identifies barriers to learning (eg, literacy, language, cognition).
   d. Modifies interaction based on patient learning style.
   e. Instructs patient, family members and other caregivers regarding the patient’s condition, intervention and transition to his or her role at home, work, school or community.**
   f. Ensures understanding and effectiveness of recommended ongoing program.
   g. Tailors interventions with consideration for patient family situation and resources.
   h. Provides patients with the necessary tools and education to manage their problem.
   i. Determines need for consultative services.**
   j. Applies physical therapy knowledge and skills to identify problems and recommend solutions in relevant settings (eg, ergonomic evaluations, school system assessments, corporate environmental assessments).
   k. Provides education and promotion of health, wellness, and fitness.

15. Documentation: The student will produce quality documentation in a timely manner to support the delivery of physical therapy services.
   a. Selects relevant information to document the delivery of physical therapy care.
   b. Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, intervention, response to intervention, discharge planning, family conferences, and communication with others involved in the delivery of care.**
   c. Produces documentation (eg, electronic, dictation, chart) that follows guidelines and format required by the practice setting.
   d. Documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers.
   e. Documents all necessary information in an organized manner that demonstrates sound clinical decision-making.
   f. Produces documentation that is accurate, concise, timely and legible.
   g. Utilizes terminology that is professionally and technically correct.
   h. Documentation accurately describes care delivery that justifies physical therapy services.
   i. Participates in quality improvement review of documentation (chart audit, peer review, goals achievement).

16. Outcomes Assessment: The student will collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
   a. Applies, interprets, and reports results of standardized assessments throughout a patient’s episode of care.
   b. Assesses and responds to patient and family satisfaction with delivery of physical therapy care.
   c. Seeks information regarding quality of care rendered by self and others under clinical supervision.
   d. Evaluates and uses published studies related to outcomes effectiveness.
   e. Selects, administers, and evaluates valid and reliable outcome measures for patient groups.
   f. Assesses the patient’s response to intervention in practical terms.
   g. Evaluates whether functional goals from the plan of care have been met.
   h. Participates in quality/performance improvement programs (program evaluation, utilization of services, patient satisfaction).

17. Financial Resources: The student will participate in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
   a. Schedules patients, equipment, and space.
   b. Coordinates physical therapy with other services to facilitate efficient and effective patient care.**
   c. Sets priorities for the use of resources to maximize patient and facility outcomes.
   d. Uses time effectively.
   e. Adheres to or accommodates unexpected changes in the patient’s schedule and facility’s requirements.
   f. Provides recommendations for equipment and supply needs.
   g. Submits billing charges on time.
h. Adheres to reimbursement guidelines established by regulatory agencies, payers, and the facility.

i. Requests and obtains authorization for clinically necessary reimbursable visits.

j. Utilizes accurate documentation, coding, and billing to support request for reimbursement.

k. Negotiates with reimbursement entities for changes in individual patient services.

l. Utilizes the facility’s information technology effectively.

m. Functions within the organizational structure of the practice setting.

n. Implements risk-management strategies (ie, prevention of injury, infection control, etc).

o. Markets services to customers (eg, physicians, corporate clients, general public).**

p. Promotes the profession of physical therapy.

q. Participates in special events organized in the practice setting related to patients and care delivery.**

r. Develops and implements quality improvement plans (productivity, length of stay, referral patterns, and reimbursement trends).

18. Direction and Supervision of Personnel: The student will direct and supervise personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

a. Determines those physical therapy services that can be directed to other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.**

b. Applies time-management principles to supervision and patient care.

c. Informs the patient of the rationale for and decision to direct aspects of physical therapy services to support personnel (eg, secretary, volunteers, PT Aides, Physical Therapist Assistants).

d. Determines the amount of instruction necessary for personnel to perform directed tasks.

e. Provides instruction to personnel in the performance of directed tasks.

f. Supervises those physical therapy services directed to physical therapist assistants and other support personnel according to jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.

g. Monitors the outcomes of patients receiving physical therapy services delivered by other support personnel.

h. Demonstrates effective interpersonal skills including regular feedback in supervising directed support personnel.

i. Demonstrates respect for the contributions of other support personnel.

j. Directs documentation to physical therapist assistants that is based on the plan of care that is within the physical therapist assistant’s ability and consistent with jurisdictional law, practice guidelines, policies, codes of ethics, and facility policies.

k. Reviews, in conjunction with the clinical instructor, physical therapist assistant documentation for clarity and accuracy.

