

**DIVISION OF PHYSICAL THERAPY
DEPARTMENT OF HEALTH SCIENCES
SCHOOL OF MEDICINE
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

DOCTORAL PROGRAM IN PHYSICAL THERAPY**

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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

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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

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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 underrepresented 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 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:

Clinical Education experiences are designed to reflect authentic professional work environments. Students shall adhere to the rules, regulations, and schedule of the clinical facility and their clinical instructor. Work weeks are expected to be approximately 40 hours per week. In order to complete the experience, students must complete the full number of weeks (8 or 12 weeks) for the experience. Students with specific restrictions which prevent work at certain times of the day or days of the week should speak with the DCE before clinical sites are assigned or as soon as they become aware of these restrictions. Students should be aware that work schedules are subject to change at any time.

Also see Doctoral Program in Physical Therapy Policies and Guidelines for Clinical Education.

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.

DIVISION OF PHYSICAL THERAPY
DEPARTMENT OF HEALTH SCIENCES
SCHOOL OF MEDICINE
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

**DOCTORAL PROGRAM IN PHYSICAL THERAPY
POLICIES AND GUIDELINES FOR CLINICAL EDUCATION**

Clinical Education experiences are designed to reflect authentic professional work environments. Students shall adhere to the rules, regulations, and schedule of the clinical facility and their clinical instructor. Work weeks are expected to be approximately 40 hours per week. In order to complete the experience, students must complete the full number of weeks (8 or 12 weeks) for the experience. Students with specific restrictions which prevent work at certain times of the day or days of the week should speak with the DCE before clinical sites are assigned or as soon as they become aware of these restrictions. Students should be aware that work schedules are subject to change at any time.

WORKDAYS AND HOURS:

The student is expected to work the workdays 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), individual weekend days, and/or evening hours. The student should adhere to the expected number of hours (approximately 40 hours/week), understanding that responsibilities often require additional time beyond the planned clinical work hours. Students will follow the site and Clinical Instructor holiday work schedule. This means some students may work on holidays and others may have holidays off depending on the assigned clinical site policies. Many clinicians routinely stay late or arrive early to complete documentation, prepare for the day, or complete other work activities. As a result, it is common for students to be at a clinical site for more than 40 hrs/week. If available at their site, students may “bank” hours by working extra clinical care shifts or extended hours (beyond 40/week) to be used to offset planned or unplanned absences within the same clinical experience.

PLANNED ABSENCES:

Students are expected to avoid missing days during clinical experiences. On rare occasions students may make a request for a planned absence. Planned absences require submitting a *REQUEST FOR VOLUNTARY LEAVE FROM CLINICAL* form for approval in advance of the missed day as soon as the need is known, preferably in advance of the start of the clinical experience. DCE’s will determine the required make up time based on the duration of the absence. Make-up time should be scheduled with the clinical site and the CI before the end of the experience during which time is missed. Special consideration is given to 3rd year students who are within 90 days of graduation and DCE’s may grant limited hours missed (no more than equivalent of 1 workday) to allow for participation in residency or job interviews.

UNPLANNED ABSENCES:

On occasion students encounter time when they need to be away from their clinical experience for unplanned reasons including illness, inclement weather, or for other reasons. Students are expected to stay home if they do not pass wellness screens or are not feeling well. Students should also not travel to their clinical site if weather conditions prevent safe travel. If a student cannot be in clinic on a scheduled workday, they should first report the absence to their clinical instructor, and then to the DCE. Failure to report absences to the DCE’s is considered a professionalism issue and will be referred to the Promotions Committee. DCE’s will work with Clinical Instructors and clinical sites to determine a plan for make up of missed time. Considerations will be given to the number of hours missed as well as the student performance

at the time of the absence. Students who miss more than 5% of the total planned clinical experience may be expected to make up missed time. Students who miss more than 10% of the clinical experience may be expected to extend the duration of the clinical or repeat the entire clinical experience since this amount of missed time could substantially impact the student's progression in the experience.

