



Doctor of Physical Therapy Program

School of Physical Therapy and Rehabilitation
Science

College of Health

Clinical Education Affiliation Packet

We are pleased that you are interested in the education of our students. The contributions provided by our clinical sites and instructors are invaluable to our profession, our program, and the communities we serve. If there is anything we can do to help you with your student clinical education program, please don't hesitate to ask.

To provide you and your clinical instructors with a better understanding of our program, the students' preparation and our program expectations and requirements, we have provided you with the following affiliation packet. These resources can be found on our [Clinical Education](#) website.

If we have not already worked with you to execute an affiliation agreement, we can provide you with our standard Memorandum of Agreement. If you are amenable to using our Memorandum of Agreement, we can provide you with a copy, which needs to be signed by the appropriate individual(s) within your organization. Send the signed agreement to us and we will return an electronic copy of the fully executed agreement to you. If you prefer to use an agreement originating out of your office, please send us an electronic version to the email address below.

As the primary contact for your clinic, we will ask you to provide information about your clinical site periodically to help us keep our records current. You can also expect to receive emails from our team via the Exxat clinical education management software that we use. Clinical instructors will also receive emails via Exxat to complete the midterm and final Performance Assessments of their assigned student.

If you have any questions, please contact either of us at your convenience.

Sincerely,



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Clinical Education Mission Statement

The Clinical Education Program of the School of Physical Therapy and Rehabilitation Science at The University of Montana has the primary mission of providing students the requisite experiential learning opportunities to become proficient, entry-level practitioners upon graduation.

To meet this mission, the Clinical Education Program collaborates with academic faculty and administrators, clinical faculty and administrators, students and PT programs of the Northwest Intermountain Consortium of Clinical Education. We also provide clinical instructor development opportunities; teach and counsel students so as to maximize their learning during clinical experiences; and collect and analyze data on ourselves, students, clinical instructors and clinical facilities for continuous quality improvement. We ensure legal and administrative requirements are met and act as the primary liaison between the PT School and our clinical partners. We value the concepts of fairness, compassion, equality, and respect when working with others.

Clinical Education Team Roles and Responsibilities

Jennifer Jeffrey Bell, PT, ScD, COMT

Director of Clinical Education

The Director of Clinical Education (DCE) oversees the Clinical Education Program (CEP) for the School of Physical Therapy and Rehabilitation Science at the University of Montana. The DCE provides information and advice to students on how they might plan their clinical assignments and overall professional goals. The DCE educates students on how to prepare for clinical experiences/internships, what to expect, their role during the internship process, and in general how to get the most out of their clinical education experiences. DCE is responsible for the site selection and matching process, monitoring of student performance and grading for two clinical courses each year, PT 587 and PT 680. The DCE also recruits and develops new sites for clinical experiences/internships and trains clinical instructors. The DCE is responsible for the overall evaluation of the CEP and making appropriate changes. In addition, the DCE is the team leader and collaborates with the Associate DCE and Administrative Associate for the School of Physical Therapy, Recruitment, Advising, and Clinical Education and provides feedback to the faculty on curricular issues related to clinical education.

Susan Ostertag, PT, DPT, NCS

Associate Director of Clinical Education

The Associate Director of Clinical Education (ADCE) works with the DCE and has similar responsibilities for teaching and counseling students, developing clinical sites, and promoting the CEP. The ADCE is responsible for the integrated clinical experiences and full-time Clinical Experience II, PT 589. The ADCE assists the DCE in evaluating the CEP. The ADCE also organizes the Clinical Instructor Appreciation Event each year.

Alyssa Waters

Administrative Associate IV

The Administrative Associate for the School of Physical Therapy oversees the process that ensures students have the required immunizations and insurance coverage. The administrative associate is responsible for informing students of any site requirements for their internships and ensuring compliance of these requirements.

UMPT Clinical Education Program Overview

General Description and Philosophy

The Clinical Education Program is designed to dovetail with and complement the didactic portion of the Program's curriculum in developing student knowledge and skills to meet the needs of entry-level practice. The goal is to provide students with a breadth and depth of experiences that allow the student to practice as a competent generalist and begin to develop specialty areas of practice. Our clinical education program consists of a blend of three integrated, part-time clinical experiences and three full-time clinical experiences. We believe that the implementation of integrated part-time clinical experiences, where didactic material and models taught in the mornings can be reinforced in the clinic in the afternoons, in association with full-time clinical experiences that dovetail with semesters of didactic/and integrated experiential learning, provide an optimum educational experience for our students. Our clinical education program also requires participation in community outreach and interprofessional interactions to promote professional development outside of traditional physical therapy training. At the conclusion of their clinical education, we aim to have students transition smoothly into professional practice and become contributing members of their community while continuing to develop as a professional.

Affiliated Clinical Sites

Opportunities for clinical education exist through affiliations with over 200 clinical sites across the nation. Most affiliated clinical sites are located in the northwest and northern Rocky Mountain regions. These clinical sites determine availability for student placement on a year-to-year basis. Students may be able to request a new clinical site affiliation through a formal application process for the final clinical experience. Development of new clinical sites and assessment of existing sites is an ongoing process between the clinical faculty and the clinical sites.

Clinical Program Experiential and Placement Goals

Students enrolled in the School of Physical Therapy and Rehabilitation Science are required to complete a minimum of 1435 hours of clinical practice. PT 582: 15 hours; PT 587: 320 hours; PT 583: 75 hours; PT 589: 320 hours; PT 584: 75 hours; PT 680: 600 hours. Students' clinical education consists of three full-time and three integrated/part-time experiences.

Integrated/part-time: Students seek out desired Alternative Clinical Experiences for PT 582 Clinical Clerkship, which may include a traditional physical therapy setting but may also be experiences such as observation of surgery, volunteering with a local non-profit, or shadowing another health care discipline such as OT or SLP for instance. For the 2nd and 3rd part-time integrated clinical experiences, students will be placed in the UMPT Clinic on or off campus, with a focus on a neurologic/complex medical, orthopedic, and/or underserved/complex medical patient population.

Full-time: For the first two full-time clinical experiences each summer, the goal is for students to have clinical experiences in two different settings, typically including one that is in-patient based (i.e., Acute care hospital, SNF, IR, home health, etc.) and the other in an out-patient environment, working with different patient population. Variation from the above may occur, depending on student interest, availability, and assessment by the DCE or ADCE that determines the placements offer enough diversity to satisfy our goal of a broad, generalist education. Students work with the DCE to clarify professional goals and to be appropriately matched with a client site for PT 680, their final, full-time clinical experience.

Clinical Education Program Curriculum

School of Physical Therapy and Rehabilitation Science University of Montana

First Year – Fall

PT 503 - PT and Health Care System: Clinical Education Program Orientation via classroom lectures.

First Year – Spring

PT 582 - Clinical Clerkship: This course introduces students to professional behaviors and other concepts/criteria that help them meet the objectives of their clinical experience and develop as a PT. Clinical Clerkship is the first required clinical experience. In addition to classroom hours, students will independently complete 15 hours of alternative clinical experience (ACE) including a minimum of 5 hours of community outreach. Students will meet with the DCEs throughout the spring semester for up to 10 hours for lecture and discussion about enhancing clinical performance.

First Year – Summer

PT 587 - Clinical Experience I: 320 hours in a full-time, 8-week experience. The student may be placed either in the first half or second half of summer session, typically in an outpatient, acute care, SNF or a more rural facility where the experience is a mix of practice settings.