**Required Texts:** None required.

**Teaching Methods:**
Course objectives will be accomplished through supervised clinical practice at a single clinical site with one or more clinical instructors. Students will have the opportunity to observe examination, evaluation and treatment by practicing therapists, but will be expected to practice skills themselves in order to meet the course objectives. Written and verbal feedback provided by the clinical instructor regarding student performance will assist in individualizing the clinical experience to meet the needs of the clinical site and the learning needs of the student.

**Evaluation Methods:** The final grade will be determined as follows: Students will receive a midterm and a final written evaluation utilizing the APTA Clinical Performance Instrument. The clinical instructor[s] will provide written and verbal feedback specific to the areas included on the evaluation tool, including appropriate use of the rating scale and the "significant concerns" box.

Phone or email contact is made by the DCE with each clinical instructor and student at midterm to monitor progress, offer problem-solving support, and clarify issues about the student's preparation for the curriculum.
Clinical instructors and/or students are encouraged to initiate further phone contact with the DCE if problems arise.

Site visits by UNC Physical Therapy faculty members are performed periodically to clinical sites and are used by UNC-CH to monitor developments in the clinic. Site visits may also be scheduled in the event of student performance difficulties, in order to supplement the evaluation form information and assist in resolving issues that may be present.

Grading Scale:
Grades are assigned by the Director of Clinical Education according to the marks on the rating scale and written comments on the Clinical Performance Instrument. Written comments reflecting if a student meets, exceeds or does not meet clinical instructor expectations for a student at a given level are carefully considered in interpreting evaluation results.

Expectations for performance at each level during the curriculum are as follows:

**PHYT 761 (Summer, 1st year)**

P: demonstrates an acceptable level of professional competency for level of academic preparation.
- no areas checked as “significant concern” at final;
- all “red flag” items marked at advanced beginner or above;
- remaining items marked at advanced beginner or above;
- AND comments reflect performance consistent with expectations for level of student’s academic preparation.

L: does not meet criteria for P; demonstrates an unacceptable level of professional competency which requires remediation.
Indicators of L performance include:
- one “red flag” item which is of “significant concern” at final;
- one or two items of "significant concern" at final;
- failure to meet numerous behavioral objectives;
- comments reflect performance below expectations for level of the student's academic preparation

F: failure; ineligible for continuation in the program and graduate study.
Indicators of F performance include:
- two or more “red flag” items which are of “significant concern” at final;
- demonstrates greater than 2 areas of “significant concern”;
- failure to meet numerous behavioral objectives;
- comments demonstrate lack of progress in areas of concern over the course of the rotation

**PHYT 764 (Spring 2nd year) and PHYT 768 (Summer, 2nd year)**

P: demonstrates an acceptable level of professional competency for level of academic preparation.
- no areas checked as “significant concern” at final;
- all “red flag” items marked at intermediate or above;
- remaining items marked at intermediate or above;
- AND comments reflect performance consistent with expectations for level of student’s academic preparation.

L: does not meet criteria for P; demonstrates an unacceptable level of professional competency which requires remediation.
Indicators of L performance include:
- one or two items of "significant concern" at final;
- failure to meet numerous behavioral objectives or numerous CPI items marked below the intermediate level;
- comments reflect performance below expectations for level of the student's academic preparation
F: failure; ineligible for continuation in the program and graduate study. Indicators of F performance include:
- demonstrates greater than 2 areas of “significant concern”;
- any “red flag” items which are of “significant concern” at final;
- failure to meet numerous behavioral objectives or numerous CPI items marked significantly below the intermediate level;
- comments demonstrate lack of progress in areas of concern over the course of the rotation.

**PHYT 770 (Summer 3rd year)**

P: demonstrates an acceptable level of professional competency for level of academic preparation.
- no areas checked as “significant concern” at final;
- all “red flag” items marked at entry level;
- majority of remaining items marked at entry level on the visual analog scale
- AND comments reflect performance consistent with expectations for level of student’s academic preparation.

