

Plymouth State University
Department of Physical Therapy

Doctor of Physical Therapy Clinical Education Handbook

As of May 13, 2016

“Knowledge and application go hand in hand. Without knowledge,
application is dangerous, and without application, knowledge is useless”

~ Excerpt from *Never Good Enough* by Nadir Keval

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| | DEPARTMENT OF PHYSICAL THERAPY COLLEGE OF EDUCATION, HEALTH & HUMAN SERVICES | |

Dear Clinical Education Site:

Thank you for your dedication and commitment to enhancing the clinical practice and knowledge of our students in the Department of Physical Therapy at Plymouth State University! Our faculty attests that the student assigned to your facility has demonstrated the appropriate level of clinical readiness to make them eligible for site placement at your facility.

“I have read and understand the contents of the Clinical Education Handbook. I agree to abide by the established expected performance standards as stated in the Clinical Education Handbook, and to adhere to the policies and procedures of the Department of Physical Therapy and of the clinical education site to which I am assigned.”

 Student Name (Printed)

 CI Signature

 Student Signature

 CCCE Signature

 Date

 Date

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Clinical Education Philosophy

The Department of Physical Therapy at Plymouth State University strives to afford students exceptional opportunities to practice and advance their professional clinical skills in the areas of community movement & wellness, and patient care, while emphasizing the interconnectedness between patients for cross over learning. We believe that providing students with early and frequent exposures to a variety of patient populations and communities, movement system impairments, activity/participation limitations and adaptations is key to promoting and fortifying critical thinking skills and empathetic and collaborative engagement necessary to become well rounded practitioners.

Furthermore, we value the time, education, and expertise of our clinical partners and we consider these partners collaborators in the complete education of Physical Therapists. Our program's vision for Clinical Education is for a select set of high quality clinical experiences that are well integrated into the curriculum. We believe the best way to achieve that is to work closely with partners and include them in varying capacities within our program. We believe that the smooth transition from the academic to the clinical setting requires such partnerships, and that patients will ultimately benefit from graduates of such tightly integrated programs.

The Doctor of Physical Therapy Program at Plymouth State University, in collaboration with our clinical partners, aims to develop lifelong, self-learners and leaders of physical therapy innovation who will endeavor to "transform society and the human experience" through movement based approaches to individual and public wellness, community integration, and societal contribution in an evolving healthcare system.

Clinical Education Overview

Practical application of knowledge development, systems theory, and knowledge foundations is embedded throughout the 3 year DPT curriculum. A variety of hands on integrated clinical experiences are coalesced into the curriculum early and often.

The Clinical Education Curriculum of the DPT Program at Plymouth State University is composed of:

Year 1 - Three, 1-credit Integrated Clinicals

Year 2 - Two, 2-credit Integrated Clinicals

One full-time, 10-week Clinical Education Experience

Year 3 - One full-time, 10-week Clinical Education Experience

One, 3-credit Integrated Clinical

One full-time 14-week Clinical Education Experience

Roles and Responsibilities

- 1. Director of Clinical Education (DCE)**
 - a. Liaison between academic institution and clinical facility.
 - b. Clinical education program planning, implementation, and assessment.
 - c. Clinical education site development.
 - d. Assists with clinical faculty development.
- 2. Center Coordinator of Clinical Education (CCCE)**
 - a. Liaison between clinical facility and academic institution.
 - b. Manage comprehensive clinical education program.
 - c. Supervise clinical educational environment, experiences, and performance of CI and student.
 - d. Preparing and providing on-site student learning experiences.
- 3. Clinical Instructor (CI)**
 - a. Role model
 - b. Provide learning environment that fosters students' professionalism and encourages the development of an independent problem solver and competent entry-level practitioner.
 - c. Supervise student throughout the duration of the clinical experience.
 - d. Document student performance using the Clinical Performance Instrument (CPI).
- 4. Student (Also see Student Responsibilities)**
 - a. Feedback to CI, CCCE, and DCE.
 - b. Responsible for own learning.
 - c. Self-assessment.
 - d. Representative of the University and the Physical Therapy Program

Assignment to Clinical Education Sites

A list of clinical sites available for full-time clinical experiences is located in Exxat Clinical Education Site Management Program. Site location, setting type, potential housing, and number of student slots will be notated for each available clinical site. Students are able to create a wish list and are matched to sites via their ranking of the site and the type of setting. The DCE manages oversight of the requested and matched placement sites to ensure that students experience at a minimum of **one acute care** clinical setting site and **one outpatient** clinical setting site. Whenever possible, students will be assigned to one of the sites on their wish list, however, placements to those sites are not guaranteed.

Upon completion of the match, students are notified of their assigned clinical site, and each clinical facility will be notified of the match and be provided the pertinent student information. Students must contact their assigned clinical facility at least one month prior to the start date of the clinical experience. Additionally, students must be registered for their Clinical Experience course prior to the first day of the rotation. Failure to do so will result in suspension of that Clinical Experience.

*See Clinical Readiness Policy in Student Handbook which includes information about Clinical Site Interviews

Clinical Experience Attendance Policy

The Department of Physical Therapy at Plymouth State University does not allow students who are participating in Full-Time Clinical Experiences to request time off for interviews, University holidays, University closings/delays, or to attend to personal matters (excluding emergencies). Students participating in Full-Time Clinical Experiences are expected to comply with the hours established by their clinical site/clinical supervisor; not follow the University's calendar. Attendance to Clinical Experiences is mandatory. Tardiness and/or early departure from set clinical hours are not acceptable. Students should make prompt and appropriate arrangements with their CIs and CCCEs in the case of inclement weather that makes travel unsafe.

Students who are observing religious holidays shall be excused from clinical on the observed holiday. It is the student's responsibility to inform their clinical supervisor and DCE of their planned absence for religious holidays prior to the start of their clinical experience. The student will be responsible for the missed time and will be provided opportunities to make-up the hours.

If a student cannot attend clinical on a given day due to illness, injury or family emergency the Clinical Facility and the DCE must be notified. Make up of 1-2 days missed due to illness will be at the discretion of the student's clinical supervisor. If necessary, missed days can be made up at the end of the affiliation, on weekends, or as extra hours during a regular workday. This should not be interpreted to mean that students are allowed 1-2 days off per affiliation.

In the event of an extended absence (3 or more days) the student, the Clinical Instructor, and the Director of Clinical Education will negotiate a remedial plan. Each case will be addressed on an individual basis and a written record of decisions will be distributed to all parties.

Student Responsibilities

Students are responsible for keeping the following list of required items valid and up to date in order to participate in Clinical Experiences:

- Background Checks
- Drug Testing
- Immunizations
- Proof of Health Insurance
- HIPPA Training
- OSHA Training
- APTA Membership

Criminal Background Checks

All accepted applicants are required to complete a background check through the PTCAS service partner, Certiphi Screening, Inc.

Certiphi Screening, Inc. will contact you via email once the company is notified by the PTCAS office that you have **accepted** an offer of admission to a participating PTCAS program. The email will include a link to a secure, online form that will request additional information and your consent to initiate the background check process.

The background check fee will be **\$75 per applicant** and will be paid to Certiphi Screening, Inc, by the applicant. The fee is inclusive of all record search fees charged by states and counties. If you are accepted by multiple PTCAS programs that require a background check through Certiphi Screening, Inc, you will only undergo a single search and pay a single fee.