Second Year – Fall

PT 583 - Integrated Clinical Experience I: 75 hours in an integrated clinical experience utilizing a 4:1 collaborative model, working in teams of two. Students will be assigned a clinical schedule consisting of 10 hours per week for one block of the semester; and will work with clinical instructors in settings including orthopedic, neurologic/medically complex, and/or underserved/medically complex in the UMPT Clinic main clinic or off campus community-based clinic. An additional 15 hours of Alternative Clinical Experience (ACE) is required of each student, providing opportunities for interprofessional observation, service learning, community outreach, and diversity of clinical exposure. The student must complete at least 5 hours of ACE in each area of interprofessional experience and community outreach.

Second Year – Summer

PT 589 - Clinical Experience II: 320 hours of full-time 8-week experience. The student may be placed either in the first half or second half of summer session. Students will be placed in a setting that is different (in-patient vs out-patient) from their PT 587 placement.

Third Year – Fall

PT 584 - Integrated Clinical Experience II: 75 hours in an integrated clinical experience utilizing a 4:1 collaborative model, working in teams of two. Students will be assigned a clinical schedule consisting of 10 hours per week for one block of the semester; and will work with clinical instructors in settings including orthopedic, neurologic/medically complex, and/or underserved/medically complex in the UMPT Clinic main clinic or off campus community-based clinic. An additional 15 hours of Alternative Clinical Experience (ACE) is required of each student, providing opportunities for interprofessional observation, service learning, community outreach, and diversity of clinical exposure. The student must complete at least 5 hours of ACE in each area of interprofessional experience and community outreach.

Third Year – Spring

PT 680 - Clinical Internship: 600 hours of full-time 15-week internship done typically at one organization in one practice setting; typically starts the second Monday in January. The experience should match the student's vision for their entry into professional practice or fulfill the goals of the student and faculty to ensure adequate diversity of clinical experiences to prepare the student for general practice. Application and interview may be required. Customized learning opportunities may be available dependent on the student's needs and interests, as well as the availability and interests of potential clinical sites. Students are required to complete a special project or case study and participate in a formal poster presentation, typically scheduled the Thursday before graduation. Students are given permission to attend APTA's Combined Sections Meeting (CSM) as part of their clinical experience with approval of their CI.

Student Assignment to a Clinical Site

The UMPT Clinical Education Program, working in conjunction with other clinical education programs of the Northwest Intermountain Consortium (NIC), sends a Clinical Education Request (CER) to a limited number of our active clinical sites on March 1st of each year. This form asks for commitments for student placements for the following year for our first year full-time clinical experiences. The form specifies the dates and the level of student (1st year), and the practice settings that would be appropriate.

Prior to March 1st, the Director of Clinical Education (DCE) and Associate DCE work with first- and second-year students in order to determine their preferred clinical placement for their full-time clinical experiences for the following year. On March 1st, clinical sites are contacted with the students' specific request as well as the CER for a first-year placement.

The CER allows the SCCE to accept a previously identified student or reserve a particular experience for a first year UM PT student. We will keep the SCCE informed in a timely manner when confirming the match of a student to an available spot reserved for a UM student. Our goal will be to confirm placements with the SCCE by July 1st for PT 680, our 15-week final internship, which runs mid-January to mid-April; and by December 1st for our 2 other summer clinical experiences, PT 587 and 589.

We also honor a clinical site's request to match students by reviewing resumes/applications and perhaps phone or face-to-face interviews when feasible. In fact, we encourage the "application" process for PT 680, the final 15-week internship.

Students are advised by the DCE and Associate DCE for the purpose of making sure they meet the requirements of our program and are matched as well as possible to a clinical site to meet their academic and professional development interests. Students are encouraged to access information from our clinical education database and to access the web sites of clinics that they are interested in to learn more about the clinical site. They are also encouraged to learn from other students that have had previous assignments at a clinical site of interest.

The DCE and ADCE will specifically place students who are not in Good Academic Standing at clinical sites that are most appropriate to address the increased learning needs of the student. Students who are in remediation or are returning to the program after a period of probation or suspension will be placed at clinical sites with a history of strong clinical partnership with UMPT and are in the local geographical area.

Policies and Procedures for Clinical Education Program

University of Montana School of Physical Therapy & Rehabilitation Science

I. Requirements for Enrollment

- A. Instructor approval is required for each clinical experience course.
- B. To be allowed to participate in the Clinical Education portion of the Physical Therapy curriculum, students must have proof of the following:
 - i. Current CPR certification training through the American Heart Association or The American Red Cross. Basic Life Support for the Health Care Provider is recommended.
 - ii. Certificate of liability insurance (provided by the Montana University System).
 - iii. Hepatitis B vaccination series and proof of immunity through a positive titer
 - iv. Seasonal Flu Shot
 - v. MMR vaccination series or proof of immunity through a titer
 - vi. Varicella vaccination series, positive titer, or history of disease
 - vii. Tdap vaccination within the last 10 years.
 - viii. Health insurance equivalent to student health insurance plan.
 - ix. Demonstration of clinical readiness in all didactic and clinical coursework.
- C. Once assigned to a particular clinical site, students can view any additional requirements (e.g., criminal background check, additional training, etc.) specifically associated with the site by accessing Exxat and the details dashboard for that site. Students must provide proof of compliance of the additional requirements to begin their clinical experience or make other arrangements with the Clinical Education Administrative Associate (CEAA). Students can research a particular site's requirements prior to assignment through Exxat and the details dashboard for a site.
- D. The student must satisfactorily complete the academic PT curriculum that is scheduled prior to each clinical experience before being allowed to enroll unless an alternative plan has been approved by the DCE and the PARC.
- E. Any student who has been out of the academic setting for greater than 8 weeks, for any reason, must complete a clinical readiness program prior to returning to patient care-related activities. Details of the clinical readiness program will be determined on a case-by-case basis by the DCE and PARC

II. Student assignment to a clinical site

- A. All requests for clinical experience assignments are managed by the DCE or ADCE. Students should not initiate contact to a clinical site or clinician without permission and consultation with the DCE or ADCE. If a student initiates direct communication with a clinical site to discuss a placement with ADCE/DCE approval, they will be referred to the PARC for unprofessional behaviors.

- B. A student may make one request for placement at a clinical site that UMPT CEP does not have an active affiliation agreement for their final clinical experience (PT 680). Students wanting to make a request of this nature should discuss this with the DCE and they will provide access the “New Site Request Form”. The DCE and ADCE will evaluate the request for appropriateness. New sites have to be compatible with UMPT CEP mission and meet needs of future students as well. The student must be in good academic standing at the time of request and remain in good academic standing through the clinical experience at the New Clinical Site. If the student’s academic status changes between the time of placement at a New Clinical Site and the start of the experience, the DCE and/or ADCE may remove the student from the placement and reassign them to an established clinical site.
- C. For the first full time experience, PT 587 students are required to choose from reserved clinical sites. If a reserved site is unable to meet a student’s needs due to extreme and/or unexpected circumstances the student is required to follow the policy to petition for non-reserved placement, which may include a new clinical site.
- D. **Full-time Clinical Experiences:** The Clinical Education Program uses the Exxat Software and website to help with the administration and management of the CE program, including the process of assignment of students to a clinical site. Students will be oriented to Exxat Autumn semester, 1st year. Students should access available facility information in the Exxat database including student evaluations of clinical sites, information about clinical sites from web sites and other resources. In addition, students should seek information and advice from the DCE and ADCE regarding the program placement requirements and suitability of clinical sites available to students.
- i. PT 587: First year students will make placement requests via Exxat for PT 587 in mid-late September of their first year and students are placed by the DCE shortly thereafter.
 - ii. PT 589: Placement proposals for PT 589 are to be submitted by the student to the ADCE by the first Monday in February of a student’s first year. Placement requests are processed by the ADCE throughout the rest of spring semester and through summer as needed.
 - iii. PT 680: Second year students submit a proposed plan for PT 680 to the DCE by the end of the fall semester of their second year. Placements for PT 680 will be processed during Spring Semester or until assignments are completed. For placement at some sites, submission of an application consisting of a cover letter and resume, along with an interview, may be required.
- E. **Part-Time Clinical Experiences:**
- i. PT 583/PT 584: Second- and third-year students will be assigned to complete these experiences through the UMPT Clinic on campus and/or off campus clinical sites at least one semester in advance.
- F. **Policy to Petition for Exemption From Clinical Placement Process:** Students may petition for an exemption from the traditional clinical placement process.