NOTE: Allowances for slightly lower levels of “P” performance will be made in the event of a rotation completed in a specialty area of practice. In such an instance the clinical instructor must clearly document the student is at an acceptable level, and describe the reasons why “entry level” performance is not achieved on the visual analog scale (i.e. acuity of patients, consultative nature of the practice, etc.)

L: does not meet criteria for P; demonstrates an unacceptable level of professional competency which requires remediation. Indicators of L performance include:
- any item of “significant concern” at final;
- failure to meet numerous behavioral objectives or numerous CPI items marked below entry level;
- comments reflect performance below expectations for level of the student’s academic preparation and/or lack of readiness for entry-level practice.

F: failure; ineligible for continuation in the program and graduate study. Indicators of F performance include:
- any “red flag” items which are of “significant concern” at final;
- demonstrates 2 or more areas of “significant concern” on CPI items;
- failure to achieve marks above intermediate level for any CPI items;
- failure to meet numerous behavioral objectives;
- comments demonstrate lack of progress in areas of concern over the course of the rotation.

**For experiences at all levels: (PHYT 761, 764, 768, and 770)**
Throughout the clinical experience, students are expected to be actively engaged in the identifying their learning needs and determining methods for improving the skills in order to meet the expected performance standards. During 2nd and 3rd year experiences, students must also complete on-line coursework that runs concurrently with clinical experiences. In addition, students must submit weekly planning forms, midterm questions and participate in a midterm call with the DCE as scheduled for the experience.

**Performance concerns during a rotation: Learning Contracts** are developed by the DCE and Clinical Instructor when it is determined there are significant concerns about student performance. While a learning contract is in place, the student is required to submit a weekly planning form to the DCE each week. Failure to meet the terms of the learning contract, including submission of weekly planning forms or attending scheduled meetings and phone calls may result in an “L” or “F” grade for the course.
Final Performance Below “P” Level

Failing Grades: Based on the criteria above, any student who earns a final clinical experience grade of Fail “F” is dismissed from the DPT Program as described in the DPT Program Promotions Policies.

Low Pass Grades: Students who complete a clinical experience at an “L” level of performance may be required to complete a program of remediation. Remedial programs may require clinical work, academic work, or both clinical and academic work including a partial or full repeat clinical experience. Remedial programs based on student performance deficits and are determined by the DCE in consultation with the DPT Promotions Committee. The student must successfully complete all academic remediation prior to beginning a remedial clinical experience if clinical work is required in the remediation plan. Successful completion of remediation does not change the original clinical course grade. A remedial clinical experience or any 2 clinical experiences at “L” performance level will result in dismissal from the DPT program as stated in the DPT Program Promotions Policies.

Incomplete: An “I” will be considered on a case-by-case basis for personal hardships such as family emergencies, personal illness, or other circumstances with appropriate documentation at the discretion of the DCEs and Promotions Committee. Requests for Incomplete “I” in a clinical course will not be granted for issues of inadequate student performance.

Removal: Students removed from a clinical site by request of the clinical site, clinical instructor, or DCE will receive a course grade based on performance at time of removal. Grade decisions will consider weekly planning forms, midterm CPI, learning contracts, any additional documentation provided during the clinical experience and the percentage of clinical the clinical experience completed. Based on the grade issued at time of student removal, the student may be dismissed from the program or be required to complete remedial clinical and/or academic work as determined by the DCE and Promotions Committee.

Attendance Policy:
Attendance is mandatory. Students are expected to participate an average of 40 hour per week or more and to follow the work schedule assigned by their facility or Clinical Instructor. All absences should be communicated to the Clinical Instructor prior to student’s scheduled start time (ideally 1 hour prior if possible) and to the DCE within 24 hours of the absence. Time missed secondary to student illness may be excused by the clinical instructor and DCE up to a maximum of maximum of 3 days during 8 week rotations or 4 days during 12 week rotations. Absences exceeding these guidelines must be made up with additional time at the end of the scheduled experience or at another time agreed upon by the student, clinical site, and DCE. Additionally, excessive absences may result in a learning contract, remedial clinical rotation, or other remediation activities as determined by the DCE.

