Clinical Educator's Handbook

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University of Dayton Physical Therapy Program

Clinical Education

Mission and Goals

Mission:

In accordance with the mission of the University of Dayton and the School of Education and Allied Professions, the fundamental purpose of the Program in Physical Therapy is to provide high quality physical therapist education in the context of the Catholic faith. The physical therapist professional education program at the University of Dayton aims to graduate knowledgeable, service-oriented, self-assured, adaptable, reflective practitioners who, by virtue of critical and integrative thinking, lifelong learning, and ethical values, render independent judgments concerning patient/client needs that are supported by evidence; promote the health of the client; and enhance the professional, contextual, and collaborative foundations for practice. The program faculty and graduates will contribute to society and the profession through practice, teaching, administration, and the discovery and application of new knowledge about physical therapy. The program will offer an education with structured and varied experiences of sufficient excellence and breadth that allows for the acquisition and application of essential knowledge, skills, and behaviors that can be applied to the practice of physical therapy. *(Adapted "A Normative Model of Physical Therapist Professional Education, 2004")*

Goals:

I. The UD DPT program goals related to **Teaching and Learning** are:

a. The program will provide an education that promotes for effective, evidence-based, ethical physical therapy service to all clients, communities, and areas of need.
b. The program will provide an education and opportunities that fosters the development of essential professional and ethical behaviors.
c. The program faculty will maintain current clinical/content expertise through active clinical involvement and/or professional development activities.

These goals are measured by the following outcomes:

1. The graduation rate will be equal to or higher than the national average.
2. The pass rate on the NPTE will be equal to or higher than the national average.
3. The employment rate will be equal to or higher than the national average.
4. Fifty percent or greater of graduates (with greater than one year post-graduation) will become clinical instructors.
5. Seventy five percent or greater of the core faculty will hold a terminal degree (PhD or equivalent).
6. Sixty percent or greater of the eligible core faculty will be board-certified specialists.
7. Greater than 10% of graduates will be involved in teaching within the physical therapy profession as identified in the 3 Year Graduate Survey.
8. Eighty percent or greater of responses to teaching and learning related questions on the UD DPT Graduate Surveys will be scored 4 or 5 (on a 1-5 scale).

II. The UD DPT program goals related to professional **Leadership and Advocacy** are:

a. The program will encourage faculty and students to assume leadership roles within the profession and
the community.
b. The program will encourage and provide opportunities for faculty and students to advocate for positive
change for the profession of physical therapy.

These goals are measured by the following outcomes:

1. One hundred percent of eligible faculty and students will be members of the APTA.
2. Eighty percent or greater of faculty will be members of other professional organizations as documented on their CV.
3. Thirty five percent or greater of program graduates will be members of the APTA as indicated in the UD DPT 3 year graduate survey.
4. Ten percent or greater of program graduates or faculty will hold leadership positions in the Physical Therapy profession as indicated in the UD DPT graduate surveys.
5. Ten percent or greater of program graduates will hold employment positions that involve supervisory duties as indicated in the 3-year UD DPT graduate surveys.
6. Eighty percent or greater of responses to leadership and advocacy related questions on the UD DPT Graduate Survey will be scored 4 or 5 (on a 1-5 scale).

III. The UD DPT Program Goals related to **Scholarship** are:

a. The program faculty and students will be committed to lifelong learning.
b. The program faculty and students will demonstrate critical analysis and reflective thinking.
c. The program will contribute to the advancement of knowledge through scholarship.

These goals are measured by the following outcomes:

1. Program faculty will average one peer reviewed publication annually.
2. Program faculty will average one peer reviewed presentation annually.
3. The collective core faculty will disseminate at least 9 scholarly products as described in the Characteristics of Scholarship document outlined by CAPTE.
4. One hundred percent of student will complete a graduate research project under the mentorship of program faculty.
5. One hundred percent of students will present research at a professional meeting.
6. Eighty percent or greater of responses to scholarship related questions on the UD DPT Graduate Survey will be scored 4 or 5 (on a 1-5 scale).

IV. The UD DPT Program Goals related to **Service** are:

a. The program faculty and students will demonstrate a commitment to the community through service.
b. The program faculty and students will demonstrate integration of the Marianist Charisms in the practice of physical therapy.

These goals are measured by the following outcomes:

1. One hundred percent of students will demonstrate evidence of participation in at least eight hours of community service each year as documented by the UD DPT office.
2. The program faculty will demonstrate evidence of at least 25% of their faculty workload in university and community service during their annual review.
3. The program will offer at least one Chapel service per month as documented by the UD DPT office.
4. Eighty percent or greater of responses to service related questions on the UD DPT Graduate Survey will be scored 4 or 5 (on a 1-5 scale).

Objectives for Clinical Rotations

1. Establish patient and peer rapport through effective communication skills.
2. Determine an evaluation strategy and perform examinations for the appropriate patient population. Evaluation includes a comprehensive patient chart review, patient history, and physical examination.
3. Establish treatment strategies and patient-centered outcomes and goals.
4. Research diagnoses and conditions using appropriate resources.
5. Perform evaluations and provide treatment under the supervision of a licensed Physical Therapist.
6. Explore and critique treatment effectiveness and adjust plans accordingly.
7. Interact successfully with payers, ancillary services, and health care services and make recommendations or referrals as appropriate.
8. Plan and prepare for appropriate patient discharge and demonstrate effective documentation.
9. Present an in-service or case report to the affiliation site's staff.

Contracting

A student will only be given a clinical assignment in those facilities which have a signed written agreement between that facility and University of Dayton. Most clinical sites have signed the standard University of Dayton Agreement. If a "non-standard" agreement has been signed, the green file folder in the clinical education department will be tagged. Students are encouraged to review the clinical education agreement prior to beginning their clinical assignment. Contract folders are available for review in the clinical Education Department during regular business hours.

Philosophy of Clinical Education

University of Dayton is dedicated to providing quality clinical education in a variety of clinical settings both locally and throughout the United States. Approximately one-third of the entire three year doctoral level program is performed in the clinical setting. An objective of the Physical Therapy program is to prepare students for their clinical rotations above and beyond the "norm" for student performance. The problem-based format of education has greatly enhanced the students' ability to problem solve, apply critical information to each unique patient situation, and to "think on their feet" as they move from case to case. Another important feature of the curriculum has been to prepare the students didactically for a specific type of rotation and then follow up by having their clinical placement "match" that patient population. Although it is not always possible to make a "match" with 100% accuracy, every attempt is made. An overview of clinical rotations is as follows:

- General Medicine (7 weeks): Ideally, this rotation takes place in a setting where patients are more medically complex. Examples of settings that work well for this rotation are inpatient acute care, skilled nursing, long term care, home health, and inpatient rehabilitation. Outpatient settings can work well when the clinical instructor plans the student's caseload to include patients who require medical monitoring or those with comorbidities.

- Neuro/Rehab (8 weeks): Can be performed in an inpatient or outpatient setting with an emphasis in a neurologic patient population. Pediatric settings are also appropriate at this level of the curriculum.

- Orthopedic (12 weeks): Performed in an outpatient orthopedic or sports medicine environment.

- Elective (12 weeks): Unless a student has a specific need (i.e., they require more exposure to a certain population), this rotation allows a student to further develop in an area of their choosing. Decisions are made in cooperation with the DCE.

Because University of Dayton has a very strong commitment from its professional community, most students are provided the option of remaining in the local vicinity while performing their clinical responsibilities. **(Note: "Local" is defined as being within a 90 mile radius from the School)** Provisions are also available for students who wish to travel outside the 90 mile radius. (See section #8 under the heading "Student Guidelines for Clinical Education" for further details).

Students are expected to participate in clinical activity on a full-time basis during clinical rotations. Regular classes are not scheduled. While on rotation, students are given the opportunity to practice their newly acquired skills, as well as learn how to function as a professional in a variety of settings. Students are assigned to a clinical instructor at each facility. The DCE at the University of Dayton is available to both the Clinical Instructor and the student to provide guidance, counsel, and assistance as needed. The DCE also performs regular random on-site visits to follow up with students and their instructors during the clinical rotations. Students will be assessed according to the national APTA performance criteria and are graded on a pass/fail basis.