These requests will be reviewed by the member(s) of the Clinical Education Team, Chair of UMPT and student's advisor on an individual basis, and require that the follow criteria be met before being considered:

- i. The student has met with the DCE to discuss options that may be available to accommodate the student's needs; AND
- ii. The student has identified extreme and/or unusual circumstances that impact their ability to successfully complete a Clinical Experience as assigned through the established Clinical Placement Process. The DCE and student have worked to accommodate these circumstances through the normal clinical placement process and have been unsuccessful; AND
- iii. The student has completed and submitted the required form (which can be requested from the DCE) with alternative clinical site placement options and explanation to the DCE for consideration as soon as possible in order to increase the likelihood of placement exemption.
- iv. The department Chair, Advisor, and Clinical Education Team will review the petition. The final decision will be provided to the student within 10 business days of receipt of the petition.

III. Practices to protect rights, safety, dignity and privacy of patients, clients, other individuals and the clinic.

- A. Students must comply with all state and federal laws associated with patient rights, privacy and protected health information.
- B. Students must comply with clinic policies and procedures that are consistent with state and federal law regarding patient rights, privacy and protected health information.
- C. Students must conduct themselves in a manner that protects the dignity and safety of patients and others.
 - i. Patients and clients should be informed that you are a student intern and that they have the right to accept, limit or refuse your participation in their plan of care.
- D. Students shall seek permission from their clinical instructor or the most appropriate person within the clinic's organization to use any non-protected health information or materials (patient care protocols, administrative information, etc.) for purposes outside of standard patient care responsibilities. Students may need to utilize the Information Release and/or Photo Release Forms, thereby obtaining informed consent of patients to use relevant information from for educational purposes.

IV. Dress code and appearance

- A. The student is required to be well groomed for all clinical experiences. The student should be aware of and follow the dress requirements associated with the clinical sites they are assigned.
- B. In general, be neat, clean, tasteful, and professional in your attire. Avoid the use of perfume or cologne.
- C. Name tags are required. They should have your full name followed by "Physical Therapy Student".

- D. Individual clinical sites will outline their dress code. Students are expected to follow the dress code at the clinical site they are assigned to.

V. **Absences**

A. **Part-time Clinical:**

- i. PT 582: The student may be excused for illness or injury and is expected to make up the lost time before the end of the spring semester. The student should notify the Associate Director of Clinical Education in advance of the absence so that missed course work and alternative clinical experiences (ACEs) may be rescheduled as soon as possible. Students are expected to utilize professional communications to set up and modify any ACE hours.
- ii. PT 583/PT 584: Students are expected to attend all assigned clinic days. Students are allowed one excused absence during the semester. The supervising clinical instructor must approve an excused absence, refer to the syllabus for details. If the absence is not planned (i.e., due to illness or emergency) and is beyond the two excused absences, the student must make up the missed clinic time within the semester the clinical experience is offered.

B. **Full-time Clinical:**

i. Excused Absences

1. Students are provided a set number of excused absences for each full-time clinical experience per the course syllabus. Students are expected to notify the SCCE and/or CI as soon as possible for these situations. Any absences in excess of the days allowed are required to be made up in a manner approved by the SCCE and/or CI. The assigned DCE/ADCE should be consulted if there are questions or differences in how the time should be made up. Number of days allowed for absence: PT 587 & 589 - 2 days each; PT 680 – 3 days.
2. A student who has to wear a cast, use crutches or has another condition which does not allow the student to participate appropriately and carry out typical responsibilities must consult with the SCCE and/or CI, and DCE to make up an appropriate amount of clinical time. Reasonable accommodations will be made for the student to continue their clinical experience when possible.
3. University of Montana Holidays - Memorial Day, Independence Day, Labor Day, General Election Day, Veterans' Day, Thanksgiving, Christmas. However, if the student is assigned to a clinical site that provides services on these days the student may be required to work per the clinical site's policy.
4. Other emergencies and extenuating circumstances will be addressed by the SCCE or the DCE/ADCE on an individual basis.

5. If an assigned clinical site has a stricter attendance policy than outlined above, the student is required to comply with the site's policy.
- ii. Unexcused Absences
 1. All unexcused absences require make-up time. This time will be determined jointly by the SCCE and/or CI and the student. There may be cause for immediate removal from the internship when a student is repeatedly absent or late for undue cause.
 2. Unexcused absences include:
 - a. Any absence, other than illness, injury or emergency that does not have prior approval.
 - b. Any unexcused absence due to illness or injury in excess of the stated amounts in Bi1.
 - iii. Instructions for Make-up Time
 1. The amount of make-up time will be an amount which is enough to allow the student to successfully fulfill all requirements of the clinical experience such as the total required hours and/or performance expectations for the clinical experience.
 2. Make-up time may be done on weekends and/or outside of traditional clinic hours if the learning experiences and supervision are adequate to fulfill the requirement for the clinical experience.
 3. Make-up time will be fulfilled at the facility where the time was missed, unless otherwise arranged by SCCE and DCE/ADCE.

VI. **Accidents**

- A. In addition to complying with proper procedures for reporting accidents at each clinical site, all accidents involving students which require the filing of a written report must be reported to the DCE immediately.

VII. **Grading**

- A. All clinical experiences will be graded on a credit/no credit basis, unless approved for traditional (A–F) grading by the PARC and DCE/ADCE prior to the start of the internship.
- B. The DCE or ADCE assigned to the course is the person who assigns the final grade after evaluating written and verbal feedback of the CI, SCCE, and student and any other person with direct knowledge of the student's performance with regard to the current clinical experience, and with consideration of the student's entire academic and professionalism record and performance.

i. Satisfactory Clinical Performance

1. A passing grade (Credit) will be given when the student shows satisfactory performance and expected progress in the learning objectives outlined for each specific clinical experience and when required professional behaviors are demonstrated as outlined elsewhere in the student handbook.

ii. Unsatisfactory Clinical Performance: Mediation Procedures

1. When a problem is recognized which potentially could conflict with expected progress, the SCCE, CI and the student should attempt to resolve it.
2. If the problem cannot be resolved or is significant in nature, the SCCE or CI and the student should notify the DCE/ADCE.
3. The DCE/ADCE will contact all appropriate parties (SCCE, CI(s) and/or student) to get the opinions and facts from each party and attempt to resolve the problem.
4. If necessary, the DCE/ADCE will arrange a meeting or telephone conference for the purpose of gathering information and taking action to solve the problem.
5. In certain circumstances, the SCCE, CI or DCE/ADCE may require a change in clinical instructors or have the student be removed from the clinical site. In the case of the need to remove the student from the clinical site due to unsatisfactory performance, the DCE/ADCE will review the case and in consultation with the Chair, make a determination for how to proceed. The DCE/ADCE may issue an NCR, I, or N grade at this time or reassign the student to a new site (timing and location as determined by the DCE/ADCE). The DCE/ADCE will provide a written report with recommendations regarding the student's status in the program to the PARC.