Students may be allowed one day during each of their final clinical practicum (770) for the purpose of participating in interviews. Scheduling of such absences must be approved by the Clinical Instructor and arranged in advance so as to not compromise quality of patient care. If a facility has a more restrictive policy in place for all students in that facility, that policy would supersede the UNC-CH policy. Refer to the Clinical Education Policies and Guidelines for additional information about attendance issues.

Accessibility:
The Division of Physical Therapy seeks to meet the needs of students with disabilities. Students are expected to meet the Essential Functions and Technical standards for the program with or without accommodations as described in the program policies. If you believe you need an accommodation due to a disability or suspect that this might be the case, we expect you to talk with the course instructor and seek the resources of the Office of Accessibility Resources and Service at https://accessibility.unc.edu/. Student clinical placements requiring accommodations may require longer than average time to schedule and plan. Students are encouraged to discuss with the DCEs potential need for accommodations as soon as possible and well in advance of the expected start of the rotation.

UNC Honor Code:
As a student at UNC-Chapel Hill, you are bound by the university's honor code, which can be reviewed at: http://honor.unc.edu/. It is your responsibility to learn about and abide by the code. You are required to work independently unless otherwise indicated by the course instructor. You are responsible for presenting your own work and for providing appropriate credit to ideas that are not your own (citation/references). If you are not sure what constitutes plagiarism, you should review the UNC Honor Code site as well as the Health Science Library tutorial on plagiarism for additional information, and seek help from the instructors as necessary for further clarification. Unintentional plagiarism including student work without appropriate original contributions or with content copied (wording, tables, figures, or format) from another source without appropriate attribution may be plagiarism even if citations are provided. Instructors are required to report suspected violations to the Honor Court for review. Honor Court sanctions can include receiving a zero for an assignment, failing a course and/or suspension from the university. Students will be asked to pledge all written and practical work indicating that they are abiding with the UNC Honor Code and the course expectations for confidentiality related to examination content.

Diversity: This course promotes and values mutual respect, diversity, and inclusion in the classroom. Diversity includes consideration of, for example, social backgrounds, economic circumstances, personal characteristics, philosophical outlooks, life experiences, perspectives, beliefs, expectations, and aspirations, to mention some salient factors. Learning to understand and appreciate views different from our own can create a sense of community and promote excellence in the learning environment.

Professional Behavior: Adherence to professional and ethical behavior as described in the APTA Code of Ethics and Core Values is expected in all interactions with instructors, peers and clients in lecture, lab, clinical visits, and examination environments at all times. Unprofessional conduct will not be tolerated and is subject to the Division’s disciplinary procedures. Behaviors that do not conform to the aforementioned standards may result in up to 10% reduction in the overall class grade at the discretion of the course instructor and/or referral to the Division's Promotions Committee.

Communication Expectations: It is expected that students conduct themselves in a professional manner as defined by the promotions policies and the Carolina Code of Professional Behavior. This includes being respectful in all interactions (verbal, nonverbal, and on-line), by demonstrating courtesy, listening, questioning and discussion skills. Creating a collegial environment in which each individual's contributions and efforts are recognized and supported.

Guidelines for Email Communication:
E-mail is often perceived as an informal method of communicating, but some basic rules of style or Netiquette (network etiquette) are expected when communicating with your clinical instructor or DCE. In general, rules of common courtesy for interaction with people should be used for any situation and on the Internet it is especially important where, for example, body language and tone of voice must be inferred.

1. Mail should have a subject heading which reflects the content of the message.
2. Your initial message should begin with an appropriate salutation, including the name of the person being addressed. All e-mails should end with the full name of sender, and if applicable, further contact information.
3. Use mixed case and proper punctuation. UPPER CASE LOOKS AS IF YOU'RE SHOUTING. Using all lower case and improper grammar is unprofessional.