Once you have provided consent, Certiphi Screening, Inc, will begin the background check process. Results are typically completed within 1 week. Once the report is complete, Certiphi Screening, Inc, will give you an opportunity to review the results before they are released to the PTCAS program that requested the report. You will then have 10 calendar days to verify the accuracy of your report before it is made available to the appropriate PTCAS program. If you do not review the report within the time allotted, Certiphi Screening, Inc, will release your report to the program.

If you consent to the background check process through PTCAS, Certiphi Screening will release the results to the PTCAS program(s) that have offered you acceptance into the professional program and have requested this report. Neither APTA nor PTCAS will receive or hold any personal information gathered by Certiphi Screening, Inc. APTA will receive deidentified aggregated data only for research and statistical purposes.

Below you will find a description of checks conducted by PTCAS's service partner, Certiphi Screening, Inc. The results of the background search will not include juvenile records.

- **Social Security Number Search:** Search of credit report header data to help confirm the applicant's identifying information, such as name, aliases, Social Security Number, and current and prior addresses.
- **County Criminal Records Searches:** Search of county courthouse records for any felony or misdemeanor criminal history. All records are researched to help ensure positive identification.
- **Statewide Criminal Records Search:** Search conducted through statewide criminal records repositories or court systems for any felony or misdemeanor criminal history.
- **Federal Criminal Records Search:** Search of federal courthouse records for any felony or misdemeanor criminal history.
- **National Criminal Database Search:** Instant, multi-jurisdiction search of private database covering more than 194 million criminal records collected from across the country. All database "hits" are verified directly through the source of information to ensure that records reported are current and up-to-date.

- **National Sexual Offender Database Search:** Search of a national private database that contains sex offender data collected from across the United States.
- **US Department of Health and Human Services Office of Inspector General List of Excluded Individuals /Entities Search:** Search of the United States Department of Health and Human Services, Office of Inspector General's List of Excluded Individuals/Entities (LEIE), a database that provides information to the public, health care providers, patients, and others relating to parties excluded from participation in the Medicare, Medicaid, and all federal health care programs.
- **Search for Dishonorable Discharge from the Armed Forces:** Military records are verified through either telephone interviews with the applicant's former commander, or by obtaining the applicant's DD-214 form. Verification generally includes applicant's name, service number, rank, dates of service, awards and decorations, and place of entrance and separation.
- **SanctionsBase Screening:** Search covering sanctions, disciplinary and administrative actions taken by hundreds of federal and state health care regulatory authorities, including Food and Drug Administration (FDA), National Institutes of Health (NIH), General Services Administration (GSA), Office of Foreign Assets Control (OFAC), terrorist watch lists and more.

Plymouth State University Department of Physical Therapy has adopted the Background Check Process from PTCAS <http://www.ptcas.org/BackgroundCheck/>

Student Health Information

The Department of Physical Therapy at Plymouth State University is contractually required to provide each of our clinical education sites with proof of your immunization and an up to date drug test as part of your preparedness for full participation in each Clinical Education Experience. The following is a list of required and recommended immunization/test records needed prior to each Clinical Experience. **Please note that if your assigned clinical site requires additional immunizations/tests, it is your responsibility to comply with the requirements of the clinical facility.*

All students will be **required** to have record of the following immunizations/screens PRIOR to going out on their full time Clinical Experiences:

- TB/PPD - 2 Step
 - German Measles/Measles/Mumps Titer
 - Hepatitis B
 - Influenza
 - Tdap
 - Varicella Titer
 - 12 Panel Drug Test
- The following are **recommended** PRIOR to going out on first full time Clinical Experiences:
- Hepatitis A
 - Meningitis

Proof of Health Insurance

The Department of Physical Therapy at Plymouth State University is contractually required to provide each of our clinical education sites with Proof of valid Health Insurance as part of your preparedness for full participation in each Clinical Education Experience. **New Hampshire law allows students to remain on their parents insurance policy up to age 26.** Students with a primary residence outside of New Hampshire should check with their agent or insurance company to review applicable state laws. <https://www.plymouth.edu/services/health/information-for-students/health-insurance/>

You must provide a copy of your insurance card to the DCE in the Department of Physical Therapy prior to each clinical rotation. Students are required to inform the DCE of any changes or loss of health insurance at any time during their matriculation in the DPT program. Because proof of health insurance is required by our clinical sites, failure to provide valid proof of health insurance will likely result in delays in completion of Clinical Education Experiences and consequently, anticipated graduation date.

CPR CERTIFICATION

Documentation of CPR training is required. American Heart Association or American Red Cross certifications are both acceptable. A photocopy of a current CPR card is required to verify certification. Students must be certified throughout each of the clinical rotations. Plymouth State University requires CPR/AED for Professional Rescuers and Health Care Providers

HIPAA, OSHA, FERPA

DPT students are required **annually** to take the HIPAA, OSHA, and FERPA training courses and complete a brief quiz for each as part of our department's ongoing compliance standards. These courses and quizzes supplied by PSU will be available through Moodle.

*Please note that individual clinical sites may require students to participate in their facility's HIPAA and OSHA training modules. Students will be expected to comply with the policies and procedures for HIPAA and OSHA training at their assigned clinical site; in addition to completing their HIPAA, OSHA, and FERPA training through the Department of Physical Therapy at Plymouth State University.

Grading of Clinical Education Experiences

American Physical Therapy Association- Clinical Performance Instrument <http://www.ptcpiweb.org/>

The Clinical Performance Instrument (CPI) measures students' clinical performance and competence in Physical Therapy Practice against Entry-Level Practice Standards. The performance standards remain constant throughout ALL the program's Clinical Education Experiences. Students' level of competence in Physical Therapy practice is expected to evolve toward Entry-Level Performance on all 18 standards by the end of their final Clinical Education Experience.

All Clinical Experiences are graded as "Pass" or "No Pass". Students are required to meet identified expectations for red flag items in order to receive a grade of "Pass".

The Grading Rubric Provided reflects the student's performance expectations for all 18 Clinical Performance Criteria on the CPI by the **end** of each clinical experience. Successful completion of all Clinical Experiences is a mandatory requirement for graduation.