MISSED DAYS & MAKE UP TIME:

Any missed days during the rotation should be reported to the DCEs and recorded on the Web CPI. The number of required make up days is determined by the DCEs. Make up time should have similar clinical exposure to patients as the typical day for that clinical rotation. Staying late to complete paperwork is NOT adequate to make up missed patient care time. Incomplete grades are assigned to clinicals until required hours have been completed.

ACCOMMODATIONS:

Students who cannot work a typical clinical schedule of up to 10 hours per day and 40 hours/week plus up to 1 hour of commute each way should speak with DCEs to determine if they should apply for accommodations. When possible, the DCEs will work with students to match students to clinical experiences that meet their individual needs including specific schedule and travel needs. Matching student preferences is not always possible. Students are encouraged to speak with DCEs about options that might best meet their individual needs.

DRESS CODE:

Students are expected to follow the dress code of the facility to which they are assigned. 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. Students are expected to wear personal protective equipment consistent with University and Facility policies. The clinical facility shall inform the student of said rules, regulations, schedules, and policies.

STUDENT PERFORMANCE:

Students will be evaluated using the Web CPI. The Web CPI should be completed online and should be discussed with the student at midterm and near the end of the practicum. Concerns about student performance should be reported to 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.

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

Co-DCE: Lisa Johnston, PT, MS, DPT
919-843-5723 (work)
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Assistant: Benita Burton
Email: Benita_burton@med.unc.edu

Thank you very much for your participation in our Clinical Education program.

APPENDIX C
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
Supervision/ Guidance	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
Quality	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
Complexity	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
Consistency	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
Efficiency	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> ▪ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
<i>Rating Scale Anchors</i>	
Beginning performance	<ul style="list-style-type: none"> • A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. • At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner. • Performance reflects little or no experience. • The student does not carry a caseload.
Advanced beginner performance	<ul style="list-style-type: none"> • A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. • At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. • The student may begin to share a caseload with the clinical instructor.
Intermediate performance	<ul style="list-style-type: none"> • A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. • At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 50% of a full-time physical therapist's caseload.
Advanced intermediate performance	<ul style="list-style-type: none"> • A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. • At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 75% of a full-time physical therapist's caseload.
Entry-level performance	<ul style="list-style-type: none"> • A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. • At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. • Consults with others and resolves unfamiliar or ambiguous situations. • The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.
Beyond entry-level performance	<ul style="list-style-type: none"> • A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations. • At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others. • The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed. • The student is capable of supervising others. • The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.

WEEKLY PLANNING FORM

Student _____ CI Name(s) _____

Rotation # /	Week # /	Date:
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		
For next week	For the end of the rotation	
CI Comments		

Student Signature _____

CI Signature _____

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
DIVISION OF PHYSICAL THERAPY

STUDENT EVALUATION OF CURRICULUM

Clinical site: _____ City/State: _____

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) _____

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. Please comment on your perceptions of your academic preparation for each area identified:

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

Please comment on any specific areas in which the academic preparation could be improved.

**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.

<input type="checkbox"/> Acute Care/Inpatient Hospital Facility <input type="checkbox"/> Ambulatory Care/Outpatient <input type="checkbox"/> ECF/Nursing Home/SNF <input type="checkbox"/> Federal/State/County Health <input type="checkbox"/> Industrial/Occupational Health Facility	<input type="checkbox"/> Private Practice <input type="checkbox"/> Rehabilitation/Sub-acute Rehabilitation <input type="checkbox"/> School/Preschool Program <input type="checkbox"/> Wellness/Prevention/Fitness Program <input type="checkbox"/> 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.