Clinical Education Faculty Rights and Privileges

(Revised February 8, 2010)

Clinical Education Faculty members (Center Coordinators of Clinical Education and Clinical Instructors) of the University of Dayton's Doctor of physical therapy program have the following rights and privileges associated with their participation in the DPT clinical education program:

1. To be treated fair, with dignity and without discrimination by all students and UD Faculty.
2. Invitation to an annual clinical education continuing education seminar provided by the Ohio Consortium of Physical Therapy Programs (UD DPT Program is a member). This program is offered in the spring each year at rotating locations around the state; at very low cost to Clinical Education Faculty of participating programs ($25) and for which Ohio approved CEUs are provided. Each clinical education site affiliating with an Ohio Consortium educational program is sent an invitation inviting the entire staff to these programs.
3. All CIs who have supervised UD DPT students during a given calendar year are invited as complimentary guests to the Annual Graduate Research Presentation Night and Keynote Stuart Lecture address each May.
4. The right to request individual in-services by the clinical site regarding effective teaching strategies, as well as presentations on requested topics in their areas of specialization.
5. The right to request assistance from the academic program in dealing with clinical education issues or problems that arise in clinic.
6. The right to attend periodic continuing education sponsored by the UD DPT Program.
7. The right to library privileges. A request to the DCE is required and then a library card is issued by the DPT program.
8. The right to receive information regarding affiliating students, changes in clinical education, and the physical therapy program in a timely fashion.
9. The right to terminate a student's participation in the clinical education experience if it is felt that the continued participation of a student is unsafe, disruptive, or detrimental to the clinical site or patient care, or otherwise not in conformity with the clinic's standards, policies, procedures, or health requirements.

Performance Objectives and Competencies by Rotation

Didactic preparation for clinical rotations progressively readies UD DPT students to meet affective, cognitive, and psychomotor objectives, while equipping students with growing technical competence in the performance of standard and specific physical therapy tests, measures, and interventions. Likewise, clinical performance expectations grow with each clinical:

UD DPT Clinical Course CPI Performance Ratings – Expected & Typical				
Clinical	**General Medicine**	**Neurology**	**Orthopedics**	**Elective**
Expected Performance	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level
Typical Performance	Intermediate	Advanced Intermediate	Advanced Intermediate/ Entry Level	Entry Level

Clinical Rotation I: General Medicine

For successful completion of this course, the student must meet each of the following objectives:

1. Establish patient and peer report through effective communication skills.
2. Determine an evaluation strategy and perform examinations for a "general or acute" patient population. Evaluation would include a comprehensive patient chart review, patient history, and physical examination.
3. Establish treatment strategies and patient centered outcomes and goals.
4. Research diagnoses and conditions using appropriate resources.
5. Perform evaluations and provide treatment under the supervision of a licensed Physical Therapist.
6. Explore and critique treatment effectiveness and adjust plans accordingly.
7. Interact successfully with payers, ancillary services, health care services and make recommendations or referrals as appropriate.
8. Plan and prepare for appropriate patient discharge and demonstrate effective documentation.
9. Providing an in-service or case report is recommended as part of the requirements.

At this level of their education, students are expected to be able to demonstrate competency in the following tests and measures:

- Vital signs (BP, HR, Respiratory rate, and pulses)
- Assess breathing patterns and auscultation of heart and lungs
- Anthropomorphic measures for height, weight, length, and Girth
- Basic assessment of patient orientation
- Analysis of basic assistive and adaptive devices
- Analysis of kinematics including gait and balance scales and Wheelchair mobility
- Evaluation of skin and wounds including skin integrity, wound location, shape, size, depth, color, drainage, odor, and infection
- Basic analysis of posture (static and dynamic) including observation and palpation.
- Basic Musculoskeletal Exam including Joint Play Tests, MMT , DTRs, palpation, and functional and goniometric ROM (active and passive), including end-range feel.
- Basic myotome and dermatome screens
- Assessment of autonomic responses to position changes

- Analysis of thoracoabdominal movement, breathing patterns, capillary refill
- Analysis of heart and lung auscultation, pulse oximetry, vital signs and pulmonary function

Students are also expected to demonstrate competency in performing the following interventions:

- Breathing strategies (pursed lip, paced, stair case breathing)
- Wound care for dressing changes, oxygen therapy, hydrotherapy, and topical agents
- TENS
- Basic ADL training, transfers, and gait techniques
- Assistive equipment (walkers, canes, crutches)
- Modalities (cryotherapy, superficial and deep thermal, CPM, tilt table, and compression.
- Therapeutic exercise: aerobic endurance, conditioning, strengthening, stretching, and flexibility

Clinical Rotation II: Neurology

For successful completion of this course, the student must successfully meet each of the following objectives:

1. Establish patient and peer report through effective communication skills
2. Determine an evaluation strategy and perform examinations for a "neurologic" patient population. Evaluation would include a comprehensive patient history and chart review, and physical examination.
3. Establish treatment strategies and patient centered outcomes and goals.
4. Research diagnoses and conditions using appropriate resources.
5. Perform evaluations and provide treatment under the supervision of a licensed Physical Therapist.
6. Explore and critique treatment effectiveness and adjust plans accordingly.
7. Interact successfully with payers, ancillary services, health care services and make recommendations or referrals as appropriate
8. Plan and prepare for appropriate patient discharge or discontinuation of Physical Therapy and demonstrate effective documentation.
9. Providing an in-service or case report is recommended as part of the requirements.

At this level of their education, students are expected to be able to build on the objectives from Clinical Rotation I as well as demonstrate competency in taking the following tests and measures:

- Assessment of arousal attention and cognition using standardized measures
- Assessment of level of consciousness and memory
- Assessment of orientation to person, place, time and events
- Analysis of assistive and adaptive devices and components
- Assessment of alignment and fit of assistive device as well as patient's ability to use it
- Utilization of ADL scales or indexes
- Assessment of cranial nerve integrity including dermatomes, gag reflex, swallowing, and muscles innervated by cranial nerves
- Assessment of response to auditory, gustatory, olfactory, visual and vestibular stimuli.
- Analysis of kinematics including gait on various terrains and surfaces and safety assessment
- Analysis of stereotypic movements, postural equilibrium, and righting reactions
- Assessment of sensorimotor integration and Motor Assessment scales
- Assessment of muscle tone and functional strength, power and endurance
- Neuromotor development and sensory integration including age and sex appropriate development, involuntary movement, reflex movement patterns, gross and fine motor skills, and motor control and motor learning
- Assessment of pain perception (e.g. phantom pain)
- Analysis of self-care and home management activities including safety and adaptive skills
- Sensory integrity including combined cortical sensations, deep sensations, gross receptive, and superficial sensations

Students are also expected to build on the skills developed during Clinical Rotation I as well as demonstrate competency in performing the following interventions:

- Assistive cough techniques and suctioning
- Electrotherapeutic modalities including functional and neuromuscular electric stim
- ADL training and assistive and self-care or home management task adaptation
- Assistive and adaptive devices (beds, raised toilet seats, seating systems, etc.)
- Balance & coordination training, developmental activities, motor learning, and therapeutic exercise

Clinical Rotation III: Orthopedics

For successful completion of this course, the student must successfully meet each of the following objectives:

1. Establish patient and peer report through effective communication skills
2. Determine an evaluation strategy and perform examinations for an "Orthopedic" patient population. Evaluation would include a comprehensive patient history, chart review, and physical examination.
3. Establish treatment strategies and patient centered outcomes and goals.
4. Research diagnoses and conditions using appropriate resources.
5. Perform evaluations and provide treatment under the supervision of a licensed Physical Therapist.
6. Explore and critique treatment effectiveness and adjust plans accordingly.
7. Interact successfully with payers, ancillary services, and health care services and make commendations or referrals as appropriate
8. Plan and prepare for appropriate patient discharge or discontinuation of Physical Therapy and demonstrate effective documentation
9. Providing an in service or case report is recommended as part of the requirements.