•*Refer to Fair Grading Policy in Student Handbook*

| Clinical Performance Criteria | Performance Expectation | | |
|--|--------------------------------------|--|--------------------------------|
| <i>Items 1-4 & 7 are considered red flag items and are considered foundational elements in clinical practice</i> | Clin Ed Exp I | Clin Ed Exp II | Clin Ed Exp III |
| 1. SAFETY Practices in a safe manner that minimizes the risk to patient, self, and others. | <i>Intermediate Performance</i> | <i>Advanced Intermediate Performance</i> | <i>Entry Level Performance</i> |
| 2. PROFESSIONAL BEHAVIOR Demonstrates professional behavior in all situations. | <i>Intermediate Performance</i> | <i>Advanced Intermediate Performance</i> | <i>Entry Level Performance</i> |
| 3. ACCOUNTABILITY Practices in a manner consistent with established legal and professional standards and ethical guidelines. | <i>Intermediate Performance</i> | <i>Advanced Intermediate Performance</i> | <i>Entry Level Performance</i> |
| 4. COMMUNICATION Communicates in ways that are congruent with situational needs. | <i>Advanced Beginner Performance</i> | <i>Advanced Intermediate Performance</i> | <i>Entry Level Performance</i> |

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| <p>5. CULTURAL COMPETENCE Adapts delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.</p> | <p><i>Advanced Beginner Performance</i></p> | <p><i>Advanced Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |
| <p>6. PROFESSIONAL DEVELOPMENT Participates in self-assessment to improve clinical and professional performance.</p> | <p><i>Advanced Beginner Performance</i></p> | <p><i>Advanced Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |
| <p>7. CLINICAL REASONING Applies current knowledge, theory, clinical judgment, and the patient's values and perspective in patient management.</p> | <p><i>Advanced Beginner Performance</i></p> | <p><i>Advanced Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |
| <p>8. SCREENING Determines with each patient encounter the patient's need for further examination or consultation* by a physical therapist* or referral to another health care professional.</p> | <p><i>Advanced Beginner Performance</i></p> | <p><i>Advanced Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |
| <p>9. EXAMINATION Performs a physical therapy patient examination using evidenced-based* tests and measures.</p> | <p><i>Advanced Beginner Performance</i></p> | <p><i>Advanced Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |

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| <p>10. EVALUATION</p> <p>Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.</p> | <p><i>Advanced Beginner Performance</i></p> | <p><i>Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |
| <p>11. DIAGNOSIS AND PROGNOSIS</p> <p>Determines a diagnosis* and prognosis* that guides future patient management.</p> | <p><i>Advanced Beginner Performance</i></p> | <p><i>Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |
| <p>12. PLAN OF CARE</p> <p>Establishes a physical therapy plan of care* that is safe, effective, patient-centered, and evidence-based.</p> | <p><i>Advanced Beginner Performance</i></p> | <p><i>Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |
| <p>13. PROCEDURAL INTERVENTION S</p> <p>Performs physical therapy interventions* in a competent manner.</p> | <p><i>Advanced Beginner Performance</i></p> | <p><i>Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |
| <p>14. EDUCATIONAL INTERVENTION S</p> <p>Educates* others (patients, caregivers, staff, students, other health care providers*, business and industry representatives, school systems) using relevant and effective teaching methods.</p> | <p><i>Advanced Beginner Performance</i></p> | <p><i>Advanced Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |

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| <p>15. DOCUMENTATION</p> <p>Produces quality documentation* in a timely manner to support the delivery of physical therapy services.</p> | <p><i>Advanced Beginner Performance</i></p> | <p><i>Advanced Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |
| <p>16. OUTCOMES ASSESSMENT</p> <p>Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.</p> | <p><i>Beginner Performance</i></p> | <p><i>Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |
| <p>17. FINANCIAL RESOURCES</p> <p>Participates 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.</p> | <p><i>Beginner Performance</i></p> | <p><i>Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |
| <p>18. DIRECTION AND SUPERVISION OF PERSONNEL</p> <p>Directs and supervises personnel to meet patient's goals and expected outcomes according to legal standards and ethical guidelines.</p> | <p><i>Beginner Performance</i></p> | <p><i>Intermediate Performance</i></p> | <p><i>Entry Level Performance</i></p> |

Clinical Education Sites

The Department of Physical Therapy at Plymouth State University has adopted the APTA's position paper on the **Guidelines: Clinical Education Sites** (BOD) G03-06-21-55 as the expectations for our Clinical Education Sites.



Last Updated: 08/01/12 Contact: nationalgovernance@apta.org.

GUIDELINES: CLINICAL EDUCATION SITES BOD G03-06-21-55 [Amended BOD G03-04-22-55; BOD 02-02-25-40; BOD 11-01-05-07; BOD 03-99-23-75; Initial BOD 11-92-43-201] [Guideline]

Preamble

Clinical education represents a significant component of physical therapy curricula that has been continuously examined and discussed since APTA's publications of Moore and Perry (1976) entitled *Clinical Education in Physical Therapy: Present Status/Future Needs* and Barr and Gwyer (1981) entitled *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. As a result, the Association and the Education Section have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: *Guidelines for Clinical Education Sites*, *Guidelines for Clinical Instructors (CIs)*, and *Guidelines for Center Coordinators of Clinical Education (CCCEs)*. These guidelines were first adopted by APTA's Board of Directors in November 1992 and endorsed by APTA's House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by APTA's Board of Directors in 1999 and 2004.

In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the *Guide to Physical Therapist Practice* and in particular the patient management model, *A Normative Model of Physical Therapist Professional Education: Version 1997*, *A Normative Model of Physical Therapist Assistant Education: First Revision* (January 1998), *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*. The revised Guidelines for Clinical Education were approved by APTA's Board of Directors in March 1999.

In March 2004, these Guidelines for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the *Guide to Physical Therapist Practice (2003)*, *A Normative Model of Physical Therapist Professional Education: Version 2004*, *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*, and APTA positions, standards, guidelines, policies, and procedures.

The intent of these guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient's home.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal

guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of "should" and "may."

We are indebted to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor's *Standards for Clinical Education in Physical Therapy (1981)* and the Northern California Clinical Education Consortium's Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also grateful to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.

- 1.1 THE PHILOSOPHY OF THE CLINICAL EDUCATION SITE AND PROVIDER OF PHYSICAL THERAPY FOR PATIENT/CLIENT CARE AND CLINICAL EDUCATION IS COMPATIBLE WITH THAT OF THE ACADEMIC PROGRAM.
 - 1.2 The philosophies of the clinical education site and the academic program must be compatible, but not necessarily identical or in complete accord.
 - 1.3 The clinical education site and the provider of physical therapy should have a written statement of philosophy.
 - 1.2.1 The statement of philosophy may include comments concerning responsibilities for patient/client care, community service and resources, and educational and scholarly activities.
- 2.1 CLINICAL EDUCATION EXPERIENCES FOR STUDENTS ARE PLANNED TO MEET SPECIFIC OBJECTIVES OF THE ACADEMIC PROGRAM, THE PROVIDER OF PHYSICAL THERAPY, AND THE INDIVIDUAL STUDENT.
 - 2.2 Planning for students should take place through communication* among the Center Coordinator of Clinical Education (CCCE), the Clinical Instructors (CIs), and the Academic Coordinator/Director of Clinical Education (ACCE/DCE).

