

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:** 5  
**Day/time of Course:** Second Summer Session, 1st year  
**Pre-requisites:** PHYT 701, PHYT 710, PHYT 720, PHYT 730, PHYT 732, PHYT 760

**Course Title:** Clinical Practicum II  
**Course Number:** PHYT 764  
**Clock Hours:** 320 – 8 weeks full-time  
**Credit Hours:** 5  
**Day/time of Course:** Spring Semester, 2nd year  
**Pre-requisites:** PHYT 710, PHYT 734, PHYT 761, PHYT 785

**Course Title:** Clinical Practicum III  
**Course Number:** PHYT 768  
**Clock Hours:** 320 – 8 weeks full-time  
**Credit Hours:** 5  
**Day/time of Course:** First Summer Session, 2nd year  
**Pre-requisites:** PHYT 710, PHYT 734, PHYT 761, PHYT 785

**Course Title:** Clinical Practicum IV  
**Course Number:** PHYT 770  
**Clock Hours:** 480 – 12 weeks full-time  
**Credit Hours:** 7  
**Day/time of Course:** Summer Sessions I and II, 3rd year  
**Pre-requisites:** PHYT 761, PHYT 764, PHYT 734, PHYT 785, PHYT 710

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**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 fourth 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.
- a. Synthesizes examination data and identifies pertinent impairments, functional limitations and quality of life. [WHO – ICF Model for Canada]

- b. Makes clinical judgments based on data from examination (history, system review, tests and measurements).
  - c. Reaches clinical decisions efficiently.
  - d. 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.
- a. Establishes a diagnosis for physical therapy intervention and list for differential diagnosis.
  - b. Determines a diagnosis that is congruent with pathology, impairment, functional limitation, and disability.
  - c. Integrates data and arrives at an accurate prognosis with regard to intensity and duration of interventions and discharge status.
  - d. Estimates the contribution of factors (eg, preexisting health status, co-morbidities, race, ethnicity, gender, age, health behaviors) on the effectiveness of interventions.
  - e. 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.
- a. Establishes goals and desired functional outcomes that specify expected time durations.
  - b. Establishes a physical therapy plan of care in collaboration with the patient, family, caregiver, and others involved in the delivery of health care services. \*\*
  - c. Establishes a plan of care consistent with the examination and evaluation.
  - d. Selects interventions based on the best available evidence and patient preferences.
  - e. Follows established guidelines (eg, best practice, clinical pathways, and protocol) when designing the plan of care.
  - f. Progresses and modifies plan of care and discharge planning based on patient responses.
  - g. Identifies the resources needed to achieve the goals included in the patient care.
  - h. Implements, monitors, adjusts, and periodically re-evaluate a plan of care and discharge planning.
  - i. Discusses the risks and benefits of the use of alternative interventions with the patient.
  - j. Identifies patients who would benefit from follow-up.\*\*
  - k. Advocates for the patients' access to services.
13. Procedural Interventions: The student will perform physical therapy interventions in a competent manner.
- a. Performs interventions safely, effectively, efficiently, fluidly, and in a coordinated and technically competent manner.  
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).
  - b. Performs interventions consistent with the plan of care.
  - c. Utilizes alternative strategies to accomplish functional goals.
  - d. Follows established guidelines when implementing an existing plan of care.
  - e. Provides rationale for interventions selected for patients presenting with various diagnoses.
  - f. Adjusts intervention strategies according to variables related to age, gender, co-morbidities, pharmacological interventions, etc.
  - g. Assesses patient response to interventions and adjusts accordingly.
  - h. Discusses strategies for caregivers to minimize risk of injury and to enhance function.
  - i. Considers prevention, health, wellness and fitness in developing a plan of care for patients with musculoskeletal, neuromuscular, cardiopulmonary, and integumentary system problems.
  - j. 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 provided by the Clinical Instructor 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, 1<sup>st</sup> 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 2<sup>nd</sup> year) and PHYT 768 (Summer, 2<sup>nd</sup> 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 3<sup>rd</sup> 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 2<sup>nd</sup> and 3<sup>rd</sup> 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.