At this level of their education, students are expected to be able to build on the objectives from Clinical Rotations I and II, as well as demonstrate competency in taking the following tests and measures:

- Environmental and ergonomic analysis of community, work and leisure activities
- Assessment of functional capacity
- Analysis of physical space including identification of current and potential barriers, measurement of space, and inspection of the environment
- Body mechanic analysis of selected task and activities
- Analysis of biomechanical, kinematic, and kinetic aspects of gait, locomotion and balance
- Assessment of skin integrity including color, warmth, sensation, mobility, turgor, texture and positions and postures that may jeopardize skin integrity
- Assessment of scar tissue
- Joint integrity and mobility including assessment of hyper and hypomobility and joint play
- Assessment of dexterity, coordination, agility, and physical performance scales
- Assessment of oromotor, phonation and speech production
- Analysis of pain behavior and reaction during movement including use of questionnaires, graphs, and scales
- Analysis of resting, static and dynamic postures using plumb lines, posture grids, videos, etc.
- Analysis of functional range of motion, environment, and tasks

Students are also expected to build on the skills developed during Clinical Rotations I and II,, as well as demonstrate competency in performing the following interventions:

- Wound care management including adaptive and protective devices, debridement and physical and mechanical agents
- Electrotherapeutic modalities including, muscle stim, and iontophoresis
- Functional training including adaptive and protective equipment, ergonomic training, injury prevention, leisure, and play activity training
- Manual therapy techniques (i.e. connective tissue massage, joint mobilization, manual traction, soft tissue mobilization, and massage)
- Mechanical traction
- Therapeutic exercise including body mechanics and ergonomics, gait, locomotion, and neuromuscular education/reeducation, relaxation and inhibition

Clinical Rotation IV: Contract Clinical

For successful completion of this course, the student must successfully meet each of the following objectives:

1. Establish patient and peer report through effective communication skills
2. Determine an evaluation strategy and perform examinations for a non-specified patient population. Evaluation would include a comprehensive patient history, chart review, and physical examination.
3. Establish treatment strategies and patient centered outcomes and goals.
4. Research diagnoses and conditions using appropriate resources.
5. Perform evaluations and provide treatment under the supervision of a licensed Physical Therapist.
6. Explore and critique treatment effectiveness and adjust plans accordingly.
7. Interact successfully with payers, ancillary services, health care services and make recommendations or referrals as appropriate
8. Plan and prepare for appropriate patient discharge or discontinuation of Physical Therapy and demonstrate effective documentation
9. Providing an in-service or case report is recommended as part of the requirements.

At this level of their education, students are expected to be able to build on the objectives from Clinical Rotations I, II and III as well as demonstrate competency in taking the following tests and measures:

- Interpretation of oxygen consumption and analysis of electrocardiogram
- Measurement of body fat composition
- Assessment of edema (palpation, girth, volumetrics)
- Assessment of functional capacity
- Assessment of response to manual provocation tests
- Analysis of myoelectric activity using EMG, nerve conduction, etc.
- Electrotherapeutic modalities including biofeedback
- Dynamometry
- Orthotic devices including analysis of need, effects and benefits, alignment and fit, safety and proper care and use
- Prosthetic devices including analysis of need, effects and benefits, alignment and fit, safety, proper care and use and assessment of residual limb
- Muscle length testing
- Reflex integrity including normal and pathological reflexes
- Ventilation assessment including cough and sputum and ability to clear airway

Students are also expected to build on the skills developed during Clinical Rotations I, II and III, as well as demonstrate competency in performing the following interventions:

- Airway clearance techniques including assistive devices (e.g. flutter valve), Autogenic drainage, chest percussion, vibration, shaking and pulmonary postural drainage and positioning
- Functional training for environmental adaptation (job, school, play), job coaching, and functional training programs
- Orthotic and protective devices including taping, splints, braces, shoes, casts, and helmets
- Prosthetic device or equipment training

University of Dayton Standard Clinical Agreement

THIS AGREEMENT, made and entered into by and between University of Dayton, an Ohio nonprofit educational corporation of Dayton, Ohio, hereinafter referred to as "UNIVERSITY", and <<FACILITY>>, of <<City>>, <<State>>, hereinafter referred to as "FACILITY", Witnesseth:

WHEREAS, UNIVERSITY is conducting physical therapy educational programs in Dayton, Ohio, requiring clinical education facilities for the purpose of providing clinical experience to its students, and

WHEREAS, FACILITY recognizes the need for and desires to aid in the education of health care professionals, and is willing to make its facilities available to UNIVERSITY'S physical therapy students for such purposes.

NOW THEREFORE, in consideration of the mutual covenants continued herein, the parties hereto agree as follows:

I. FACILITY AND UNIVERSITY MUTUALLY AGREE:

1. To establish, in advance, the number of students who will participate in the clinical education program and the length of the respective clinical experiences.
2. UNIVERSITY shall appoint a clinical coordinator and FACILITY shall appoint a clinical supervisor. These individuals shall be called Director of Clinical Education ("DCE") and Center Coordinator of Clinical Education ("CCCE") respectively. Each party will supply the other party with the name of this person along with the person's professional and academic credentials for approval by the other party such approval not to be unreasonably withheld. Each party shall notify the other in writing of any change of the person appointed.
3. That each student assigned as a clinical affiliate complies with the policies and procedures of FACILITY, including policies on confidentiality of patient information. FACILITY reserves the right to refuse access to and/or remove from its clinical areas any student who does not meet FACILITY'S standards and policies. No action will be taken until the grievance against the student has been discussed with the DCE, unless the student's behavior poses an immediate threat to the effective delivery of health care services to patients of FACILITY.
4. To notify the other party if one party becomes aware of a claim asserted by any person which arises out of or appears to arise out of this agreement or any activity carried out under this agreement.
5. That FACILITY maintains administrative and professional supervision of students of UNIVERSITY insofar as their presence affects the operation of FACILITY and the direct or indirect care of FACILITY'S patients.
6. That University students and faculty are not the agents, representatives or employees of FACILITY and will not represent themselves as such.
7. That the parties will not discriminate on the basis of race, color, creed, ethnic background, country of origin, age, sex, height, weight, physical handicap, marital status, political or gender preference, or past military service regarding the educational or clinical experience of the student.
8. UNIVERSITY agrees to indemnify and save harmless FACILITY and its agents and employees from any liability or damages FACILITY may suffer as a result of claims, costs, or judgments, including reasonable attorney's fees, against it arising out of acts or omissions

of UNIVERSITY in the operation of the clinical education program covered by this agreement. FACILITY agrees to indemnify and save harmless UNIVERSITY and its agents and employees from any liability or damages UNIVERSITY may suffer as result of claims, costs, or judgments, including reasonable attorneys fees, against it arising out of acts or omissions of FACILITY in the operation of the clinical education program covered by this agreement. FACILITY agrees to give UNIVERSITY notice in writing within thirty (30) days of any claim made against it on the obligations covered hereby.

9. That UNIVERSITY will develop letter agreements, as necessary, with FACILITY to formalize operational details of the clinical education program. These letter agreements shall be approved with the same formalities as this agreement.
10. That FACILITY shall remain responsible for the patient.
11. That each party shall carry professional liability or self-insurance with minimum limits of liability of $1 million/$3 million for suits and claims that may be asserted for any professional liability claim arising out of any service rendered pursuant to this agreement. Each party shall, upon request, furnish the other party with evidence of such coverage.
12. Students will be responsible for all personal expenses including meals, lodging, and transportation unless provided by FACILITY.
13. Modification of any term or provision of this agreement will not be effective unless in writing with the same formality as this agreement. The failure of either party to insist upon strict performance of any of the provisions of this agreement shall constitute waiver of that provision only and not of the entire agreement.

II. RESPONSIBILITIES OF FACILITY

In addition to other provisions in this agreement, FACILITY specifically agrees as follows:

1. To provide clinical education learning experiences which are planned, organized, and administered by qualified staff in accordance with mutually agreed upon educational objectives and guidelines.
2. To prepare written objectives or guidelines for structuring the clinical education program. A copy of these objectives or guidelines will be available for review by the DCE.
3. To permit, upon reasonable request, UNIVERSITY or its accrediting agency to inspect FACILITY and its services and records which pertain to the clinical education program.
4. To provide or otherwise arrange for emergency medical care for students at the student's expense.
5. To provide reasonable classroom, conference, storage, dressing, and locker room space for students.
6. To evaluate the student(s) according to the guidelines provided by UNIVERSITY and to utilize the evaluation standards and forms furnished by UNIVERSITY.
7. To accept UNIVERSITY'S student clinical attire guidelines and to inform UNIVERSITY of FACILITY'S standards and policies regarding dress and appearance.