C. No Credit (NCR), Incomplete (I) or Work in Progress (N)

- i. It is the DCE/ADCE's responsibility to provide a grade for all clinical experiences. When a student earns a grade of No Credit (NCR) or Incomplete (I), the DCE/ADCE will have given the grade after reviewing the documentation from the CI, SCCE and any other appropriate source including the student's entire academic record.
- ii. If the student's deficits are judged by the DCE/ADCE to be significant, the DCE/ADCE will issue a grade of No Credit (NCR) and make recommendations to the PARC that may include dismissal of the student from the program. All available members of the PARC would then review the record and the recommendations of the DCE/ADCE and decide on a course of action.
- iii. A student may earn an NCR when his or her performance is judged to be unsatisfactory, yet the deficits are not so severe to warrant a recommendation of dismissal from the program. The NCR grade will be given by the DCE/ADCE in consultation with the Chair and PARC when feasible. The student must repeat the internship at a time and location determined by the DCE. Other remedial requirements will be determined

on a case-by-case basis by the PARC with recommendations from the DCE.

- iv. A student may receive an Incomplete (I) or Work in Progress (N) grade. Please consult the University grading policy. When an I or N grade is given, and as appropriate for the circumstances, a specific number of clinical hours, location, and goals of the extended internship will be determined by the DCE/ADCE in consultation with the student, CI and SCCE.
- v. A student must satisfactorily complete a given clinical internship before moving to the next internship unless other arrangements have been made by the DCE/ADCE for special situations regarding a student's health or as part of a remedial plan.

VIII. **Requirements and expectations regarding feedback**

A. Feedback from Students

- i. Students will complete and share feedback at midterm and at final for clinical education using the forms accessed in Exxat and share the feedback with the appropriate individuals; (Midterm and Final Experience Evaluation with CI and SCCE; Final clinical instruction to be completed and viewed by DCE/ADCE). The DCE and ADCE will access the evaluations through Exxat and release the Experience evaluations to be available to other students in Exxat.
- ii. Students will complete evaluations of the DCE, ADCE and the Clinical Education Program, periodically and at the completion of their education.

B. Feedback to Students and Student Self-Assessment

- i. During each internship, students should receive verbal and written feedback from their CI(s), at minimum, midway and at the end of their assignment. Written feedback related to the student's performance will be provided via the Performance Assessment. Students will complete a self-evaluation using the Performance Assessment to facilitate CI feedback. It is expected that the student and the CI will use the Performance Assessment as it is designed. Comments should address the pertinent competency categories, identifying strengths and deficits, especially related to expectations for the particular clinical experience. There should be consistency with the comments provided and the marks given on the rating scale using the definitions for the various levels. The midway feedback should be primarily formative in nature, emphasizing the progress that has been made and identification of goals and strategies for the remainder of the clinical experience to reach expected outcomes. Under certain circumstances, weekly formal verbal and/or written feedback may be appropriate. A form is provided for this purpose. If there is concern at any time that a student's performance is such that achievement of expected outcomes is in doubt, the DCE/ADCE should be notified.

- ii. The academic faculty member assigned to the course (DCE or ADCE) will communicate with the student and CI during the experience, typically via email initially. A follow-up phone call or site visit may be scheduled based on the circumstances of the clinical experience. CIs/SCCEs and students are encouraged to initiate communication with the DCE/ADCE at any time when consultation, feedback and/or assistance is believed necessary. If there is concern by the DCE/ADCE that a student's performance is such that achievement of expected outcomes is in doubt, written notification will be provided to the student and a copy will be sent to the Chair or the PARC. Written notification will include a remedial plan with specific goals.

- iii. The DCE and ADCE will meet after each clinical experience to discuss student overall performance and progress. If a review of the student and/or CI Performance Assessment shows that there are lingering concerns or deficits with a student's performance even though a student may have met the minimal requirements for a "passing" grade, the DCE/ADCE will provide the student with written communication outlining the findings and may also choose to meet with the student to discuss their performance, expectations for future clinical experiences, need for remediation, and/or opportunities for professional development. The DCE and ADCE may also make appropriate recommendations to the student to prepare for future success. A written report will go in the student's clinical education file and will be shared with the PARC.

Rights & Responsibilities of Clinical Faculty

Clinical Instructors (CIs) and Site Coordinators of Clinical Education (SCCEs) for The University of Montana School of Physical Therapy and Rehabilitation Science assume faculty affiliate status and, in that role, have certain responsibilities and rights. We expect our Clinical faculty to foster compassion, professional and ethical behaviors, life-long learning, and cultural sensitivity in our students. We require that primary CIs have at least one year's clinical experience. We encourage CIs to engage in professional activities that develop their clinical and instructional abilities. We recommend that CIs take APTA's Clinical Instructor Education and Credentialing Program. We also ask that clinical site administrators, SCCEs, and CIs use and abide by the APTA document, "Guidelines and Self-Assessments for Clinical Education," and expect that clinical faculty abide by the APTA Code of Ethics and applicable state and federal laws. Additional information about specific rights, responsibilities and expectations can be found in the Affiliation Agreement (contract) between your organization and the School.

As an affiliate faculty member, pertinent and appropriate information, as allowed by Montana State law, regarding the individual students will be communicated by the DCE to the faculty affiliate acting as the Clinical Instructor. Clinical faculty members are required to maintain confidentiality requirements in their communications with other individuals not officially involved in the education of the student. For more information about privacy protections for students, please visit the UM Registrars [website](#).

Responsibilities expected of the SCCE include:

- Completing the Faculty Information Form at the initiation of an affiliation agreement and providing annual updates or when major changes occur with regards to the site's organizational operations and/or PT departmental staffing.
- Assisting in the process to have an affiliation agreement executed.
- Coordinating student assignments, student orientation and clinical instructor development.
- Ensuring the student has appropriate office space and supplies.
- Coordinating and distributing pertinent information between students, CIs, and the School's Clinical Education Program.
- Providing overall on-site supervision and support of students and CIs; acting as a resource for information; and helping to mediate any conflicts or problems that arise.

Responsibilities expected of the CI include:

- Reviewing information on the student and School.
- Participating in planning the student experience.
- Providing supervision that is appropriate for the circumstances, educationally sound, and compliant with applicable state and federal laws.
- Providing the student frequent and balanced feedback that communicates the level of progress and expectations for performance of the student.
- Providing written feedback approximately midway and at the completion of a student's clinical experience using the designated assessment form.
- Providing the student with a safe, educational, and supportive atmosphere.
- Being an appropriate professional role model that includes participating in professional development activities.

CI Qualification and Effectiveness Policy

The Clinical Education Program makes every effort to ensure Clinical Instructors (CIs) are qualified and effective teachers.