Contacting the Instructor: The DCEs are available for individual help upon request. Students who are having difficulty are encouraged to schedule a phone call with the DCE to address their specific concerns. Faculty can generally be expected to respond to email communications in 24 hours on normal business days.
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
DOCTORAL PROGRAM IN PHYSICAL THERAPY

SUMMARY OF CLINICAL EDUCATION ASSIGNMENTS

Students are required to participate in a series of on-line courses that occur in conjunction with PHYT 764 (Clinical 2), PHYT 768 (Clinical 3), and PHYT 770 (Clinical 4). Please find below a list of modular content that is expected to be completed as part of these courses. As a clinical instructor you are not responsible for grading assignments. Your assistance in identifying resources and offering feedback is greatly appreciated when appropriate. The student will bring with them more detailed descriptions of these assignments with due dates for specific projects included.

PHYT 761 - Clinical Practicum I
Since this is the first full-time clinical experience for the student, there are no additional assignments and no additional course work outside of the clinical environment and what is assigned by the clinical instructor. You may ask that the student work on a special project or provide an in-service if your facility prefers this. Please keep in mind that the student has not yet completed their academic preparation regarding teaching and learning and presentation skills.

PHYT 764 & 768 - Clinical Practicum II & III
Modules include:
- Communication and Professional Development
- Patient/Caregiver Instruction
- Peer/Professional Education
- Quality Assurance/Peer Review
- Time and Stress Management
- Evidence Based Practice

PHYT 770 - Clinical Practicum IV
Modules include:
- Communication
- Interdisciplinary Care
- Licensure Exam Preparation
- Clinical Education
- Ethics in Practice
## DOCTORAL PROGRAM IN PHYSICAL THERAPY

### OVERVIEW OF CURRICULUM SEQUENCE

<table>
<thead>
<tr>
<th>Clinical rotation</th>
<th>Timing in curriculum</th>
<th>Coursework occurring prior to rotation</th>
<th>Targeted settings/patient populations for clinical experience</th>
</tr>
</thead>
</table>
| PHYT 761 8 weeks  | Middle of June through middle of August (after first two semesters and 1st summer session of coursework) | Full year of academic coursework including:  
- Anatomy  
- Neuroanatomy  
- Lifespan development  
- Kinesiology  
- Professional skills  
- Psychosocial aspects of disability  
- MMT  
- Goniometry  
- Basic exercise  
- Transfers  
- Gait training  
- Modalities  
- Soft tissue work/massage  
- Electrotherapy  
- Functional assessment  
- Intervention for musculoskeletal dysfunction of spine (back and neck) and shoulder  
- Cardiopulmonary care  
- Oncology  
- Obstetric/gynecologic PT  
- Psychiatric issues  
- Exercise prescription  
- Scientific basis of practice  
- Pharmacology  
- Pathology |  
- Outpatient musculoskeletal  
- General acute hospital  
- Skilled nursing, subacute, extended care facilities  
- Home health  

Continued next page
<table>
<thead>
<tr>
<th>Clinical rotation</th>
<th>Timing in curriculum</th>
<th>Coursework occurring prior to rotation</th>
<th>Targeted settings/patient populations for clinical experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT 764 8 weeks</td>
<td>March through April</td>
<td>• See previous page</td>
<td>• Outpatient musculoskeletal</td>
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<td></td>
<td>(after fall and</td>
<td>• Intervention with musculoskeletal</td>
<td>• General acute hospital</td>
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<td>spring semester of 2nd</td>
<td>dysfunction of the lower extremity and</td>
<td>• Skilled nursing, subacute, extended care facilities</td>
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<td>year)</td>
<td>upper extremity joints distal to the</td>
<td>• Home health</td>
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<td></td>
<td></td>
<td>shoulder</td>
<td>• Rehabilitation settings</td>
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<td>• Intervention for neuromuscular</td>
<td>• Pediatric settings</td>
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<td>dysfunctions that include brain injury,</td>
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<td>CVA and cerebral palsy</td>
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<td>• Neurologic evaluation</td>
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<td>• Balance and coordination assessment</td>
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<td>• Motor learning and motor control</td>
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<td>• Management of practice environments</td>
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<td>• Research</td>
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<td>• Issues in health care delivery</td>
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<td>• Differential diagnosis and advanced</td>
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<td>case seminar</td>
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<td>• Required physical therapy for</td>
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<td>older adults course</td>
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<td>PHYT 768 8 weeks</td>
<td>Late April or early</td>
<td>• Completed Evidence Based Practice</td>
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<td>May through most of</td>
<td>requirement</td>
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<td></td>
<td>June</td>
<td>• Completed advanced patient management (2 semesters)</td>
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<td></td>
<td>(after PHYT 764, 2nd</td>
<td>• Completed coursework in Health and</td>
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<td></td>
<td>year)</td>
<td>Wellness</td>
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<td></td>
<td>• Completed coursework in Chronic</td>
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<td></td>
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<td>Disability</td>
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<td>• Completed at least 2 electives which</td>
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<td>could be in any of the following areas:</td>
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<td>• Orthopedics</td>
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<td>• Neuromuscular</td>
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<td>• Child and Family</td>
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<td>• Research</td>
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<td>• Geriatrics</td>
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<td>• Public Health</td>
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<td>• Education</td>
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<tr>
<td>PHYT 770 12 weeks</td>
<td>Summer, 3rd year</td>
<td>• Completed Evidence Based Practice</td>
<td>Any practice setting is appropriate for these rotations,</td>
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<td>requirement</td>
<td>although students often target rehabilitation settings,</td>
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<td>• Completed advanced patient management (2 semesters)</td>
<td>Specialty rotations, or systems rotations</td>
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<td>• Completed coursework in Health and</td>
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<td>Wellness</td>
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<td></td>
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<td>• Completed coursework in Chronic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Completed at least 2 electives which</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>could be in any of the following areas:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Orthopedics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Neuromuscular</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Child and Family</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Research</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Geriatrics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Public Health</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Education</td>
<td></td>
</tr>
</tbody>
</table>
## Doctor of Physical Therapy