III. RESPONSIBILITIES OF UNIVERSITY

In addition to other provisions in this agreement, UNIVERSITY specifically agrees as follows:

1. To assign to FACILITY only those students who have satisfactorily completed the prerequisite portions of the curriculum.
2. To direct the students to comply with the rules and regulations of FACILITY.
3. To provide assurance to FACILITY that each student accepted for the clinical education

program will have had a physical examination within the last year. This examination will include a Tuberculin test and immunizations for MMR, tetanus, and Hepatitis B (or a signed waiver). FACILITY reserves the right to restrict the clinical activity of students who evidence symptoms of communicable infections.

4. To provide evidence of professional liability insurance coverage for all of its students, employees, and agents in FACILITY in connection with the clinical education program of UNIVERSITY'S students.
5. To assure and provide evidence that the student(s) possess health insurance either through UNIVERSITY or an individual policy.
6. To assure that students hold current C.P.R. certification.

IV. BUSINESS ASSOCIATE UNDER HIPAA

1. As a business associate of FACILITY, UNIVERSITY shall ensure that patient identifiable health information provided by FACILITY will be treated as confidential and kept secure in accordance with applicable law and the Health Insurance and Portability and Accountability Act of 1996 ("HIPAA"). Specifically, UNIVERSITY agrees that it will comply with the following in accordance with the timeframes specified in the regulations:
    a. UNIVERSITY shall maintain administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of patient identifiable information, in electronic or other form, that UNIVERSITY creates, receives, maintains or remits under the Agreement, in accordance with the Privacy Rule (45 CFR Part 160 and Part 164, subparts A and E and amendments thereto) and in accordance with the Security Rule (45 CFR Part 164, Subpart C and amendments thereto) to prevent access, use or disclosure of patient identifiable health information in violation of the law or this Agreement.
    b. UNIVERSITY agrees that it shall be prohibited from using or disclosing the patient identifiable health information provided or made available by FACILITY for any purpose other than as expressly permitted or required by this Agreement or as required by law.
    c. UNIVERSITY shall ensure that any subcontractor or agent to whom UNIVERSITY may disclose the patient identifiable health information to is bound by the confidentiality terms and conditions of this Agreement including appropriate and complete safeguards, as defined in paragraph IV.1.
    d. UNIVERSITY shall make available to FACILITY and the US Department of Health and Human Services its policies and procedures, books, and records and internal practices relating to its use of the patient identifiable health information.
    e. UNIVERSITY shall promptly notify FACILITY in writing of any use or disclosure of the patient identifiable health information outside the purpose of this Agreement; FACILITY shall respond to the notice within three (3) business days approving or denying such disclosure.
    f. UNIVERSITY hereby agrees to make available and provide a right of access to the patient identifiable health information by the patient who is the subject of the patient identifiable health information. This right of access shall conform and meet all of the requirements of 45 CFR 164.524.
    g. UNIVERSITY agrees to make patient identifiable health information available for amendment by a patient who is the subject of the patient identifiable health information and to forward immediately to FACILITY any request by such a patient to make amendments to their patient identifiable health information, and to incorporate any

amendments to such patient identifiable health information provided by FACILITY to UNIVERSITY, in accordance with 45 CFR 164.526.

h. At the termination of this Agreement, UNIVERSITY hereby agrees to return or destroy all patient identifiable health information received from, or created and received by UNIVERSITY on behalf of FACILITY. UNIVERSITY agrees not to retain any copies of the patient identifiable health information after termination of this Agreement. If return or destruction of the patient identifiable health information is not feasible, UNIVERSITY agrees to extend the protections of this Agreement for as long as necessary to protect the patient identifiable health information and to limit any further access, use or disclosure. If UNIVERSITY elects to destroy the patient identifiable health information, it shall certify to FACILITY in writing that the patient identifiable health information has been destroyed.

i. As noted in the termination section of this Agreement, UNIVERSITY agrees that FACILITY has the right to immediately terminate the Agreement and seek relief if FACILITY determines that UNIVERSITY has violated a material term of this Agreement.

2. FACILITY and UNIVERSITY agree to use best efforts to maintain the integrity, confidentiality and security of electronically transmitted information.

3. FACILITY and UNIVERSITY further agree that in the event of a conflict between the business associate provisions herein and other provisions of this Agreement the business associate provisions shall control.

V. TERM AND TERMINATION

This agreement will be effective as of the date signed by both parties and will continue in effect until terminated by either party. Either party may terminate the agreement upon ninety (90) days written notice to the other party. The notice required by this clause shall be sent by certified or registered mail.

If the termination date occurs while a student of UNIVERSITY has not completed his or her clinical learning experience at FACILITY, the student shall be permitted to complete the scheduled clinical learning experience, and UNIVERSITY and FACILITY shall cooperate to accomplish this goal.

IN WITNESS WHEREOF, the parties have executed this agreement and warrant that they are officially authorized to so execute for their respective parties to this agreement.

CLINICAL FACILITY

_____ _____
Date

_____ _____
Date

_____ _____
Date

UNIVERSITY OF DAYTON

_____ _____
Date Sean P. Gallivan, PT, MS, NCS, CBIS, C/NDT
Director of Clinical Education

Guidelines for Clinical Sites

DISCLAIMER: We are not attorneys, nor do we consider ourselves experts in interpreting Medicare policy. We encourage you to visit this topic with your facility's risk management officer.

Q: What are the program's guidelines regarding clinical affiliations?

A: The University of Dayton Doctor of Physical Therapy Program has adopted the APTA's guidelines for clinical sites as outlined by the House of Delegates and the Board of Directors as our policy and our guidance as well. As the guidelines may be updated from time to time, we are providing a link to the APTA's guideline pages.

Q: What is required for the student to pass the affiliation?

A: The requirements that students must meet in order to pass clinical affiliations are contained in the syllabus specific to each affiliation. All affiliations are graded on a pass/fail basis. The success of each clinical affiliation depends on a partnership among the DCE, CCCE, CI, and student.

All partners contribute to evaluating the student's performance. The UD DPT program uses the APTA PT CPI Web (Version 2.0) evaluation instrument for student self-evaluation and for CI evaluation. While there are not specific requirements for where the student should be marked on any rotation, the course syllabus does give a range that makes sense for the level of rotation. The program does require that the student make entry-level on each criterion at least once in the four clinical rotations.

Students are also graded on other items during the rotations such as written assignments, completion of an inservice, and completion of forms and surveys that must be turned in after the rotation. These are spelled out in the syllabi in the section called "Examination and Grading Policy."

It is the DCE's responsibility to assign the grade for the rotation (Credit = CR; No Credit = NC; or Incomplete = I). The DCE will use the scores on the CPI and the various assignments as the primary indicators. However, there are considerations that may influence the final grade. These would usually only come into play when assigning the grade is a "close call." They are:

- Complexity of the clinical environment
- Congruence between clinical instructor and student assessments on the CPI
- Clinical instructor skill using the CPI

- Clinical instructor experience as a clinician and as a clinical instructor
- DCE individual communications with students, clinical instructors, or CCCEs
- Student adherence to University of Dayton policies regarding professional behavior, attire, and attendance. Student expectations regarding these areas are found in the *Student Clinical Education Handbook* .

Some of these factors represent development opportunities for student and for clinical instructors. It is the role of the DCE to provide Clinical Education Faculty development and to evaluate the performance of clinical instructors as well as students. These opportunities may involve one-on-one discussion or the provision of in-services so that all CIs at a site may benefit.

Q: So where can I find the syllabi for the rotations?

A: The syllabi for the rotations are contained in the *Student Clinical Education Handbook.*

Q: How does complexity of the clinical environment make a difference in the DCE's grading?