- 2.2.1 The provider of physical therapy has clearly stated, written objectives for its clinical education programs consistent with the philosophy and requirements of each academic program.
- 2.2.2 Clinical education objectives should be written specifically for the provider of physical therapy by physical therapy personnel.
- 2.2.3 Students should participate in planning their learning experiences according to mutually agreed-on objectives.
- 2.2.4 CIs should be prepared to modify learning experiences to meet individual student needs, objectives, and interests.
- 2.3 A thorough orientation to the clinical education program and the personnel of the clinical education site should be planned for students.
 - 2.3.1 Organized procedures for the orientation of students exist. These procedures may include providing an orientation manual, a facility tour, and information related to housing, transportation, parking, dress code, documentation, scheduling procedures, and other important subjects.
- 2.4 Evaluation of student performance is an integral part of the learning plan to ensure that objectives are met.
 - 2.4.1 Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.
 - 2.4.2 The provider of physical therapy gives both constructive and cumulative evaluations of students. These will be provided in both written and verbal forms, and the evaluation frequency will be scheduled as mutually agreed on by the academic program and the provider of physical therapy.
- 3.1 PHYSICAL THERAPY PERSONNEL PROVIDE SERVICES IN AN ETHICAL AND LEGAL MANNER.
- 3.2 All physical therapists and physical therapist assistants provide services in an ethical and legal manner as outlined by the standards of practice, the state/jurisdictional practice act, clinical education site policy, and APTA positions, policies, standards, codes, and guidelines.
 - 3.2.1 The clinical education site has evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate.
 - 3.2.2 The provider of physical therapy has a current policy and procedure manual, which includes a copy of the state/jurisdictional practice act and interpretive rules and regulations, APTA's *Code of Ethics*, *Standards of Ethical Conduct for the Physical Therapist Assistant*, *Guide for Professional Conduct*, *Guide for Conduct of the Physical Therapist Assistant*, *Guide to Physical Therapist Practice*, and a clinical education site code of ethics, if available.
- 3.3 The clinical education site policies are available to the personnel and students.
 - 3.3.1 Written policies should include, but not be limited to, statements on patients/clients' rights, release of confidential information (eg, HIPAA), photographic permission, clinical research, and safety and infection control.
 - 3.3.2 The clinical education site has a mechanism for reporting unethical, illegal, unprofessional, or incompetent* practice.
- 4.1 THE CLINICAL EDUCATION SITE IS COMMITTED TO THE PRINCIPLE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION AS REQUIRED BY FEDERAL LEGISLATION.
- 4.2 The clinical education site adheres to affirmative action policies and does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, or disability or health status. These policies apply

- to recruiting, hiring, promoting, retaining, training, or recommending benefits for all personnel.
- 4.2.1 The clinical education site has written statements regarding nondiscrimination in its hiring, promotion, and retention practices.
- 4.3 The clinical education site does not discriminate against students and ensures that each student is provided equal opportunities, learning experiences, and benefits.
 - 4.3.1 The clinical education site does not discriminate in the selection or assignment of students or their learning experiences. Evidence of this nondiscrimination may be demonstrated through the clinical education agreement.*
 - 4.3.2 The clinical education site is sensitive to issues of individual and cultural diversity in clinical education.
 - 4.3.3 The clinical education site makes reasonable accommodations for personnel and students according to ADA* guidelines.
- 5.1 THE CLINICAL EDUCATION SITE DEMONSTRATES ADMINISTRATIVE SUPPORT OF PHYSICAL THERAPY CLINICAL EDUCATION.
 - 5.2 A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.
 - 5.2.1 A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.
 - 5.3 The clinical education site demonstrates support of the participation of its personnel in clinical education activities.
 - 5.3.1 The clinical education site promotes participation of personnel as CIs and CCCEs.
 - 5.3.2 The clinical education site facilitates growth of clinical educators by providing educational opportunities related to clinical education such as in-service presentations, CI training and credentialing programs, and attendance at clinical education conferences.
 - 5.3.3 The clinical education site demonstrates commitment to clinical education by reasonable allocation of resources.
 - 5.4 Administrative support should be demonstrated by the inclusion of a statement of educational commitment within the clinical education site's philosophy statement.
- 5.5 A clinical education program manual exists, which might include, but should not be limited to, structure of the program, roles and responsibilities of personnel, quality improvement mechanism, policies and procedures, sample forms, and a listing of current academic program relationships.
- 6.1 THE CLINICAL EDUCATION SITE HAS A VARIETY* OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.
 - 6.2 Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of physical therapy must have an adequate number and variety of patients/clients.
 - 6.2.1 The primary commitment of students is to patient/client care, including when appropriate, screening, examination, evaluation, diagnosis,* prognosis,* intervention, outcomes, and re-examination (see *Guide to Physical Therapist Practice*).
 - 6.2.2 Provision of a "variety of learning experiences" may include, but should not be limited to, patient/client acuity, continuum of care, presence of a PT working with a PTA, complexity of patient/client diagnoses and environment, health care systems, and health promotion.

- 6.2.3 The clinical education site provides a clinical experience appropriate to the students' level of education and prior experiences.
- 6.2.4 The clinical education site will provide, if available and appropriate, opportunities for students to participate in other patient/client-related experiences, including, but not limited to, attendance on rounds, planning conferences, observation of other health professionals and medical procedures, and health promotion, prevention, and wellness programs.
- 6.2.5 The provider of physical therapy has adequate equipment to provide contemporary services to conduct screenings, perform examinations, and provide interventions.
- 6.2.6 The provider of physical therapy indicates the types of clinical learning experiences that are offered (e.g., observational, part-time, full-time).
- 6.3 Other learning experiences should include opportunities in practice management (e.g., indirect patient/client care). For physical therapist students, these opportunities may include consultation, education, critical inquiry, administration,* resource (financial and human) management, public relations and marketing, and social responsibility and advocacy. For physical therapist assistant students, these opportunities may include education, administration, and social responsibility and advocacy.
 - 6.3.1 The clinical education site will expose students to various practice management opportunities, if available and appropriate, such as resource utilization, quality improvement, reimbursement, cost containment, scheduling, and productivity.
 - 6.3.2 The clinical education site will expose students to various direction and supervision experiences, if available and appropriate, such as appropriate utilization of support personnel.
 - 6.3.3 The clinical education site will expose students to teaching experiences, if available and appropriate, such as in-service programs and patient/client, family, caregiver, and consumer education.
 - 6.3.4 The clinical education site will expose students to various scholarly activities, if available and appropriate, such as journal clubs, continuing education/in-services, literature review, case studies, and clinical research.
- 7.1 THE CLINICAL EDUCATION SITE PROVIDES AN ACTIVE, STIMULATING ENVIRONMENT APPROPRIATE TO THE LEARNING NEEDS OF STUDENTS.
- 7.2 The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, professionalism, and interdisciplinary patient/client management procedures.
 - 7.2.1 Less tangible characteristics of the site's personnel include receptiveness, a variety of expertise, interest in and use of evidence-based interventions, and involvement with care providers outside of physical therapy.
- 7.3 There is evidence of continuing and effective communication within the clinical education site.
 - 7.3.1 Possible mechanisms of verbal communication might include personnel meetings, advisory committee meetings, and interaction with other care providers, referral agencies, and consumers.
 - 7.3.2 Possible written communications available includes regular monthly or yearly reports, memorandums, and evaluations.*
 - 7.3.3 Possible use of information technology includes e-mail, voice mail, computer documentation, electronic pagers, literature searches on