### Year 1

<table>
<thead>
<tr>
<th>Block 1 (8 weeks)</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBio 791 Gross Anatomy</td>
<td>4</td>
<td>PHYT 701 Motor Dev. &amp; Human Mvmt. Across the Lifespan</td>
<td>3</td>
</tr>
<tr>
<td>PHYT 742 Pathology and Pharmacology</td>
<td>2</td>
<td>CBio 793 Functional Neuroanatomy</td>
<td>3</td>
</tr>
<tr>
<td>PHYT 750 Psychosocial Aspects of Disability and Illness</td>
<td>1</td>
<td>PHYT 722 Selected PT Modalities Theory and Applications</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Block 2 (8 weeks)</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT 751 Evidence-Based Practice I</td>
<td>2</td>
<td>PHYT 726 Exercise Foundations and Prescription</td>
<td>2</td>
</tr>
<tr>
<td>PHYT 720 Intro to PT Intervention</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYT 730 Kinesiology and Biomechanics</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td></td>
<td><strong>Total 5</strong></td>
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</tbody>
</table>

### Year 2

<table>
<thead>
<tr>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT 705 Managing Contemporary Practice</td>
<td>3</td>
</tr>
<tr>
<td>PHYT 724 Measurement and Functional Assessment</td>
<td>2</td>
</tr>
<tr>
<td>PHYT 734 Musculoskeletal II-PT Intervention</td>
<td>4</td>
</tr>
<tr>
<td>PHYT 784 Neuromuscular I-PT Intervention</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Block 1 (8 weeks)</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT 764 Clinical Practicum II</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYT 765/767 Clinical Education Seminar II</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Block 2 (8 weeks)</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT 768 Clinical Practicum III</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYT 739 Practice Issues</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYT 723 Applied Manual Therapy</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td></td>
<td><strong>Total 3</strong></td>
</tr>
</tbody>
</table>

### Year 3

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT 820 Advanced Patient Management I</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>PHYT 752 Evidence-Based Practice II</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>PHYT 824 Topics in Health and Wellness</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ELECTIVE I (see below)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring</th>
<th>Summer 1 &amp; 2 Combined (12 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT 822 Advanced Patient Management II</td>
<td>4</td>
</tr>
<tr>
<td>PHYT 839 Advanced Practice Issues</td>
<td>2</td>
</tr>
<tr>
<td>PHYT 823 Topics in Chronic Disability</td>
<td>3</td>
</tr>
<tr>
<td>ELECTIVE II (see below)</td>
<td>3</td>
</tr>
<tr>
<td>PHYT 854 Capstone Project</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