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

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

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

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

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

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

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):
 _____ Physical therapist students
 _____ Physical therapist assistant students
 _____ Students from other disciplines or service departments (Please specify _____)
12. Identify the ratio of students to CIs for your clinical experience:
 _____ 1 student to 1 CI
 _____ 1 student to greater than 1 CI
 _____ 1 CI to greater than 1 student; Describe _____
13. How did the clinical supervision ratio in Question #12 influence your learning experience? _____

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

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc. _____

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- _____ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
_____ Time well spent; would recommend this clinical education site to another student.
_____ Some good learning experiences; student program needs further development.
_____ Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site? _____

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed. _____

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? _____

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*? _____

21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? _____

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

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

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

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

Midterm Evaluation ___ Yes ___ No Final Evaluation ___ Yes ___ No

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

Midterm Evaluation _____

Final Evaluation _____

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

Midterm Comments _____

Final Comments _____

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

Midterm Comments _____

Final Comments _____

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

OUTSTANDING CLINICAL EDUCATOR NOMINATION FORM

Nominee: Name _____

Address (facility) _____

Nominator: _____

Date: _____ **Rotation Number:** _____

Please describe the clinical educator's abilities in the following areas. Site specific examples, if possible.

1. **Clinical Skills** (rapport with patients and staff, ability in assessment and treatment of patients).

2. **Academic Skills** (general knowledge of PT, knowledge of specialty area(s), ability to relate theory to practice).

3. **Teaching Skills**

A. Communication Skills

- **Manner in giving feedback to students** _____

- **Ability to put student at ease** _____

- **Ability to accept ideas and questions of student** _____

- **Ability to respond to student's questions** _____

B. Ability to recognize own strength and weaknesses _____

C. Amount and manner of supervision _____

D. Ability to challenge and stimulate student _____

E. Planning and organization of clinical period _____

F. Interest in and attitude toward students _____

DIVISION OF PHYSICAL THERAPY
DEPARTMENT OF HEALTH SCIENCES
THE SCHOOL OF MEDICINE
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

POST-EXPOSURE TO BLOODBORNE PATHOGENS

The Department of Health Sciences has formulated a policy for treatment of students exposed to blood borne pathogens (HIV, hepatitis B, hepatitis C). There is now a **“Post-Exposure Prophylaxis”** treatment for HIV exposure incidents, which according to the Centers for Disease Control, **“should be initiated promptly, preferably within 1-2 hours post-exposure”**. This prophylaxis should be undertaken following appropriate emergency counseling regarding potential risks and benefits of the treatment. **Immediate testing of the source patient should be discussed with the appropriate facility personnel.** Not all facilities will have this counseling and treatment capability on site, therefore we wish to make sure that you know where you would need to go for treatment should exposure to blood borne pathogens should occur.

If you are assigned to a local (triangle area) clinical site and are potentially exposed to a blood borne pathogen during your clinical rotation, immediately wash the area that was exposed (e.g. wash the site with soap and water if you received a sharps injury) AND call UNC Campus Health Services (CHS) at (919)-966-6561 to speak with the CHS physician on duty. If the incident occurred after CHS's regular business hours, call (919)-966-6573 and you will be directed to the nurse who will page the CHS physician on call for you. The Campus Health page provides instructions as well at: <https://campushealth.unc.edu/urgent-needs/health-science-students-blood-borne-pathogen-exposure>. The CHS physician will discuss the situation with you and make recommendations. You have our full support to leave the clinic immediately to seek counseling and/or treatment, as time is of the essence in initiating the prophylaxis.

As clinical contracts come up for renewal, we are asking sites to provide us with information about the appropriate site for students to go to for treatment in the event of exposure to blood borne pathogens. If that information has been provided from your clinical site, then this information can be obtained from the current contract. If this information is not on the contract, then make sure you ask your clinical instructor at the beginning of your rotation, so you will know what to do in the event of a blood borne pathogen exposure. We are available to answer any questions your CI or CCCE may have about this.

Clearly, you may call us at any time to discuss issues related to possible exposure to blood borne pathogens. In an emergency situation, if the DCEs are not available, ask for the DPT Program Director.

Student: _____

Clinical Site: _____

Location for closest counseling/treatment: _____

TAKE THIS WITH YOU TO YOUR CLINICAL SITE!!