- 10.2.1 Direct clinical supervision of a physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.
- 10.3 Student-personnel ratio can vary according to the provision of physical therapy services, the composition and expertise of the personnel, the educational preparation of students, the type (PT or PTA) of students, the learning needs of students, state/jurisdictional practice act, and the length of the clinical education assignments.
 - 10.3.1 Alternative approaches to student supervision should be considered where feasible. Examples may include two or more students to one supervisor, and split supervision by two or more CIs or split supervision by rotation.
- 10.4 Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.
- 11.1 A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.
 - 11.2 To qualify as a Center Coordinator of Clinical Education (CCCE), the individual should meet the *Guidelines: Center Coordinators of Clinical Education*. Preferably, a physical therapist and/or a physical therapist assistant are designated as the CCCE. Various alternatives may exist, including, but not limited to, non-physical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.*
 - 11.2.1 If the CCCE *is a physical therapist or physical therapist assistant*, the CCCE should be experienced as a clinician; experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students.
 - 11.2.2 If the CCCE *is not from the physical therapy profession*, the CCCE should be experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; be knowledgeable about the clinical education site and its resources; and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist assistant who is experienced as a clinician must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of physical therapist students is delegated to a physical therapist. Direct clinical supervision of the physical therapist assistant student is delegated to a physical therapist or a physical therapist working with a physical therapist assistant.
 - 11.3 Planning and implementing the clinical education program in the clinical education site should be a joint effort among all physical therapy personnel with the CCCE serving as the key contact person for the clinical education site with academic programs.
- 12.1 PHYSICAL THERAPY CLINICAL INSTRUCTORS ARE SELECTED BASED ON SPECIFIC CRITERIA.
 - 12.2 To qualify as a Clinical Instructor (CI), individuals should meet the *Guidelines for Clinical Instructors*.
 - 12.2.1 One year of clinical experience with demonstrated clinical competence is preferred as the minimal criteria for serving as a CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.
 - 12.2.2 CIs demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

- 12.2.3. CIs should preferably complete a clinical instructor-credentialing program such as APTA's Clinical Instructor Education and Credentialing Program.
- 12.3 CIs should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.
 - 12.3.1 Necessary educational skills include the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, effectively supervise students to facilitate learning and clinical reasoning, and participate in a multifaceted process for evaluation of the clinical education experience.
 - 12.3.2 The CI is evaluated on the actual application of educational principles.
- 12.4 The primary CI for physical therapist students must be a physical therapist.
- 12.5 The PT working with the PTA is the preferred model of clinical instruction for the physical therapist assistant student to ensure that the student learns the appropriate aspects of the physical therapist assistant role.
 - 12.5.1 Where the physical therapist is the CI, the preferred roles of the physical therapist assistant are to serve as a role model for the physical therapist assistant student and to maintain an active role in the feedback and evaluation of the physical therapist assistant student.
 - 12.5.2 Where the physical therapist assistant is the CI working with the PT, the preferred roles of the physical therapist are to observe and consult on an ongoing basis, to model the essentials of the PT/PTA relationship, and to maintain an active role in feedback and evaluation of the physical therapist assistant students.
 - 12.5.3 Regardless of who functions as the CI, a physical therapist will be the patient/client care team leader with ultimate responsibility for the provision of physical therapy services to all patients/clients for whom the physical therapist assistant student provides interventions.
- 13.1 SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.
- 13.2 The clinical education site personnel, when appropriate, provide a variety of learning opportunities consistent with their areas of expertise.
 - 13.2.1 Special expertise may be offered by select physical therapy personnel or by other professional disciplines that can broaden the knowledge and competence of students.
 - 13.2.2 Special knowledge and expertise can be shared with students through in-service education, demonstrations, lectures, observational experiences, clinical case conferences, meetings, or rotational assignments.
 - 13.2.3 The involvement of the individual student in these experiences is determined by the CI.
- 14.1 THE CLINICAL EDUCATION SITE ENCOURAGES CLINICAL EDUCATOR (CI and CCCE) TRAINING AND DEVELOPMENT.
- 14.2 Clinical education sites foster participation in formal and informal clinical educator training, conducted either internally or externally.
 - 14.2.1 The ACCE and the CCCE may collaborate on arrangements for presenting materials on clinical teaching to the CIs.
 - 14.2.2 The clinical education site should provide support for attendance at clinical education conferences and clinical teaching seminars on the consortia, regional, component, and national levels.
- 14.2.3 APTA's Clinical Instructor Education and Credentialing Program is recommended for clinical educators.

15.1 THE CLINICAL EDUCATION SITE SUPPORTS ACTIVE CAREER DEVELOPMENT FOR PERSONNEL.

- 15.2 The clinical education site's policy and procedure manuals outline policies concerning on- the-job training, in-service education, continuing education, and post-professional physical therapist/post-entry level physical therapist assistant study.
- 15.3 The clinical education site supports personnel participation in various development programs through mechanisms such as release time for in-services, on-site continuing education programs, or financial support and educational time for external seminars and workshops.
- 15.4 In-service education programs are scheduled on a regular basis and should be planned by personnel of the clinical education site.
- 15.5 Student participation in career development activities is expected and encouraged.

16.1 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.

- 16.2 Activities may include, but are not limited to, self-improvement activities, professional development and career enhancement activities, membership in professional associations including the American Physical Therapy Association activities related to offices or committees, paper or verbal presentations, community and human service organization activities, and other special activities.
- 16.3 The physical therapy personnel should be encouraged to be active at local, state, component, or national levels.
- 16.4 The physical therapy personnel should provide students with information about professional activities and encourage their participation.
- 16.5 The physical therapy personnel should be knowledgeable of professional issues.
- 16.6 Physical therapy personnel should model APTA's core values for professionalism.

17.1 THE PROVIDER OF PHYSICAL THERAPY HAS AN ACTIVE AND VIABLE PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.

- 17.2 Performance evaluations of physical therapy personnel should be completed at regularly scheduled intervals and should include appropriate feedback to the individuals evaluated.
- 17.3 Evaluation of the provider of physical therapy should occur at regularly scheduled intervals.
 - 17.3.1 Evaluation methods may include, but are not limited to, continuous quality improvement, peer review, utilization review, medical audit, program evaluation, and consumer satisfaction monitors.
 - 17.3.2 Evaluations should be continuous and include all aspects of the service, including, but not limited to, consultation, education, critical inquiry, and administration.
- 17.4 The clinical education site has successfully met the requirements of appropriate external agencies.
- 17.5 The provider of physical therapy involves students in the review processes as possible.
- 17.6 The physical therapy clinical education program should be reviewed and revised as changes occur in objectives, programs, and personnel.

The foundation for this document is:

Barr JS, Gwyer J. *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. Alexandria, VA: American Physical Therapy Association; 1981:3-8.

The development of this document was a result of combined efforts of the Task Force on Clinical Education, 1989-1991 and the Task Force on Clinical Education 1992-1994.

Revisions of this document are based on:

1. American Physical Therapy Association. Guide to Physical Therapist Practice. June 2003. Originally published as *Guide to Physical Therapist Practice*. 2nd ed. *Phys Ther*. 2001; 81: 9-744.
2. American Physical Therapy Association. *A Normative Model of Physical Therapist Professional Education Version 2000*. Alexandria, Va: American Physical Therapy Association; 2000.
3. American Physical Therapy Association. *A Normative Model of Physical Therapist Assistant Education: Version 99*. Alexandria, Va: American Physical Therapy Association; 1999.
4. American Physical Therapy Association. Physical Therapist Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments*. Alexandria, Va: American Physical Therapy Association; 1998.
5. American Physical Therapy Association. Physical Therapist Assistant Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments*. Alexandria, Va: American Physical Therapy Association; 1998.
6. Commission on Accreditation in Physical Therapy Education. *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*. Alexandria, Va: American Physical Therapy Association; 1998.
7. Commission on Accreditation in Physical Therapy Education. *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*. Alexandria, Va: American Physical Therapy Association; 2002.