### Fall Electives (in Division)

<table>
<thead>
<tr>
<th>Fall Electives</th>
<th>Spring Electives</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT 880 Child and Family Assessment and Intervention</td>
<td>3</td>
</tr>
<tr>
<td>PHYT 875 Advanced Orthopedic Assessment</td>
<td>3</td>
</tr>
<tr>
<td>PHYT 754 Research Experience</td>
<td>1 to 3</td>
</tr>
<tr>
<td>PHYT 862 Developmental Disabilities Across the Lifespan</td>
<td>2</td>
</tr>
<tr>
<td>PHYT 870 Integrated Clinical Experience</td>
<td>1 to 3</td>
</tr>
<tr>
<td>PHYT 800 Independent Study</td>
<td>3</td>
</tr>
<tr>
<td>PHYT 738 Selected Topics</td>
<td>1 to 3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

**Total Credits = 108**

**Total Full-Time Clinical = 36 Weeks**

Updated 11-2012
PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003

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

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

Key Assumptions

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

Acknowledgement

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

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

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GENERAL INFORMATION 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 Yes No

Other CI Credential 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 Yes No

Other CI Credential 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  _____ Private Practice
   _____ Ambulatory Care/Outpatient  _____ Rehabilitation/Sub-acute Rehabilitation
   _____ ECF/Nursing Home/SNF  _____ School/Preschool Program
   _____ Federal/State/County Health  _____ Wellness/Prevention/Fitness Program
   _____ Industrial/Occupational Health Facility  _____ 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</td>
<td></td>
<td>SNF/ECF/Sub-acute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td>22-65</td>
<td></td>
<td>Rehabilitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integumentary</td>
<td>over 65 years</td>
<td></td>
<td>Ambulatory/Outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (GI, GU, Renal,</td>
<td></td>
<td></td>
<td></td>
<td>Home Health/Hospice</td>
<td></td>
</tr>
<tr>
<td>Metabolic, Endocrine)</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 (i.e., CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

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

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

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Clinical Experience

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

_____ Physical therapist students
_____ Physical therapist assistant students
_____ Students from other disciplines or service departments (Please specify__________)

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

_____ 1 student to 1 CI
_____ 1 student to greater than 1 CI
_____ 1 CI to greater than 1 student; Describe ______________________________________

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

_____________________________________________________________________
_____________________________________________________________________

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

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


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  _____ No

8
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.*
**WEEKLY PLANNING FORM**

<table>
<thead>
<tr>
<th>Student __________________________</th>
<th>CI Name(s) __________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rotation # /</th>
<th>Week # /</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Things I did really well:**

**Things I could have done a better job with:**

**Things my CI could do to help me:**

**My goals and plans**

<table>
<thead>
<tr>
<th>For next week</th>
<th>For the end of the rotation</th>
</tr>
</thead>
</table>