A: When a student is working in a facility where the patients are very complex, such as an LTAC or acute rehab, they may progress to the point that they are capable of having a 100% caseload my the midterm, but move to a unit of even higher acuity and need increased supervision and may not be entry-level in that setting by the final. This is not necessarily an ominous sign as it is not unusual for a student to need more supervision and reduced caseload when faced with very challenging patients.

Q: How does the University of Dayton define entry level?

A: The CPI provides most of the answer to this question. It says that entry-level performance is:

- A student who is **capable of** functioning without guidance or clinical supervision managing patients with simple or complex conditions.
- At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.
- Consults with others and resolves unfamiliar or ambiguous situations.
- The student is **capable of** maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.

In addition to this definition, we ask sites to reflect on what entry-level performance means in their setting, with their patients, and their policies. Then they should ask themselves what they would expect from a new graduate physical therapist in each area of their facility. This often helps clarify entry-level performance as it relates specifically to the clinical site.

Q: What happens when the student and the CI are far apart on marking the CPI?

A: The online CPI provides a valid mechanism for measuring disparity between CI and student ratings. Students and CIs are often far apart at the midterm and closer together on the final evaluation. Differences become apparent in the comments. If the student and CI are more than 4 marks apart on any red flag criterion at the midterm, or on more than 4 other criteria, the DCE will discuss the situation with both the student and the CI. The purpose of the conversation is to determine the root cause of the incongruence and to establish: 1) a common understanding on what the actual situation is; and 2) develop a plan as needed to resolve the appearance of wide disparities. It is understood that the disparities may present an opportunity for Clinical Education Faculty development when they have unrealistic expectations (high or low), or as is often the case, it may be that the student is being unrealistic in their self-evaluations.

For the final, when the student and CI are more than 2 marks apart on any red flag criterion, or on more than 2 other criteria, the DCE will initiate the discussion as indicated above.

Q: Are there restrictions on students doing clinical rotations where they have been or may be employed?

A: Under most circumstances, we don't assign students to facilities where they have been employed. Exceptions may be approved in situations where the student may be with a CI with whom they haven't worked and in an area of the facility where they haven't worked.

Students are not permitted to do a clinical rotation in a facility where they have signed an employment agreement or where they have been offered a position before or after graduation.

Q: Do I have any rights or privileges as a CCCE or a clinical instructor?

A: Yes, you do. You are considered clinical education faculty and as such, you have rights and privileges. We updated our rights and privileges on February 8, 2010. Click here to see your Clinical Education Faculty Rights and Privileges.

Q: Why did the DCE stop making routine midterm site visits?

A: It is the DCE's responsibility to monitor clinical rotations. Historically, DCE's accomplished this by making midterm site visits. With the advent of the online CPI, the DCE has much greater availability to ongoing evaluative materials. This makes visiting most students unnecessary. However, there still arises many situations where the DCE needs to make a site visit. The DCE will make a site visit under the following circumstances:

1. It is apparent to the DCE through monitoring the CPI or by talking with the student, CI, or CCCE that a site visit is necessary.
2. A site visit is requested by the CCCE, CI, or the student.
3. The DCE has not visited the site before and needs to be familiarized with the facility and staff. This may or may not be during a clinical rotation.
4. The site requests a site visit for the purpose of consultation or for the DCE to provide an in-service.

Q: How should the student sign his/her name on notes?

A: This answer applies only to Ohio facilities. In Ohio, the student may sign their name on notes and behind their name place any of the following descriptors:

1. Student Physical Therapist
2. Student PT
3. SPT

Q: What is the University of Dayton's guidance on supervising student?

A: Our guidance is that it is necessary to follow federal, state, and local laws and regulations at all times. The Ohio practice act says this about supervision:

> **4755-27-04, Supervision**
>
> (D) Supervising of the student physical therapist.
>
> > (1) A student physical therapist may only be supervised by a physical therapist licensed pursuant to Chapter 4755. of the Revised Code.
> > (2) The supervising physical therapist is required to be on-site and available to immediately respond to the needs of the patient whenever the student physical therapist is performing patient examinations, evaluations, and interventions.

Medicare: There has been considerable confusion over the years regarding supervision of students while treating Medicare patients. The following is an excerpt from Medicare Manual 100-2, Chapter 15, Subsection 230 (Effective 1/1/2007):

> **B. Therapy Students**
> **1. General**
> Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service unbillable. Pay for the direct (one-to-one) patient contact services of the physician or therapist provided to Medicare Part B patients. Group therapy services performed by a therapist or physician

may be billed when a student is also present “in the room”.

EXAMPLES:
Therapists may bill and be paid for the provision of services in the following scenarios:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician’s service, not for the student’s services).

The take home message here is that students may provide interventions with Medicare Part B patients, but you, the CI must be there with the student, directing their actions and making the decisions. You may not be on the phone, writing notes, or treating another patient. When you are supervising in this manner, you are providing the service in Medicare's eyes and, therefore, may bill for the service.

Q: What about Medicare Part A?

A: Under the same section of Manual 100-2, Chapter 15, regarding the differences of Part A and Part B billing, Medicare says:

> The payment methodologies for Part A and B therapy services rendered by a student are different. Under the MPFS (Medicare Part B), Medicare pays for services provided by physicians and practitioners that are specifically authorized by statute. Students do not meet the definition of practitioners under Medicare Part B. Under SNF PPS, payments are based upon the case mix or Resource Utilization Group (RUG) category that describes the patient. In the rehabilitation groups, the number of therapy minutes delivered to the patient determines the RUG category. Payment levels for each category are based upon the costs of caring for patients in each group rather than providing specific payment for each therapy service as is done in Medicare Part B.

The take home message in this excerpt is in the last sentence. Essentially, what it seems to be saying to us is, "follow your state's supervision guidelines for Part A Medicare patients."

DISCLAIMER: We are not attorneys, nor do we consider ourselves experts in interpreting Medicare policy. We encourage you to visit this topic with your facility's risk management officer.

FACULTY / STAFF ROSTER

Faculty

Philip A. Anloague, PT, DHSc, OCS, MTC
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Joaquin Barrios, PT, DPT, PhD
Assistant Professor
Orthopedics Coordinator

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Terri Glenn, PT, PhD
Assistant Professor

Kurt Jackson, PT, PhD, GCS
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Neurology Coordinator

Harold Merriman, PT, PhD, MLD/CDT
Associate Professor
General Medicine Coordinator