1. Clinical Instructor Qualifications
 - a. All CIs must be licensed physical therapists with a minimum of one-year post-licensure experience.
 - b. It is preferred that clinical instructors are credentialed through the APTA Credentialed Clinical Instructor Program.
 - c. CIs should be effective clinical teachers and role models.
2. Assessment of CI Qualifications and Effectiveness.
 - a. Students, in conjunction with the Clinical Instructors, complete the CI Details Form through the Exxat website that includes the number of years in practice, whether they are an APTA credentialed CI, and other details of their professional history.
 - b. At the completion of each clinical experience, students complete 2 surveys, which include questions that assess clinical competence and teaching effectiveness of their CI.

Criteria for Completion of Clinical Internships

Each clinical course has specific requirements and expectations. The specific requirements for each clinical course are described in the course syllabi, course objectives, and other relevant documents.

The faculty member assigned to that course (either the Director of Clinical Education (DCE) or Associate DCE) is responsible for assigning the student a grade for the clinical course. The grade earned by a student is determined by the DCE or ADCE after evaluating written and verbal feedback from the primary CI and from any other individual with direct knowledge of the student's performance with regard to the current internship, and also with consideration of the entire record and past performance of the student. The student is also given the opportunity to provide information that may be used in the determination of the grade. For full-time and part-time clinical experiences, the Performance Assessment is the primary method for the CI and student to document a student's performance.

Clinical courses are typically graded "Credit" or "No-Credit". There may be circumstances where a student may receive an "I" (Incomplete) or "N" (work in progress) grade. Please review grading policies and procedures in the Student Handbook. If a student fails to meet the performance requirements for a passing grade, the student, the student's advisor, and the PARC will be notified.

In general, for a student to receive credit for the course, it is required that the student:

- A. Make appropriate and consistent progress as demonstrated by use of the Performance Assessment, which is completed by the Clinical Instructor and the student at the midterm and final assessment.
- B. Receive written and verbal comments from the CI and/or SCCE that reflect that the student has made appropriate progress and is performing at the expected level.
- C. Complete self-evaluations at mid-term and final of each clinical experience and discuss these with the CI.
- D. Complete and share with the primary CI an evaluation of the clinical experience and clinical instruction midway through the clinical experience.
- E. Complete the final evaluation of the clinical experience and clinical instruction without expectation to share this with the CI.

Medicare Part A Policy on Student Participation (Hospital, IRF, and SNF)

Reference: [Medicare Benefit Policy Manual Chapter 15, Section 230.B, page 197](#)

Services Provided Under Part A and Part B

The payment methodologies for Part A and B therapy services rendered by a student are different, and Part A is most often 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.

Options for billing under Part A (not including Home Health):

- A. **Individual Therapy:** When a therapy student is involved with the treatment of a resident, the minutes may be coded as individual therapy when only one resident is being treated by the therapy student and supervising therapist/assistant (Medicare A and Medicare B). The supervising therapist/assistant shall not be engaged in any other activity or treatment when the resident is receiving therapy under Medicare B. However, for those residents whose stay is covered under Medicare A, the supervising therapist/assistant shall not be treating or supervising other individuals and he/she is able to immediately intervene/assist the student as needed.

Example: A speech therapy graduate student treats Mr. A for 30 minutes. Mr. A.'s therapy is covered under the Medicare Part A benefit. The supervising speech-language pathologist is not treating any patients at this time but is not in the room with the student or Mr. A. Mr. A.'s therapy may be coded as 30 minutes of individual therapy on the MDS.

- B. **Concurrent Therapy:** When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:
- i. The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, and both residents are in line of sight of the therapist/assistant or student providing their therapy; or
 - ii. The therapy student is treating 2 residents, regardless of payer source, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; or
 - iii. The therapy student is not treating any residents and the supervising therapist/assistant is treating 2 residents at the same time, regardless of payer source, both of whom are in line-of sight.

Example: An Occupational Therapist provides therapy to Mr. K. for 60 minutes. An occupational therapy graduate student, who is supervised by the occupational therapist, is treating Mr. R. at the same time for the same 60 minutes but Mr. K. and Mr. R. are not doing the same or similar activities. Both Mr. K. and Mr. R.'s stays are covered under the Medicare Part A benefit. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:

- Mr. K. received concurrent therapy for 60 minutes.
- Mr. R. received concurrent therapy for 60 minutes.

- c. **Group Therapy:** When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy:
- i. The therapy student is providing the group treatment and the supervising therapist/assistant is not treating any residents and is not supervising other individuals (students or residents); or
 - ii. The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident. In this case, the student is simply assisting the supervising therapist.

Note: Upcoming payment changes Oct 2019 in SNF's will limit the amount of concurrent and group therapy that may be received by one resident to no more than 25% of a resident's therapy minutes. Refer to specific [SNF guidelines and regulations](#).

Reference: [APTA website](#) retrieved 7-31-19

Hospital setting: This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements for student services in the SNF setting.

SNF: Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (Federal Register, August 8, 2011). Within individual facilities, supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally, all state and professional practice guidelines for student supervision must be followed. Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented.

In-patient Rehab Facility:

- A. CMS has not changed its policy regarding the Medicare Hospital Conditions of Participation and the provision of services by students in hospitals, including therapy students providing rehabilitative services in hospitals and IRFs.
- B. There is no Medicare Hospital Condition of Participation, specifically 42 CFR 482.56, or interpretive guidance that prohibits therapy students from providing therapy services as part of their training program.
- C. CMS notes that per 42 CFR 482.56, the director of a hospital's rehabilitation services must have the necessary knowledge and expertise to supervise and administer the services, and must ensure the services are organized and staffed to ensure the health and safety of patients. The director's responsibilities extend to all therapy students providing services in the hospital as part of their training program.
- D. **Therapy student services furnished under the supervision of a qualified therapist or therapy assistant may count toward the intensive rehabilitation therapy program requirement.**
- E. The Medicare Conditions of Participation require hospitals to comply with all federal,

state, and local laws related to the health and safety of patients, ensure medical staff is accountable to the governing body for the quality of care provided to patients, and have an organized medical staff responsible for the quality of care provided to patients by the hospital. Students that provide services and care to patients in the hospital as part of the training program, their supervisory faculty, and any hospital staff acting as student preceptors are subject to these levels of oversight as well as any standards and requirements established by their training programs and by any national organizations, such as American Physical Therapy Association, American Occupational Therapy Association, and American Speech-Language-Hearing Association.

Medicare Part B Policy on Student Participation

References: [Medicare Benefit Policy Manual Chapter 15, Section 230.B](#), page 196 and [APTA Website](#) retrieved 7-31-19

If you see patients covered by Medicare Part B please read thoroughly and contact the ADCE (susan.ostertag@umontana.edu; ph: 406-243-5678) if you have any questions.

Documentation recommendation: APTA recommends that the physical therapist co-sign the note of the physical therapist student and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient's care. For example, "The billable services were provided under the direct supervision of a licensed PT who was responsible for all clinical decision making", or something similar, can be added into the daily note.

The qualified professional is the person responsible for the services and, as such, signs all documentation. (A student may, of course, also sign but it is not necessary because the Part B payment is for the clinician's service, not for the student's services.)

Billing for Therapy Students under Medicare Part B:

- A. **Individual Therapy:** When only one individual is being treated, 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. The direct (one-to-one) patient contact services of the physician or therapist provided to Medicare Part B patients are payable. Group therapy services performed by a therapist or physician may be billed when a student is also present "in the room."

Examples:

- i. 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.
 - ii. 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.
 - iii. 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).
- B. **Group Therapy:** The treatment of two or more individuals who may or may not be performing the same or similar activity, regardless of payer source, at the same time may be documented and billed as group treatment. When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes may be coded as group therapy.
- i. The therapy student is providing the group treatment and the supervising therapist/assistant is not treating or supervising other individuals (students or patients); or
 - ii. The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any other individuals. In this case, the student is simply assisting the supervising therapist.