**CI Comments**

---

Student Signature __________________________

CI Signature __________________________

---

K:\pt share\CledShared\SYLLABUS\Student Clinical Education Packet\Weekly Planning Form 2014
APPENDIX C
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DEFINITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Dimensions</strong></td>
<td></td>
</tr>
<tr>
<td>Supervision/Guidance</td>
<td>Level and extent of assistance required by the student to achieve entry-level performance.</td>
</tr>
<tr>
<td></td>
<td>■ As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.</td>
</tr>
<tr>
<td>Quality</td>
<td>Degree of knowledge and skill proficiency demonstrated.</td>
</tr>
<tr>
<td></td>
<td>■ As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</td>
</tr>
<tr>
<td>Complexity</td>
<td>Number of elements that must be considered relative to the task, patient, and/or environment.</td>
</tr>
<tr>
<td></td>
<td>■ As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.</td>
</tr>
<tr>
<td>Consistency</td>
<td>Frequency of occurrences of desired behaviors related to the performance criterion.</td>
</tr>
<tr>
<td></td>
<td>■ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Ability to perform in a cost-effective and timely manner.</td>
</tr>
<tr>
<td></td>
<td>■ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</td>
</tr>
<tr>
<td><strong>Rating Scale Anchors</strong></td>
<td></td>
</tr>
<tr>
<td>Beginning performance</td>
<td>• A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</td>
</tr>
<tr>
<td></td>
<td>• At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</td>
</tr>
<tr>
<td></td>
<td>• Performance reflects little or no experience.</td>
</tr>
<tr>
<td></td>
<td>• The student does not carry a caseload.</td>
</tr>
<tr>
<td>Advanced beginner</td>
<td>• 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.</td>
</tr>
<tr>
<td>performance</td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• The student may begin to share a caseload with the clinical instructor.</td>
</tr>
<tr>
<td>Intermediate performance</td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of maintaining 50% of a full-time physical therapist’s caseload.</td>
</tr>
<tr>
<td>Advanced intermediate</td>
<td>• 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.</td>
</tr>
<tr>
<td>performance</td>
<td>• At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of maintaining 75% of a full-time physical therapist’s caseload.</td>
</tr>
<tr>
<td>Entry-level performance</td>
<td>• A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.</td>
</tr>
<tr>
<td></td>
<td>• At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</td>
</tr>
<tr>
<td></td>
<td>• Consults with others and resolves unfamiliar or ambiguous situations.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.</td>
</tr>
<tr>
<td>Beyond entry-level</td>
<td>• 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.</td>
</tr>
<tr>
<td>performance</td>
<td>• At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.</td>
</tr>
<tr>
<td></td>
<td>• The student is capable of maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed.</td>
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<tr>
<td></td>
<td>• The student is capable of supervising others.</td>
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<tr>
<td></td>
<td>• The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.</td>
</tr>
</tbody>
</table>
Clinical site: ___________________________ City/State: ___________________________

Name of person completing this form: ___________________________ Circle one:  CCCE  CI

Date: ___________________________ Student’s Name: ___________________________

**Primary type of experience:**
- [ ] Acute care
- [ ] SNF/Sub-acute
- [ ] IP Rehab
- [ ] Home Health
- [ ] Out-patient ortho
- [ ] Out-patient neuro
- [ ] Pediatric
- [ ] School system
- [ ] Federal
- [ ] Other (explain) ___________________________

**Part 1: Evaluation of Curriculum**
The following information will be used by the UNC-CH Division of Physical Therapy Professional Education Committee as part of the evaluation and revision of the curriculum. This is intended to be an evaluation of the academic program, not a rating of the actual performance of the student. Please comment on your perceptions of the student's academic preparation for each area identified:

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

Please comment on the overall preparation of the student.

Please comment on any specific areas in which the academic preparation could be improved.
**Part 2: Clinical Site Feedback**

UNC-CH is very interested in improving the process of clinical education for both our students and our affiliating clinical sites. Your honest feedback is greatly appreciated. Please check the appropriate box for each question and provide additional comments as appropriate. Thank you.

SA = Strongly agree  
A = Agree  
D = Disagree  
SD = Strongly disagree  
NA = Not applicable or don’t know

<table>
<thead>
<tr>
<th>ITEM</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>The process of assigning UNC students to our facility has gone smoothly.</td>
<td></td>
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<tr>
<td>Information regarding students (immunizations, goals etc) has been complete and timely.</td>
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<tr>
<td>Communication with UNC regarding the clinical affiliation contract has been appropriate.</td>
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<tr>
<td>The clinical affiliation process with UNC has been completed smoothly.</td>
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<tr>
<td>Information about the goals and expectations for students from UNC while on rotation is readily available.</td>
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<tr>
<td>Information about the curriculum at UNC is readily available.</td>
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<tr>
<td>Communication with the UNC ACCE regarding student performance has been appropriate in timing and amount.</td>
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<tr>
<td>The ACCE at UNC is an effective resource with issues related to students.</td>
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<tr>
<td>The CPI is an effective tool to evaluate student performance.</td>
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<tr>
<td>The CPI is an effective tool to provide student feedback.</td>
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<tr>
<td>The length of clinical rotations at UNC is appropriate for this setting.</td>
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<tr>
<td>The timing of clinical rotations at UNC works well for this facility.</td>
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</tr>
<tr>
<td>UNC students are generally well prepared academically for their clinical rotations.</td>
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<tr>
<td>Overall, we find working with UNC to be an easy process.</td>
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<tr>
<td>We plan to continue to work with UNC physical therapy students.</td>
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</tbody>
</table>

How can we improve the clinical experience for students from UNC?

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