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Center Coordinator of Clinical Education (CCCE)

The Department of Physical Therapy at Plymouth State University has adopted the APTA's position paper on the **Guidelines: Center Coordinators of Clinical Education** (BOD) G03-06-21-55 as the expectations for our Center Coordinators of Clinical Education (CCCE's).



Last Updated: 08/01/12 Contact: nationalgovernance@apta.org

GUIDELINES: CENTER COORDINATORS OF CLINICAL EDUCATION BOD G03-06-21-55 [Amended BOD G03-04-23- 57; BOD 03-99-23-75; Initial BOD 11-92-43-201] [Guideline]

Preamble

Clinical education represents a significant component of physical therapy curricula that has been continuously examined and discussed since APTA publications of Moore and Perry (1976) entitled *Clinical Education in Physical Therapy: Present Status/Future Needs* and Barr and Gwyer (1981) entitled *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. As a result, the Association and the Education Section have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: *Guidelines for Clinical Education Sites*, *Guidelines for Clinical Instructors (CIs)*, and *Guidelines for Center Coordinators of Clinical Education (CCCEs)*. These guidelines were first adopted by APTA's Board of Directors in November 1992 and endorsed by APTA's House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by APTA's Board of Directors in 1999 and 2004.

In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the *Guide to Physical Therapist Practice* and in particular the patient management model, *A Normative Model of Physical Therapist Professional Education: Version 1997*, *A Normative Model of Physical Therapist Assistant Education: First Revision* (January 1998), *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*. The revised Guidelines for Clinical Education were approved by APTA's Board of Directors in March 1999.

In March 2004, these Guidelines for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the *Guide to Physical Therapist Practice (2003)*, *A Normative Model of Physical Therapist Professional Education: Version 2004*, *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*, and APTA positions, standards, guidelines, policies, and procedures.

The intent of these guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient's home.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal

guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of "should" and "may."

We are indebted to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor's *Standards for Clinical Education in Physical Therapy (1981)* and the Northern California Clinical Education Consortium's Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also grateful to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.

1.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) HAS SPECIFIC QUALIFICATIONS AND IS RESPONSIBLE FOR COORDINATING THE ASSIGNMENTS AND ACTIVITIES OF STUDENTS AT THE CLINICAL EDUCATION SITE.

1.2 To qualify as a Center Coordinator of Clinical Education (CCCE), an individual should meet the *Guidelines: Center Coordinators of Clinical Education*. Preferably, a physical therapist or a physical therapist assistant is designated as the CCCE. Various alternatives may exist, including, but not limited to, nonphysical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.

1.2.1 If the CCCE is a physical therapist or physical therapist assistant, he or she should be experienced as a clinician; experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; knowledgeable about the clinical education site and its resources; and serve as a consultant in the evaluation process of students.

1.2.1.1 The CCCE meets the requirements of APTA's Guidelines for Clinical Instructors.

- 1.2.2 If the CCCE *is not from the physical therapy profession*, the CCCE should be experienced in clinical education; interested in students; possess good interpersonal communication and organizational skills; knowledgeable of the clinical education site and its resources; and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist and physical therapist assistant who are experienced clinicians must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of a physical therapist student is delegated to a physical therapist. Direct clinical supervision of a physical therapist assistant student is delegated to either a physical therapist or physical therapist working with a physical therapist assistant.
 - 1.2.2.1 The CCCE meets the non-discipline-specific *APTA Guidelines: Clinical Instructors* (i.e., Guidelines 2.0, 3.0, 4.0, and 5.0).
 - 1.3 The CCCE demonstrates knowledge of contemporary issues of clinical practice, management of the clinical education program, educational theory, and issues in health care delivery.
 - 1.4 The CCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy.
- 2.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.
- 2.2 The CCCE interacts effectively and fosters collegial relationships with parties internal and external to the clinical education site, including students, clinical education site personnel, and representatives of the academic program.
 - 2.2.1 The CCCE performs administrative functions between the academic program and clinical education site, including, but not limited to, completion of the clinical center information forms (CCIF), clinical education agreements, student placement forms,* and policy and procedure manuals.
 - 2.2.2 The CCCE provides consultation to the clinical instructor (CI) in the evaluation process regarding clinical learning experiences.
 - 2.2.3 The CCCE serves as a representative of the clinical education site to academic programs.
 - 2.2.4 The CCCE is knowledgeable about the affiliated academic programs and their respective curricula and disseminates the information to clinical education site personnel.
 - 2.2.5 The CCCE communicates with the Academic Coordinator of Clinical Education* (ACCE) regarding clinical education planning, evaluation, and CI development.
 - 2.2.6 The CCCE is open to and encourages feedback from students, CIs, ACCEs, and other colleagues.
 - 2.2.7 The CCCE demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.
- 3.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.
- 3.2 The CCCE plans and implements activities that contribute to the professional development of the CIs.
 - 3.2.1 The CCCE is knowledgeable about the concepts of adult and lifelong learning and life span development.
 - 3.2.2 The CCCE recognizes the uniqueness of teaching in the clinical context.
 - 3.3 The CCCE identifies needs and resources of CIs in the clinical education site.
 - 3.4 The CCCE, in conjunction with CIs, plans and implements alternative or remedial learning experiences for students experiencing difficulty.
 - 3.5 The CCCE, in conjunction with CIs, plans and implements challenging

- clinical learning experiences for students demonstrating distinctive performance.
- 3.6 The CCCE, in conjunction with CIs, plans and implements learning experiences to accommodate students with special needs.
- 4.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.
 - 4.2 The CCCE supervises the educational planning, clinical experiences, and performance evaluation of the CI(s)/students(s) team.
 - 4.2.1 The CCCE provides consistent monitoring and feedback to CIs about clinical education activities.
 - 4.2.2 The CCCE serves as a resource to both CIs and students.
 - 4.2.3 The CCCE assists in planning and problem solving with the CI(s)/ student(s) team in a positive manner that enhances the clinical learning experience.
- 5.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE PERFORMANCE EVALUATION SKILLS.
 - 5.2 The CCCE is knowledgeable about educational evaluation methodologies and can apply these methodologies to the physical therapy clinical education program.
 - 5.3 The CCCE contributes to the clinical education site's process of personnel evaluation and development.
 - 5.4 The CCCE provides feedback to CIs on their performance in relation to the *Guidelines for Clinical Instructors*.
 - 5.4.1 The CCCE assists CIs in their goal setting and in documenting progress toward achievement of these goals.
 - 5.5 The CCCE consults with CIs in the assessment of student performance and goal setting as it relates to specific evaluative criteria established by academic programs.*
 - 5.5.1 For student remedial activities, the CCCE participates in the development of an evaluation plan to specifically document progress.
- 6.1 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE ADMINISTRATIVE AND MANAGERIAL SKILLS.
 - 6.2 The CCCE is responsible for the management of a comprehensive clinical education program.
 - 6.2.1 The clinical education program includes, but is not limited to, the program's goals and objectives; the learning experiences available and the logistical details for student placements; and a plan for CI training, evaluation, and development.
 - 6.2.2 The CCCE implements a plan for program review and revision that reflects the changing health care environment.
 - 6.3 The CCCE advocates for clinical education with the clinical education site's administration, the provider of physical therapy's administration, and physical therapy personnel.
 - 6.4 The CCCE serves as the clinical education site's formal representative and liaison with academic programs.
 - 6.4.1 Activities include scheduling; providing information, documentation, and orientation to incoming students; and maintaining records of student performance, CI qualifications, and clinical education site resources.
 - 6.5 The CCCE facilitates and maintains the necessary documentation to affiliate with academic programs.
 - 6.5.1 The CCCE maintains current information, including clinical site information forms (e.g., CSIF), clinical education agreements, and

policy and procedure manuals.