Staff

Trista Cathcart, MS, MA
Admissions Coordinator

Lori Mann
Office Manager

Vicki Hill
Senior Secretary

University of Dayton
Doctor of Physical Therapy Program
Curriculum Summary

Year 1 49 credits		Year 2 44 credits		Year 3 33 credits	
Fall Semester		**Fall Semester**		**Fall Semester**	
Core Module I: Basic Science (16 weeks)	17 credits	*Neurology I (10 weeks)*	11 credits	*Orthopedics II (6 weeks)*	5.5 credits
DPT 815 Human Gross Anatomy	5.0	DPT 963 Clinical Pathology	3.0	DPT 966 Clinical Pathology	1.5
DPT 840 Clinical Science	2.0	DPT 973 Clinical Skills Lab	2.0	DPT 976 Clinical Skills Lab	1.0
DPT 805 Intro to Pathophysiology	4.0	DPT 983 Clinical Issues Seminar	2.0	DPT 986 Clinical Issues Seminar	1.0
DPT 820 Movement Science	4.0	DPT 991 Research II	4.0	DPT 910 Prof Seminar III: Leadership & Mgmt	1.0
DPT 810 Prof Seminar I: Health Care	2.0	*Neurology II (6 weeks)*	7.5 credits	DPT 994 Research IV	1.0
		DPT 964 Clinical Pathology	1.5	*Advanced Therapy (10 weeks)*	10.5 credits
Winter Semester		DPT 974 Clinical Skills Lab	1.0	DPT 967 Clinical Pathology	3.0
Core Module II: Clinical Science (11 weeks)	15 credits	DPT 984 Clinical Issues Seminar	1.0	DPT 977 Clinical Skills Lab	2.0
DPT 841 Intro to Med Diagnostics	2.5	DPT 992 Research II (continued)	4.0	DPT 987 Clinical Issues Seminar	3.0
DPT 806 Exercise Physiology	2.5			DPT 940 Clinical Science V: Current Technology	1.0
DPT 846 Maturation Science I	1.5	**Winter Semester**		DPT 911 Prof Seminar IV: Business & Mktg	1.5
DPT 818 Neuroscience	4.5	*Clinical Module II: Neurology (8 weeks)*	7 credits	*Program Comprehensive Exams*	
DPT 825 Pharmaco Therapeutics	2.0	DPT 952 Clinical Rotation II: Neurology	7.0		
DPT 811 Prof Seminar II: Clinical Practice	2.0	*Orthopedics (9 weeks)*	8.5 credits	**Winter Semester**	
General Medicine I (6 weeks)	6.5 credits	DPT 965 Clinical Pathology	3.0	*Advanced Therapy II (5 weeks)*	5 credits
DPT 961 Clinical Pathology	1.5	DPT 975 Clinical Skills Lab	1.5	DPT 988 Contemporary Clin Practice Electives	5.0
DPT 971 Clinical Skills Lab	1.0	DPT 985 Clinical Issues	2.0	Alternative Therapies	
DPT 981 Clinical Issues Seminar	1.0	DPT 993 Research III	2.0	Athletic Training	
DPT 842 Clinical Science III: Modalities I	1.0			Industrial Rehabilitation	
DPT 991 Research I	2.0	**Summer Term I**		Manual Lymph Drainage	
		Clinical Module III: Orthopedics (12 weeks)	10 credits	Manual Therapy	
Summer Term I		DPT 953 Clinical Rotation III: Orthopedics	10.0	Neurology	
General Medicine II (6 weeks)	5.5 credits			Women's Health	
DPT 962 Clinical Pathology	1.5	**Summer Term II**		*Clinical Module IV: Contract Clinical (12 weeks)*	10 credits
DPT 972 Clinical Skills Lab	1.0	DPT 953 Clinical Rotation III: Orthopedics (continued)		DPT 954 Clinical Rotation IV: Contract Clinical	10.0
DPT 982 Clinical Issues Seminar	1.0			*Summation Module (1 week)*	2 credits
DPT 843 Clinical Science IV: Modalities II	1.0			DPT 912 Prof Seminar V: Prof Development	1.0
DPT 847 Maturation Science II	1.0			DPT 994 Research V	1.0
Summer Term II					
Clinical Module I: General Medicine (6 weeks)	5 credits				
DPT 951 Clinical Rotation I: Gen Medicine	5.0				

COURSE DESCRIPTIONS

DPT805 (4)
Functional Physiology I: Intro to Pathophysiology
A small-group, problem-based learning course which focuses on the study of human physiological function of the major organ systems including clinical manifestations associated with pathophysiological conditions. Introduction of applied physiology and exercise physiology concepts in musculoskeletal, cardiovascular and pulmonary function. Foundations of pharmacokinetics and pharmacodynamics are also studied in this course.

DPT806 (2.5)
Functional Physiology II: Exercise Physiology
Advanced Concepts of applied physiology and exercise physiology concepts in musculoskeletal, cardiovascular and pulmonary function are studied.

DPT810 (2)
Professional Seminar I: Health Care
Provides a comparative overview of health care systems and the role of physical therapy. Students learn about the APTA and the development of professional behaviors as they work on personal strategies for integration into the profession. Learning styles are presented and discussed within the context of clinical practice and professional development.

DPT 811 (2)
Professional Seminar II: Clinical Practice
Designed to introduce the student to clinical practice. Students learn professional communication and documentation skills. Topics include medical records, personnel supervision, scheduling, legal and ethical issues (including sexual harassment), and the cost of service delivery.

DPT815 (5)
Human Gross Anatomy
Comprehensive course with lecture, and human cadaver dissection, emphasizing the skeletal, muscle, and nervous systems. The aim is to provide a solid morphological basis for a synthesis of anatomy, physiology, and nervous systems. The aim is to provide a solid morphological basis for synthesis of anatomy, physiology, and the physical therapy clinical sciences. The lab section involves dissection and identification of structures in the cadaver and the study of charts, models, radiographic anatomy and projected materials.

DPT818 (4.5)
Neuroscience
Comprehensive course utilizing lecture and active learning methodologies, including labs covering neuroanatomy and physiology of the central, peripheral and autonomic nervous systems as they pertain to normal somatic function. Basic disease families are introduced.

DPT820 (4)
Movement Science
Comprehensive course with lecture, small group, clinical lab and dissection, which integrates anatomy, biomechanics and clinical examination of the spine and trunk and appendicular muscular system into the evaluation of human movement dysfunction. Students learn basic gait and posture examination skills and develop clinical reasoning to facilitate the development of appropriate therapeutic exercise interventions.

DPT 825 (2)
Pharmaco Therapeutics
Designed to present the general principles of pharmacology in relation to physical therapy practice. Basic concepts of drug therapy, nomenclature and drug safety are introduced. Pharmacokinetic principles including drug administration, absorption, distribution, action and interaction are reviewed as they relate to physical therapy and rehabilitation.

DPT840 (2)
Clinical Science I: Tissue Injury and Repair
This course presents basic principles of tissue injury, inflammation, healing, repair and regeneration as related to physical therapy rehabilitation. Medical and specific surgical interventions are identified to provide the clinical presentation and intervention strategies for given dysfunctions.

DPT841 (2.5)
Clinical Science II: Introduction to Medical Diagnostics
Designed to provide knowledge and the appropriate screening tools necessary for examining and intervening with clients in the physical therapy setting. The medical examination/evaluation is presented including the patient interview, identification of red flags or risk factors, symptom investigation, and review of systems. Medical diagnostic modalities are discussed with focus on radiology, MRI, CT, diagnostic US and EMG.

DPT842 (1)
Clinical Science III: Modalities I
Comprehensive course including lab practicals and practice of thermotherapy and cryotherapy procedures. Problem-solving approach to clinical decision making is integrated into the application of hydrotherapy, aquatic therapy, superficial and deep heat modalities, and cold modalities.

DPT843 (1)
Clinical Science IV: Modalities II
Comprehensive course including lab principles and practice of physical therapy modalities with focus on electrotherapy procedures. Problem-solving approach to clinical decision making is integrated into the application of modalities, including electrotherapy procedures in patient populations across the life span.

DPT846 (1.5)
Maturation Science I
Comprehensive course including clinical lab which is designed to examine human development and maturation. Maturational influences on therapeutic intervention are presented while students learn clinical examination and reasoning skills required for physical therapy intervention throughout the life span.

DPT847 (1)
Maturation Science II
Continuation of Maturation Science I with further study of the maturational influences on therapeutic intervention. Students learn clinical examination and reasoning skills required for physical therapy intervention throughout the life span. Students are introduced to congenital developmental and age-related pathologies.

DPT910 (1)
Professional Seminar III: Leadership and Management
Designed to teach leadership skills and management principles. Topics include management styles, policy making, team building, and continuous quality improvement.

DPT911 (1.5)
Professional Seminar IV: Business and Marketing
Designed to teach the principles of business, administration and marketing necessary to manage a physical therapy clinic or practice. Topics include financial issues, public relations and marketing strategies.

DPT912 (1)
Professional Seminar V: Professional Assessment & Development
Seminar course designed to help each student formulate strategies for professional assessment and development post-graduation. Topics include professional values and responsibilities, expanding your professional options, continuing education, specialty certification and advanced degrees. Each student participates in a comprehensive program evaluation and does a formal presentation of the graduate project.

DPT940 (1)
Clinical Science V: Current Medical Technology
Designed to provide the principles and knowledge related to current medical technology and the advancements related to physical therapy. New technologies regarding therapeutic or diagnostic modalities and rehabilitation are studied with focus on efficacy of these interventions.

DPT951 (5)
Clinical Rotation I: General Medicine
A 6-week clinical rotation in general medicine to provide full-time clinical exposure, allowing students to integrate current knowledge and training with supervised patient care. Emphasis on continued development of clinical reasoning along with identification and utilization of appropriate clinical resources.