Guidelines for the Supervision of Physical Therapy Students

In situations where state and federal laws allow, the level of student supervision should be based on the professional judgment of the licensed physical therapist with consideration of the readiness of the student to perform the tasks assigned and with a consideration of the risks and benefits to all those involved.

Considerations for the determination of the type and level of supervision for students include:

- Willingness and comfort level of patient (or parent/guardian)
- Year of student
- Early, middle or final internship
- Student's previous experience in the particular setting
- Student's previous experience with particular diagnosis
- Complexity and context of the case
- Student's previous experience with the types of interventions likely to be utilized
- Preparedness of student
- Confidence of student

Information gathered from the school and student prior to the start of the internship can help in determining the appropriate level of supervision. This may include course syllabus and objectives; student self-assessments of preparedness and supervision needs for particular tests and measures; interventions and patient categories; and description of student's previous clinical experiences.

The following categories are adapted from APTA's position statement regarding levels of supervision:

LEVELS OF SUPERVISION HOD P06-00-15-26

The American Physical Therapy Association recognizes the following levels of supervision:

General Supervision: The physical therapist is not required to be on site for direction and supervision but must be available at least by telecommunications.

Direct Supervision: The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.

Direct Personal Supervision: The physical therapist or, where allowable by law, the physical therapist assistant is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Telecommunications does not meet the requirement of direct personal supervision.

Relationship to Vision 2020: Professionalism; (Practice Department, ext. 3176)
[Document updated by APTA: 12/14/2009]

Clinical Faculty Benefits

In an effort to show our appreciation to our current clinical faculty, including Site Coordinators of Clinical Education (SCCE) or Clinical Instructors (CI), the University of Montana School of Physical Therapy offers a number of benefits. Below is a list of available benefits. More information and other resources for clinical faculty can be found on the [provost's website](#).

Thanks for being an integral part of our program!

Continuing Education Benefits:

- 5% rebate for tuition to the transitional DPT program at The University of Montana is also available for physical therapists that serve or offer to serve as Clinical Instructors for UMPT students
- Many states offer CEU credits for serving as a clinical instructor. (In Montana, for the CI to get the available 5 CEU credits, they must be an APTA Credentialing CI.)

CIs and/or SCCEs for The University of Montana School of Physical Therapy and Rehabilitation are also considered clinical faculty affiliates. Eligible Clinical Faculty can apply immediately for Faculty Affiliate benefits by completing the [Faculty Affiliate Application](#). Affiliate status must be renewed annually, and appointments run October 1st through September 30th.

Benefits of Faculty Affiliates:

- Eligible for a UM email address and electronic access including portions of UM Online, Mansfield Library, and the wireless network.
 - Access to the Mansfield Library including online journals, databases, research tools and support, and Interlibrary loan
- With the purchase of a Griz card (one-time-only \$15) you have the following benefits:
 - UC Box Office
 - Access to Campus Recreation facilities (including the Grizzly Pool) and programs for an additional fee
 - Dining Services (with prepayment)
 - Discounts at many local businesses and ski areas
 - Please visit the [Griz Card services](#) website for a full description.

Physical Therapy Program Curriculum and Course Descriptions

First Year – Fall Courses Block I

P T 510 - Applied Clinical Anatomy. 5 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or permission of instructor. Anatomy of the neuromusculoskeletal system and body cavities in relation to movement and function with clinical correlates. Course lab fee. Level: Graduate

P T 529 - Clinical Biomechanics. 5 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or permission of instructor. The principles of biomechanics as applied to the practice of physical therapy. Level: Graduate

First Year – Fall Courses Block II

P T 503 - PT and Health Care System. 2 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or permission of instructor. An introduction to physical therapy and its relationship to the health care system. Topics include introduction to PT as a profession, teaching and learning, ethics, laws, and professional issues in physical therapy. Level: Graduate

P T 516 - Movement System Examination & Evaluation. 5 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or permission of instructor. Principles of musculoskeletal examination and evaluation including posture, palpation, measurement of ROM and muscle performance, assessment of muscle length, and joint play. Level: Graduate

P T 523 - Clinical Medicine I. 1 Credit.

Offered autumn. Prereq., enrolled in entry-level DPT program or permission of instructor. Introduction to medical screening and the PT exam within the Patient/Client Management model. Level: Graduate

P T 526 - Foundational Skills I. 3 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or permission of instructor. Basic skills of documentation, medical terminology, transfers, bed mobility, and gait assistive device use. Level: Graduate

First Year – Spring Courses Block I

P T 530 - Clinically Applied Exercise Physiology. 5 Credits.

Offered spring. Prereq., enrolled in entry-level DPT program or permission of instructor. Principles and applications of the physiological adaptations to acute and chronic exercise stresses and adaptations in the clinical environment. Exercise assessment/testing, prescription and progression of the exercise program is discussed. Level: Graduate

P T 532 - Foundational Skills II. 1 Credit.

Offered spring. Prereq., enrolled in entry-level DPT program or consent of instructor. Principles of soft tissue mobilization. Techniques covered include: superficial, petrissage, kneading, neuromuscular, friction massage and trigger point techniques. Instruction regarding indications, precautions, contraindications, draping, position, and privacy issues included. Level: Graduate

P T 536 - Neurosciences. 5 Credits.

Offered spring. Prereq., enrolled in entry-level DPT program or permission of instructor. Anatomy of the head and neck, and neuroanatomy of the human nervous system with emphasis on evaluation of central nervous system lesions and pathological conditions, clinical applications to physical therapy. Level: Graduate

P T 582 - Clinical Clerkship. 1 Credit.

Offered spring. Prereq., enrolled in entry-level DPT program or consent of instructor. A mix of classroom and clinical experiences to introduce students to the expectations of professional practice. CR/NCR grading. Level: Graduate

First Year – Spring Courses Block II

P T 519 - Musculoskeletal Management I. 3 Credits.

Offered spring. Prereq., enrolled in entry-level DPT program or permission of instructor. Principles of musculoskeletal examination, evaluation, and intervention. The focus is application of anatomic and biomechanical principles when examining posture and movement patterns, and analysis of underlying neuromuscular impairments. Level: Graduate

P T 520 - Geriatric PT. 2 Credits.

Offered spring. Prereq., enrolled in entry-level DPT program or permission of instructor. Presentation of changes in adults as they progress through the lifespan. Includes the functional changes associated with aging, assessing, and managing fall risk, performance, and interpretation of functional outcome measures. Level: Graduate

P T 527 - Physical & Electrophysical Agents. 3 Credits.

Offered spring. Prereq., enrolled in entry-level DPT program or permission of instructor. Physiology, indications, contraindications, and application of electrotherapy and physical agents. Theory and application of electrodiagnostic and electrotherapeutic procedures. Level: Graduate

P T 560 - Clinical Reasoning I. 1 Credit.

Offered spring. Prereq., enrolled in entry-level DPT program or consent of instructor. Introduction to the clinical reasoning process in physical therapy. Level: Graduate

P T 582 - Clinical Clerkship. 1 Credit.

Offered spring. Prereq., enrolled in entry-level DPT program or consent of instructor. A mix of classroom and clinical experiences to introduce students to the expectations of professional practice. CR/NCR grading. Level: Graduate

First Year – Summer Semester

P T 587 - Full-Time Clinical Experience I. 6 Credits.