- 6.6 The CCCE has effective relationships with clinical education site administrators, representatives of other disciplines, and other departments to enhance the clinical education program.
- 6.7 The CCCE demonstrates knowledge of the clinical education site's philosophy and commitment to clinical education.
- 6.8 The CCCE demonstrates an understanding of the clinical education site's quality improvement and assessment activities.

The foundation for this document is:

Barr JS, Gwyer J. *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. Alexandria, VA: American Physical Therapy Association; 1981:3-8.

Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. *1997- 1998 Accreditation Handbook*. Alexandria, Va: American Physical Therapy Association; 1997: 42-74.

Moore ML, Perry JF. *Clinical Education in Physical Therapy: Present Status/Future Needs*. Alexandria, Va: American Physical Therapy Association and the Section for Education; 1976.

The development of this document was a result of combined efforts of the Task Force on Clinical Education, 1989-1991 and the Task Force on Clinical Education 1992-1994.

Revisions of this document are based on:

1. American Physical Therapy Association. Guide to Physical Therapist Practice. June 2003. Originally published as *Guide to Physical Therapist Practice*. 2nd ed. *Phys Ther*. 2001; 81: 9-744.
2. American Physical Therapy Association. *A Normative Model of Physical Therapist Professional Education: Version 2000*. Alexandria, Va: American Physical Therapy Association; 2000.
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7. Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. Alexandria, Va: American Physical Therapy Association; 2002.

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P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Clinical Instructors (CI's)

The Department of Physical Therapy at Plymouth State University has adopted the APTA's position paper on the **Guidelines: Clinical Instructors** (BOD) G03-06-21-55 as the expectations for our Clinical Instructors (CI's).



Last Updated: 08/01/12 Contact: nationalgovernance@apta.org

GUIDELINES: CLINICAL INSTRUCTORS BOD G03-06-21-55 [Amended BOD G03-04-22-56; BOD 11-01-06-09; BOD

03-99-23-75; Initial BOD 11-92-43-201] [Guideline]

Preamble

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Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: *Guidelines for Clinical Education Sites*, *Guidelines for Clinical Instructors (CIs)*, and *Guidelines for Center Coordinators of Clinical Education (CCCEs)*. These guidelines were first adopted by APTA's Board of Directors in November 1992 and endorsed by APTA's House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by APTA's Board of Directors in 1999 and 2004. In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the *Guide to Physical Therapist Practice* and in particular the patient management model, *A Normative Model of Physical Therapist Professional Education: Version 1997*, *A Normative Model of Physical Therapist Assistant Education: First Revision* (January 1998), *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*. The revised Guidelines for Clinical Education were approved by APTA's Board of Directors in March 1999.

In March 2004, these Guidelines for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the *Guide to Physical Therapist Practice* (2003), *A Normative Model of Physical Therapist Professional Education: Version*

2004, Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants, and APTA positions, standards, guidelines, policies, and procedures.

The intent of these guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient's home.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of "should" and "may."

We are indebted to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor's *Standards for Clinical Education in Physical Therapy* (1981) and the Northern California Clinical Education Consortium's Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also grateful to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.

- 1.1 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.
 - 1.2 One year of clinical experience is preferred as minimal criteria for serving as the CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.
 - 1.2.1 The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.
 - 1.3 The CI is a competent physical therapist or physical therapist assistant.
 - 1.3.1 The CI demonstrates a systematic approach to patient/client care using the patient/client management model described in the *Guide to Physical Therapist Practice*.
 - 1.3.2 The CI uses critical thinking in the delivery of health services.
 - 1.3.3 Rationale and evidence is provided by:
 - 1.3.3.1 The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and re-examinations.
 - 1.3.3.2 The physical therapist assistant for directed interventions, data collection associated with directed interventions, and outcomes.
 - 1.3.4 The CI demonstrates effective time-management skills.
 - 1.3.5 The CI demonstrates the core values associated with professionalism in physical therapy.
 - 1.4 The CI adheres to legal practice standards.
 - 1.4.1 The CI holds a valid license, registration, or certification as required by the state in which the individual provides physical therapy services.
 - 1.4.2 The CI provides physical therapy services that are consistent with the respective state/jurisdictional practice act and interpretive rules and regulations.
 - 1.4.3 The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action

policies, HIPAA, Medicare regulations regarding reimbursement for patient/client care where students are involved, and the ADA.

1.4.3.1 The physical therapist is solely responsible for ensuring the patient/client is aware of the student status of any student involved in providing physical therapy services.

1.5 The CI demonstrates ethical behavior.

1.5.1 The CI provides physical therapy services ethically as outlined by the clinical education site policy and *APTA's Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Physical Therapist Assistant, and Guide to Physical Therapist Practice.*

2.1 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

2.2 The CI uses verbal, nonverbal, and written communication skills and information technology to clearly express himself or herself to students and others.

2.2.1 The CI defines performance expectations for students.

2.2.2 The CI and student(s) collaborate to develop mutually agreed-on goals and objectives for the clinical education experience.

2.2.3 The CI provides feedback to students.

2.2.4 The CI demonstrates skill in active listening.

2.2.5 The CI provides clear and concise communication.

2.3 The CI is responsible for facilitating communication.

2.3.1 The CI encourages dialogue with students.

2.3.2 The CI provides time and a place for ongoing dialogue to occur.

2.3.3 The CI initiates communication that may be difficult or confrontational.

2.3.4 The CI is open to and encourages feedback from students, clinical educators, and other colleagues.

3.1 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

3.2 The CI forms a collegial relationship with students.

3.2.1 The CI models behaviors and conduct, and instructional and supervisory skills that are expected of the physical therapist/physical therapist assistant and demonstrates an awareness of the impact of this role modeling on students.

3.2.2 The CI promotes the student as a colleague to others.

3.2.3 The CI demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.

3.2.4 The CI is willing to share his or her strengths and weaknesses with students.

3.3 The CI is approachable by students.

3.3.1 The CI assesses and responds to student concerns with empathy, support or interpretation, as appropriate.

3.4 The CI interacts with patients/clients, colleagues, and other health care providers to achieve identified goals.

3.5 The CI represents the physical therapy profession positively by assuming responsibility for career and self-development and demonstrates this responsibility to the students.

3.5.1 Activities for development may include, but are not limited to: continuing education courses, journal clubs, case conferences, case studies, literature review, facility sponsored courses, post-professional/entry-level education, area consortia programs, and active involvement in professional associations including APTA.