DPT952 (7)
Clinical Rotation II: Neuro Rehab
An 8-week clinical rotation in rehab provides full-time clinical exposure, allowing students to integrate current knowledge and training with supervised patient care. Emphasis on the continued development of clinical skills and reasoning along with the development of interpersonal skills as a member of the health care team.

DPT953 (10)
Clinical Rotation III: Orthopedics / Sports Medicine
A 12-week clinical rotation in orthopedics/sports medicine providing full-time clinical exposure and allowing students to integrate current knowledge and training with supervised patient care. Emphasis on continued development of clinical skills and reasoning with increasing responsibility for independent decision making and clinical interaction.

DPT954 (10)
Clinical Rotation IV
The final 12-week clinical rotation allows students to continue developing clinical skills and reasoning in preparation for entry-level practice. Increasing independence in clinical practice expected with increased clinical responsibilities in areas of program development and implementation, administration, and clinical management including staff supervision.

DPT961 (2.5)
Clinical Pathology: General Medicine I
Small-group, problem-based learning course utilizing patient case scenarios of various general medical, acute care, and postoperative patient case scenarios or pathologies to facilitate the integration of previous knowledge with new learning. Students review and apply basic and clinical science concepts to each case, formulating appropriate physical therapy assessment and treatment strategies. Corequisites: DPT 971 and 981.

DPT962 (1.5)
Clinical Pathology: General Medicine II
Small-group, problem-based learning course utilizing patient case scenarios of various general medical, acute care, and postoperative patient case scenarios or pathologies to facilitate the integration of previous knowledge with new learning. Students review and apply basic and clinical science concepts to each case, formulating appropriate physical therapy assessment and treatment strategies. Integration of medical diagnostics, pharmacology, imaging, and factors that lead to medical referral in relation to physical therapy intervention is emphasized. Corequisites: DPT972 and 982.

DPT963 (3)
Clinical Pathology: Neurology I
Small-group, problem-based learning course utilizing patient case scenarios of various neurological pathologies to facilitate the integration of previous knowledge with new learning. Basic and clinical science principles used to formulate appropriate assessment and treatment strategies for the patient with neurological deficits. Corequesites: DPT973 and 983.

DPT964 (1.5)
Clinical Pathology: Neurology II
Small-group, problem-based learning course utilizing patient case scenarios of various pediatric pathologies to facilitate the integration of previous knowledge with new learning. Basic and clinical science principles used to formulate appropriate assessment and treatment strategies for pediatric patients. Corequisites: DPT974 and 984.

DPT965 (3)
Clinical Pathology: Orthopedics I
Small-group, problem-based learning course utilizing patient case scenarios of various orthopedic pathologies to facilitate the integration of previous knowledge with new learning. Development of clinical reasoning and decision making as they relate to orthopedic pathologies. Corequisites: DPT975 AND 985.

DPT966 (1.5)
Clinical Pathology: Orthopedics II
Small-group, problem-based learning course utilizing patient case scenarios dealing with differential diagnosis and management of complex orthopedic pathologies to facilitate the integration of previous knowledge with new learning. Corequisites: DPT976 AND 986.

DPT967 (3)
Clinical Pathology: Advanced Therapy I
Small group, problem based learning course utilizing patient case scenarios of various advanced topics including cardiopulmonary, women's health issues, manual therapy strategies, electrotherapeutics as well as orthopedic, neurological and pediatric therapeutic interventions.

DPT971 (1)
Clinical Skills Laboratory: General Medicine I
Designed to facilitate skill acquisition along with clinical reasoning and decision making as it relates to the physical therapy care and management of the patient with acute medical and postoperative pathology. Students learn physical examination tests and measures, along with therapeutic interventions appropriate for this population. Corequisites: DPT961 and 981.

DPT972 (1)
Clinical Skills Laboratory: General Medicine II
Designed to facilitate skill acquisition along with clinical reasoning and decision making as it relates to the physical therapy care and management of the patient with acute medical and postoperative pathology. Students expand skills related to physical examination tests and measures as related to medical diagnostics and medical or health care referral. Examination and evaluation skills and advanced therapeutic interventions are integrated into a comprehensive mock patient practical examination. Corequisites: DPT962 and 982.

DPT973 (2)
Clinical Skills Laboratory: Neurology I
Designed to facilitate skill acquisition along with clinical reasoning and decision making as it relates to the physical therapy care and management of the patient with neurological pathology. Students learn physical examination tests and measures along with therapeutic interventions appropriate for this population. Corequisites: DPT963 and 983.

DPT974 (1)
Clinical Skills Laboratory: Neurology II
Designed to facilitate skill acquisition along with clinical reasoning and decision making as it relates to the physical therapy care and management of the pediatric patient. Students learn physical examination tests and measures along with therapeutic interventions appropriate for this population. Therapeutic procedures and protocols appropriate for these patients are taught with special consideration for patient/family needs and education. Corequisites: DPT964 and 984.

DPT975 (1.5)
Clinical Skills Laboratory: Orthopedics I
Designed to facilitate skill acquisition along with clinical reasoning and decision making as it relates to the physical therapy care and management of the patient with orthopedic pathology. Students learn physical examination tests and measures along with therapeutic interventions including electrotherapy modalities appropriate for this population. Corequisites: DPT965 and 985.

DPT976 (1)
Clinical Skills Laboratory: Orthopedics II
Designed to facilitate skill acquisition along with clinical reasoning and decision making as it relates to the physical therapy care and management of orthopedic patients with complex musculoskeletal pathology and dysfunction. Students learn physical examination tests and measures along with therapeutic interventions including electrotherapy modalities appropriate for this population. Corequisites: DPT966 and 986.

DPT977 (2)
Clinical Skills Laboratory: Advanced Therapy I
Designed to facilitate skill acquisition along with clinical reasoning and decision making as it relates to the physical therapy care and management of various advanced topics including cardiopulmonary rehabilitation, women's health issues, manual therapy strategies and orthopedic, neurological and pediatric therapeutic interventions.

DPT981 (1)
Clinical Issues Seminar: General Medicine I
Presentation/discussion of comprehensive issues related to physical therapy management of the general medical and postoperative patients. Topics include diabetes, wound care, universal precautions, HIV, amputees, treatment of the terminally ill patient, and cultural competence including patient spirituality. Corequisites: DPT961 and 971.

DPT982 (1)
Clinical Issues Seminar: General Medicine II
Research/presentation/discussion of comprehensive issues related to physical therapy management of the advanced topics related to the general medical and postoperative patients. Topics include diagnoses related to the integumentary system, cardiopulmonary, oncology, vestibular dysfunction as well as the primary care for the adolescent, obstetric, work-injured and geriatric populations. Specific topics include Lymphedema, durable medical equipment, billing and reimbursement. Corequisites: DPT962 and 972.

DPT983 (2)
Clinical Issues Seminar: Neurology I
Presentation/discussion of comprehensive issues related to physical therapy management of the patient with neurological dysfunction. Topics include: rehabilitation team interaction, psychosocial and socioeconomic issues relevant for this population; motor learning and motor control and neuroplasticty. Corequisites: DPT963 and 973.

DPT984 (1)
Clinical Issues Seminar: Neurology II
Presentation/discussion of comprehensive issues related to physical therapy management of the pediatric patient. Topics include treatment within a variety of settings including school-based, hospital-based, private practice, and home care; psychosocial issues relating to the patient and family; funding; documentation; and pharmacological management. Corequisites: DPT964 and 974.

DPT985 (2)
Clinical Issues Seminar: Orthopedics I
Presentation/discussion of comprehensive issues related to physical therapy management of the orthopedic patient. Topics include DME, instrumented ligament testing, differential diagnosis, physical principles and biomechanics applied to therapeutic exercise and function, medical diagnostics, surgery and postoperative care, and gait analysis. Corequisites: DPT965 and 975.

DPT986 (1)
Clinical Issues Seminar: Orthopedics II
Seminar presenting/discussing comprehensive issues related to physical therapy management of the complex orthopedic patient with select axial musculoskeletal pathologies. Includes chronic pain management, medical diagnostics, surgical intervention for the spine, differential diagnosis, and age-related pathologies. Corequisites: DPT966 and 976.