Offered summer. Prereq., enrolled in entry-level DPT program or permission of instructor. Eight weeks of full-time clinical experience with emphasis on developing patient evaluation and treatment skills. Only CR/NCR grading. Level: Graduate

Second Year – Fall Courses Block I

P T 524 - Clinical Medicine II. 2 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or permission of instructor. Introduction to pharmacology, medical management of selected orthopedic and hematological conditions. Level: Graduate

P T 563 - Cardiopulmonary PT. 3 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or consent of instructor. Physical therapy assessment and interventions for patients with cardiovascular and/or pulmonary disease. Includes cardiovascular and pulmonary pathology, pharmacology, and differential diagnosis. Level: Graduate

P T 567 - Neurorehabilitation I. 4 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or consent of instructor. Neurologic physical therapy assessment and intervention of adults. Principles of neuroplasticity, motor control, motor learning and application to physical therapy neurorehabilitation. Includes wheelchair seating, mobility assessment and prescription. Level: Graduate

P T 576 - Clinical Reasoning II. 2 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or consent of instructor. This course will build on the foundations established in Clinical Reasoning I and utilize reflections from the first summer Clinical Experience. The principles of evidence-based practice (EBP), including the application of evidence and the creation of evidence (both quantitative and qualitative), limitations of EBP and its role in the changing health care environment, critical appraisal of the literature, statistical knowledge, and weighing evidence for clinical decision making will be discussed. Issues related to clinical and research ethics will also be discussed. Level: Graduate

Second Year – Fall Courses Block II

P T 525 - Clinical Medicine III. 2 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or permission of instructor. Pathophysiology, medical and pharmacological management of oncological, immunological diseases and organ transplantation. Level: Graduate

P T 533 - Pelvic Health PT. 1 Credit.

Offered autumn. Prereq., enrolled in entry-level DPT program or permission of instructor. Examination, screening, and treatment of pelvic health issues including genitourinary issues, obstetrics, incontinence, and pelvic pain. Level: Graduate

P T 569 - Musculoskeletal Management II. 5 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or consent of instructor. Principles of musculoskeletal examination, evaluation, and intervention for the hip, knee, ankle, foot, lumbar spine, and SI joint. Level: Graduate

Second Year – Spring Courses Block I

P T 531 - Prosthetics. 1 Credits.

Offered spring. Prereq. enrolled in entry-level DPT program or permission of instructor. Information pertinent to pathology, examination, and evaluation of patients with amputations and conditions requiring prosthetics. The basic components of the course include types of devices, fitting, exercise programs, gait analysis and gait training. An overview of upper extremity prosthetics will be provided. Level: Graduate

P T 573 - Musculoskeletal Management III. 6 Credits.

Offered spring. Prereq., enrolled in entry-level DPT program or consent of instructor. Principles of musculoskeletal examination, evaluation, and intervention for the shoulder, elbow, wrist, hand, temporomandibular joint (TMJ), thoracic and cervical spine. Level: Graduate

P T 583 - Integrated Clinical Experience I. 2 Credits.

Offered spring. Prereq., enrolled in entry-level DPT program or consent of instructor. An integrated, part-time clinical experience with emphasis on patient evaluation, treatment, and professional development. Only CR/NCR grading. Level: Graduate

Second Year – Spring Courses Block II

P T 565 - Pediatric Physical Therapy. 2 Credits.

Offered spring. Prereq., enrolled in entry-level DPT program or consent of instructor. Normal development throughout childhood. Physical therapy examination, evaluation, and intervention of children with neuromotor and musculoskeletal dysfunction including physical therapy for children in school systems. Level: Graduate

P T 568 - Neurorehabilitation II. 3 Credits.

Offered spring. Prereq., enrolled in entry-level DPT program or consent of instructor. Neurologic physical therapy assessment and intervention of adults. Principles of neuroplasticity, motor control, motor learning and application to physical therapy neurorehabilitation. Includes assessment and treatment of vestibular system and conditions. Level: Graduate

P T 572 - Practice & Administration. 4 Credits.

Offered spring. Prereq., enrolled in entry-level DPT program or consent of instructor. Practice management and operations. Includes strategic planning, human resource management, regulatory compliance/risk management, quality improvement, clinical coding, billing instruction, and career development. Level: Graduate

P T 583 - Integrated Clinical Experience I. 2 Credits.

Offered spring. Prereq., enrolled in entry-level DPT program or consent of instructor. An integrated, part-time clinical experience with emphasis on patient evaluation, treatment, and professional development. Only CR/NCR grading. Level: Graduate

Second Year – Summer Semester

P T 589 - Full-Time Clinical Experience II. 6 Credits.

Offered summer. Prereq., enrolled in entry-level DPT program or permission of instructor. Eight weeks of full-time clinical experience with emphasis on learning about administrative issues, problem solving, time management, and communication skills. Continuation of development of patient treatment and evaluation skills. Only CR/NCR grading. Level: Graduate

Third Year – Fall Courses Block I

P T 584 - Integrated Clinical Experience II. 2 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or consent of instructor. An integrated, part-time clinical experience with emphasis on patient evaluation, treatment, and professional development. CR/NCR grading. Level: Graduate

P T 626 - Clinical Medicine IV. 2 Credits.

Offered autumn. Prereqs., enrolled in entry-level DPT program or consent of instructor. Course will focus on the role of the physical therapist in a Direct Access environment. Pathology, differential screening, pharmacotherapeutics, evaluation and management of gastrointestinal, endocrine/metabolic, and hepatobiliary disease. Level: Graduate

P T 627 - Prevention & Wellness Education. 3 Credits.

Offered autumn. Prereqs., enrolled in entry-level DPT program or consent of instructor. Principles of public health and epidemiology as they relate to health prevention and wellness with an emphasis on clinical application and face-to-face patient interaction in the physical therapy setting. Level: Graduate

P T 629 - Clinical Medicine V. 2 Credits.

Offered autumn. Prereqs., enrolled in entry-level DPT program or consent of instructor. Course will focus on evaluation, differential screening, pharmacology, and management of integumentary disorders. Includes wound assessment and treatment. Level: Graduate.

P T 679 - Trends & Scholarly Activity. 1-6 Credits.

(R-6) Offered autumn and spring. Prereqs., enrolled in entry-level DPT program or consent of instructor. Students are required to complete at least 6 credits during their 2nd and 3rd years. Seminar sections that focus on advanced clinical topics in physical therapy and/or engagement in research with an individual faculty advisor. Traditional or CR/NCR grading as determined by instructor. Level: Graduate

Third Year – Fall Courses Block II

P T 584 - Integrated Clinical Experience II. 2 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or consent of instructor. An integrated, part-time clinical experience with emphasis on patient evaluation, treatment, and professional development. CR/NCR grading. Level: Graduate

P T 570 - Psychosocial Aspects of Health and Wellness. 2 Credits.

Offered autumn. Prereq., enrolled in entry-level DPT program or consent of instructor. Psychosocial aspects of health and wellness including social/societal determinants for people from diverse backgrounds throughout the lifespan. Level: Graduate

P T 676 - Clinical Reasoning III. 3 Credits.

Offered autumn. Prereqs., enrolled in entry-level DPT program or consent of instructor. Course addresses critical appraisal of complex research designs and clinical reasoning related to the provision of evidence-informed care. Level: Graduate

P T 679 - Trends & Scholarly Activity. 1-6 Credits.