4.1 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

4.2 The CI collaborates with students to plan learning experiences.

4.2.1 Based on a plan, the CI implements, facilitates, and evaluates learning experiences with students.

- 4.2.2 Learning experiences should include both patient/client interventions and patient/client practice management activities.
- 4.3 The CI demonstrates knowledge of the student's academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience.
- 4.4 The CI recognizes and uses the entire clinical environment for potential learning experiences, both planned and unplanned.
- 4.5 The CI integrates knowledge of various learning styles to implement strategies that accommodate students' needs.
- 4.6 The CI sequences learning experiences to promote progression of the students' personal and educational goals.
 - 4.6.1 The CI monitors and modifies learning experiences in a timely manner based on the quality of the student's performance.
- 5.1 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.
 - 5.2 The CI supervises the student in the clinical environment by clarifying goals, objectives, and expectations.
 - 5.2.1 The CI presents clear performance expectations to students at the beginning and throughout the learning experience.
 - 5.2.2 Goals and objectives are mutually agreed-on by the CI and student(s).
 - 5.3 Feedback is provided both formally and informally.
 - 5.3.1 To provide student feedback, the CI collects information through direct observation and discussion with students, review of the students' patient/client documentation, available observations made by others, and students' self-assessments.
 - 5.3.2 The CI provides frequent, positive, constructive, and timely feedback.
 - 5.3.3 The CI and students review and analyze feedback regularly and adjust the learning experiences accordingly.
 - 5.4 The CI performs constructive and cumulative evaluations of the students' performance.
 - 5.4.1 The CI and students both participate in ongoing formative evaluation.
 - 5.4.2 Cumulative evaluations are provided at least at midterm and at the completion of the clinical education experience and include student self-assessments.
- 6.1 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.
 - 6.2 The CI articulates observations of students' knowledge, skills, and behavior as related to specific student performance criteria.
 - 6.2.1 The CI familiarizes herself or himself with the student's evaluation instrument prior to the clinical education experience.
 - 6.2.2 The CI recognizes and documents students' progress, identifies areas of entry-level competence, areas of distinction, and specific areas of performance that are unsafe, ineffective, or deficient in quality.
 - 6.2.3 Based on areas of distinction, the CI plans, in collaboration with the CCCE and the ACCE/DCE, when applicable, activities that continue to challenge students' performance.
 - 6.2.4 Based on the areas identified as inadequate, the CI plans, in collaboration with the CCCE and ACCE/DCE, when applicable, remedial activities to address specific deficits in student performance.
 - 6.3 The CI demonstrates awareness of the relationship between the academic program and clinical education site concerning student performance evaluations, grading, remedial activities, and due process in the case of student failure.
 - 6.4 The CI demonstrates a constructive approach to student performance evaluation that is educational, objective, and reflective and engages students in self-assessment (e.g., problem identification, processing, and solving) as part of the performance evaluation process.
 - 6.5 The CI fosters student evaluations of the clinical education experience, including learning opportunities, CI and CCCE performance, and the evaluation process.

The foundation for this document is:

Barr JS, Gwyer J. *Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers*. Alexandria, VA: American Physical Therapy Association; 1981:3-8.

Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. *1997- 1998 Accreditation Handbook*. Alexandria, Va: American Physical Therapy Association; 1997: 42-74.

Moore ML, Perry JF. *Clinical Education in Physical Therapy: Present Status/Future Needs*. Alexandria, Va: American Physical Therapy Association and the Section for Education; 1976.

The development of this document was a result of combined efforts of the Task Force on Clinical Education, 1989-1991 and the Task Force on Clinical Education 1992-1994.

Revisions of this document are based on:

1. American Physical Therapy Association. Guide to Physical Therapist Practice. June 2003. Originally published as *Guide to Physical Therapist Practice*. 2nd ed. *Phys Ther*. 2001; 81: 9-744.
2. American Physical Therapy Association. *A Normative Model of Physical Therapist Professional Education: Version 2000*. Alexandria, Va: American Physical Therapy Association; 2000.
3. American Physical Therapy Association. *A Normative Model of Physical Therapist Assistant Education: Version 99*. Alexandria, Va: American Physical Therapy Association; 1999.
4. American Physical Therapy Association. Physical Therapist Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments*. Alexandria, Va: American Physical Therapy Association; 1998.
5. American Physical Therapy Association. Physical Therapist Assistant Clinical Performance Instrument. *Physical Therapy Clinical Performance Instruments*. Alexandria, Va: American Physical Therapy Association; 1998.
6. Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. Alexandria, Va: American Physical Therapy Association; 1998.
7. Commission on Accreditation in Physical Therapy Education. Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. Alexandria, Va: American Physical Therapy Association; 2002.

Relationship to Vision 2020: Doctor of Physical Therapy; (Academic/Clinical Education Affairs Department, ext 3203)

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Critical Incident Reports

Critical Incident Reports can be used in situations where problematic behaviors are observed in clinical practice (safety issues). The form can be used as necessary by Clinical Instructors to record concerning behaviors of the student in an effort to remediate the behavior and foster safety and professional growth.

The following definitions should be considered when completing Critical Incident Reports.

Behaviors: An objective description of the behavior/incident made by the Clinical Instructor - no interpretation of the behavior is made by the CI.

Antecedents: Events/environmental factors that preceded the behavior in question

Consequences: Resultant implications of the behavior imposed by the CI

Critical Incident Report

Student Name: _____

CI Name: _____

| Date/Time | Antecedents | Behaviors | Consequences |
|------------------|--------------------|------------------|---------------------|
| | | | |
| | | | |

Student's Signature: _____ Date: _____

Evaluator's Signature: _____ Date: _____

Anecdotal Records

Anecdotal Records are nonjudgmental, objective accounts of a student's actions/behaviors that help to identify opportunity for improvement and guide developmental progress. This form may be used as a way to help the CI formalize feedback for a student. CI interpretation provides awareness for the reason of concern and the possibility of consequences the behavior could have resulted in. The student and CI both sign the form as acknowledgement of the feedback. The student then has the opportunity to make any comments on the form.

Anecdotal Record

Student Name: _____ Date: _____

Evaluator/Observer: _____

Setting: (Place, persons involved, atmosphere etc)

Student Behavior:

Evaluator Interpretation:

Student Signature: _____

Evaluator Signature: _____

Student's Comments:

Weekly Goal Sheet

Weekly goal sheets are guided assessments designed for tracking and developing progress during Clinical Experiences. Weekly Goal sheets can be used as an opportunity for the student to evaluate their performance of the previous week and prepare performance goals for the upcoming week. These goals should be set in line with the appropriate Clinical Education Performance Expectations for that particular Clinical Experience. Weekly goal sheets are most effective when the student and the CI can review them together and discuss opportunities during the week to guide professional growth. Complete weekly goal sheets can also be helpful to use when completing the CPI at Midterm and Final evaluations.

Weekly Goal Sheet

Student Name: _____

CI(s) Name: _____

Name of

Facility: _____

| Rotation # | Week #: | Date: |
|--|---------|-------|
| Student Assessment of the week: | | |
| | | |
| CI Assessment of the week: | | |
| | | |
| Goals for Upcoming week: | | |
| | | |
| Student Comments | | |
| | | |
| CI Comments: | | |
| | | |

Assessment of Clinical Experience

At the completion of each Clinical Education Experience, students are required to evaluate each Clinical Experience using the Student PT Evaluation: Clinical Experience and Clinical Instruction adopted from the APTA.

PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

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



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

PREAMBLE

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

Key Assumptions

The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.

The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).

The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.

Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.

The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.

The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

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

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

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GENERAL INFORMATION 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

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.