DPT987 (3)
Clinical Issues Seminar: Advanced Therapy I
Seminar/discussion on issues related to physical therapy care and the profession. Includes preventive health care programs, physical therapy consultation, burn and wound care management, industrial rehabilitation and sports medicine.

DPT988 (5)
Contemporary Clinical Practice Electives
Concentrated instruction in selected advanced physical therapy patient care topics including: alternative therapies, athletic training, industrial rehabilitation, manual lymph drainage, manual therapy, neurology and women's health.

DPT991 (2)
Research I
Introduction to critical and systematic review of the current physical therapy research literature.

DPT992 (4)
Research II
A continuation of DPT991; A combined introductory and intermediate course on research methods and design with an emphasis on evidence based practice in physical therapy.

DPT993 (2)
Research III
Advanced evidence based practice and statistical techniques.

DPT994 (1)
Research IV
Advanced thesis completion and evidence based practice.

DPT995 (1)
Research IV
Thesis presentation and board exam preparation (research only).

GLOSSARY OF TERMS

Director of Clinical Education (DCE): The core faculty member responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education component of the curriculum. The DCE is the faculty member of record for the clinical education courses.

Clinical Education Faculty: Those individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services.

Center Coordinator of Clinical Education (CCCE): The individual at each clinical education center who coordinates and arranges the clinical education of the physical therapy student and who communicates with the DCE and faculty at the educational institution. This person may or may not have other responsibilities at the clinical education center.

Clinical Instructor (CI): A person who is responsible for the direct instruction, supervision, and provision of clinical education experiences for the physical therapy student in the clinical education setting.

Clinical Education: The portion of the student's professional education which involves practice and application of classroom knowledge and skills to on-the-job responsibilities. This occurs at a variety of clinical sites and includes experience in evaluation and patient care, administration, research, teaching, and supervision. It is a participatory experience with limited time spent in observation. In general, the clinical education courses account for at least one third of the curriculum (whether measured by credits, contact hours, or length in weeks). These courses are critical to the development of competent, professional (entry-level) practitioners. It is, therefore, important that the clinical education experiences be designed to maximize student learning. And, because the institution/program maintains responsibility for the clinical education courses while relying heavily on practitioners to design, implement, and assess student learning experiences and student performances, mechanisms used to coordinate assignment of students to experiences, to communicate with clinical education faculty, to monitor the quality of the students' experiences, and to assess student performance are all vital to the quality of the students' education.

Clinical Education Site/Facility: A health care agency or other setting in which learning opportunities and guidance in clinical education for physical therapy students are provided. The clinical education center may be a hospital, agency, clinic, office, school, or home and is affiliated with one or more educational programs through a contractual agreement.

APTA ACCREDITATION GUIDELINES: CLINICAL EDUCATION

We are including selected accreditation criteria from the Commission on Accreditation in Physical Therapy Education (CAPTE) that are particularly applicable to clinical education. The entire accreditation criteria document (2006 revision) can be found on the CD that accompanies this handbook.

F-1. Each individual core faculty member, including the program administrator and ACCE/DCE, has contemporary expertise in assigned teaching areas.

F-11. The ACCE/DCE is a physical therapist and core faculty member with an understanding of contemporary physical therapist practice, quality clinical education, the clinical community, and the health care delivery system.

F-12. The ACCE/DCE is effective in developing, conducting, coordinating, and evaluating the clinical education program.

F-13. The ACCE/DCE communicates necessary information about the clinical education program to core faculty, clinical education sites, clinical education faculty, and students and facilitates communication about clinical education between these groups, as needed.

F-14. The ACCE/DCE has the responsibility to ensure that there are effective written agreements between the institution and the clinical education sites that describe the rights and responsibilities of both, including those of their respective agents. Agreements address at a minimum: the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site; and the procedures to be followed in reviewing, revising, and terminating the agreement.

F-15. The ACCE/DCE uses a process to determine if the academic regulations, policies, and procedures related to clinical education are upheld by core faculty, students, and clinical education faculty (CCCEs and CIs) and takes appropriate corrective actions, when necessary.

F-16. The ACCE/DCE, using information provided by the clinical education faculty and other information as needed, is ultimately responsible for assessment of student learning in the clinical education experiences.

F-17. The ACCE/DCE determines if the clinical education faculty are meeting the needs of the program. This determination is based at a minimum on the assessment, in collaboration with the CCCE, of the clinical education provided by CIs who supervise the same student for at least 160 hours in a given academic year.

F-23. The clinical education faculty (CCCEs and CIs) have a minimum of 1 year of clinical experience and demonstrate clinical competence in the area of practice in which they are providing clinical instruction.

F-24. The clinical education faculty (CCCEs and CIs) demonstrate the ability to be effective clinical teachers, including the ability to assess and document student performance, including deficits and unsafe practices.

F-25. The responsibilities of the clinical education faculty (CCCEs and CIs) are delineated and communicated to them and to other program faculty, as needed. The participation of clinical education

faculty in program activities and curriculum review is consistent with institutional policy and with their level of participation in the program.

F-26. The clinical education faculty (CCCEs and CIs) are afforded rights and privileges that are appropriate for their level of participation in the program and similar to the rights and privileges afforded to the clinical education faculty in other programs throughout the institution. The rights and privileges of the clinical education faculty are delineated and communicated to core and clinical education faculty.

CP-2.10. [The curriculum plan includes] a description of the methods used by the program to assign students to clinical education experiences. These methods are designed to ensure that the type and amount of clinical supervision and feedback provided are appropriate for the students' experience, ability, and point of progression in the program.

CP-3. There is on-going and formal evaluation of the professional curriculum. The curriculum evaluation plan is written and addresses individual courses within the curriculum, as well as the curriculum plan as a whole. The plan incorporates consideration of the changing roles and responsibilities of the physical therapist practitioner and the dynamic nature of the profession and the health care delivery system. Data are collected from appropriate stakeholders, including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The evaluation plan is used to determine strengths and weaknesses of the curriculum and to determine if the practice expectations and specific mission, goals, and expected student outcomes of the curriculum are met.

CP-4. There is ongoing and formal evaluation of the clinical education program.

CC-4. The physical therapist professional curriculum includes clinical education experiences for each student that encompass:

a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
b) Practice in settings representative of those in which physical therapy is commonly practiced;
c) Interaction with physical therapist role models whose practice is consistent with the program's philosophy of practice;
d) Opportunities for involvement in interdisciplinary care; and
e) Other experiences that lead to the achievement of expected student outcomes.

The "Five-Minute" Clinical Manager

Dr Debra F. Stern, PT, Dr. Rebecca Rosenthal, PT, and Dr. Leah Nof, PT

A Method for Efficient Evaluation and Feedback

The "Five-Minute Clinical Manager" is a strategy for efficiently structuring and interaction with a learner. It consists of the following steps:

1. **Get Learner Commitment**
    - So, what do you this is going on with this patient?
    - How would you like to treat this patient?
    - Why do you think the patient needs treatment?
    - What would you like to accomplish in this session?

2. **Probe for supportive findings/evaluate the thinking leading to that commitment**
    - How did you reach your conclusion?
    - What findings support your diagnosis?
    - What else did you consider?

3. **Reinforce what was correct/give positive feedback**
    - I agree with your decision(s)/conclusion(s).
    - I am pleased that you included…in that aspect of the examination/intervention.
    - I appreciate your consideration of reimbursement issues…

4. **Constructive guidance about errors or omissions/give negative feedback**
    - I disagree with…your differential diagnosis/conclusions/decisions.
    - What else do you think you might have included?
    - A more effective way to…

5. **Teach a general principle/clarify the "take home" lesson**
    - So, in general, it's important to remember…
    - It is always important to think about…
    - In general, taking a little extra time…
    - Why don't you read up on this tonight and report back tomorrow…

Adapted from:

Nova Southeastern University Physician Assistant Program Preceptor Handbook. (2005-2006).
Blanchard, K., & Johnson, S. (2003). *The One-Minute Manager.* New York: HarperCollins.
Nether, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A Five-Step "Microskills" Model of Clinical Teaching. *Journal of American Board of Family Practice*, 419-424.