(R-6) Offered autumn and spring. Prereqs., enrolled in entry-level DPT program or consent of instructor. Students are required to complete at least 6 credits during their 2nd and 3rd years. Seminar sections that focus on advanced clinical topics in physical therapy and/or engagement in research with an individual faculty advisor. Traditional or CR/NCR grading as determined by instructor. Level: Graduate

Third Year – Spring Semester

P T 680 - Clinical Internship. 11 Credits.

Offered spring. Prereq., enrolled in entry-level DPT program or consent of instructor. Final summative experience is a 15-week clinical internship. Includes writing and presentation of case study or special project. CR/NCR grading. Level: Graduate

Clinical Education Program Course Requirements & Generic Objectives

PT 587 - Clinical Experience I Site Objectives

These objectives are meant to provide generic guidance. Actual progression will be dependent on the judgment of the Clinical Instructor in consideration of student abilities and patients served.

Week 1

Student should initially participate as an active observer, initiating questions and offering rationales. Student should gradually progress to incrementally assist the CI in examination, evaluation and intervention typically involving non-complicated patients. Student would typically need constant monitoring and guidance for all patient care activities; and receive corrective feedback as needed.

The student should:

1. Complete orientation to the facility (risk management, safety, tour, etc.).
 - a. Review goals and expectations with CI regarding teaching, learning, supervision, and feedback.
 - b. Be introduced to rest of the team.
2. Shadow CI to learn clinic routines and documentation procedures.
 - a. Review CI's previous documentation to become familiar with current patients and the facility's documentation format.
3. On non-complicated patients, begin to assist the CI in components of initial evaluations or re-examinations, with close monitoring from CI as needed for general examination activities, including:
 - a. Subjective interview
 - b. Screenings - including vital signs
 - c. Bed mobility, transfers, and gait
 - d. Measure and characterize pain
 - e. ROM, MMT/mm performance, posture, etc.
4. Discuss with CI the rationale for patient assessment findings (diagnosis, treatment plan, etc.).
5. Observe and then begin to actively participate in basic interventions with non-complicated patients, with close monitoring and correction as needed. Procedural interventions students should be able to participate in include:
 - a. Basic gait training with assistive devices
 - b. Transfer and bed mobility
 - c. Therapeutic exercise
 - d. Modalities – heat, cold and electric
 - e. Soft tissue mobilization
 - f. Passive, Active-assisted ROM
6. Contribute to daily notes on select, non-complicated patients with CI.
7. Perform correct body mechanics with monitoring and guidance from CI.
8. Provide feedback to CI regarding level of monitoring and correction, teaching methods, etc.
9. If required by the facility, receive information on required projects/in-services.
10. Engage in professional communication with patients, clinicians, staff, etc.

Week 2

The student begins to take more initiative and actively engages in responsibilities; increasing efficiency and confidence with basic tasks and non-complicated patients; is eager to attempt to problem solve and engage in clinical reasoning. Close monitoring is still expected with most patient care activities. Student may need significant corrective feedback.

The student should:

1. Perform designated components of an initial examination and begin to formulate evaluations on a non-complicated patient.
 - a. Discuss with CI the rationale of various data collection/outcomes tools that may be appropriate.
 - b. Collaborate with CI to synthesize available data on a patient/client with a simple diagnosis to include impairments, activity limitations, and participation restrictions.
 - c. Integrate the examination findings to classify the problem and identify an appropriate ICD-10 code(s) and discuss with CI.
 - d. Attempt to prioritize impairments to determine which interventions are appropriate - with guidance from CI.
 - e. Discuss selection and prioritization of the essential interventions and plans that are safe and meet the specific functional goals/outcomes in the plan of care with assistance from CI.
2. Begins to implement and assess effectiveness of treatment interventions on a non-complicated patient with close monitoring from CI.
3. Document 1-3 initial evaluations and/or 4-5 daily notes on non-complicated patients in a suitable time frame for a student and with guidance and corrective feedback from CI. Write measurable functional goals that are time referenced with substantial assistance from CI.
4. Implement interventions with close monitoring and guidance.

A sample of other activities a student may engage in includes:

1. Participating in determining patient scheduling.
2. Ensuring patient safety.
3. Participate in discharge planning, including ordering of patient equipment.
4. Attend patient conferences with CI.
5. Work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.

Week 3-4

The student is developing confidence and some independence with basic tasks and patient care; and should participate in full examinations or re-exams on non-complicated patients. Student would still need considerable direct monitoring, but performance should need less correction in tasks and patient care responsibilities that they have been exposed to previously.

Sample activities include:

1. Schedule mid-term review for end of 4th week.
2. Continue to complete examinations on non-complicated patients with decreasing guidance and correction from CI.
 - a. Offer reasonable suggestions for intervention or discharge planning on new non-complex patients.
 - b. Increase participation in the examination and evaluation of more complicated patients.

3. Begin to select, administer, and evaluate valid and reliable outcome measures to assess patient function.
4. Begin to identify the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions.
 - a. Student should have chosen a case for his or her project, written an answerable clinical question and be searching the appropriate databases.
5. Implement and assess effectiveness of interventions addressing impairments, activity limitations and specific patient goals. Begin to take the lead on providing interventions on returning non-complex patients.
6. Document progress notes and initial evaluations with increasing efficiency.
7. Write measurable, functional goals that are time referenced, but with increased efficiency.
8. Ensure patient safety including demonstrating awareness of contraindications/precautions of simple patient interventions.
 - a. Demonstrate appropriate universal precautions and sterile technique.
9. Begins to instruct familiar patients on their condition and intervention. Student ensures understanding and effectiveness of the plan of care and tailors interventions with consideration of patient's situation.
10. Complete exercise flowsheets/billing sheets.
11. Collaborate with CI regarding patient's suitability for discharge and may begin to differentiate between discharge and discontinuation of service.
12. Actively participate in patient conferencing and discharge planning.

Midterm

1. Student and CI will individually complete the PAS and then review assessments together.
 - a. In general, the student should typically require monitoring, and/or correction no more than 80% of the time from CI on non-complicated patients. Student should be given some opportunity to collaborate with CI on patients with complex diagnoses- but still may require constant monitoring.
 - b. In general, the student should typically require monitoring and/or correction no more than 50% of the time in professionalism, interpersonal communication/relations, and professional behavior.
 - c. Student should propose specific short-term goals and collaborate with CI in order to remedy any instances where the student has not met expectations.
 - d. Student should perform a self-evaluation of Generic Abilities and discuss with CI (or DCE if appropriate) if any problems are noted in performance.
2. Student will complete midterm assessment of Student Evaluation of Clinical Instruction (in EXXAT) and share with the CI feedback regarding level of supervision, teaching methods, etc.

Week 5-6

Student continues to become more confident and independent with non-complex patients, requiring incrementally less monitoring and/or correction with activities previously exposed to. Student would need substantial amounts of modeling/demonstration but begin to be more actively engaged with CI in the management of more complex patients and other tasks. Complex scenarios may require up to 100% monitoring from CI.

Sample activities include:

1. Perform approximately 25-50% of the interventions for on-going, familiar patients and significantly participated in examinations on several patients with close monitoring.

2. On non-complicated patients, fully complete initial examinations in a reasonable time frame for a student.
 - a. Measure and characterize pain nearly independently.
 - b. Select and perform familiar examination measures.
 - c. Synthesize available data on a patient/client to include impairment, functional limitation, and disability participation restrictions.
 - d. Integrate the examination findings to classify the problem into a practice pattern and ICD -10 code.
 - e. Continue to prioritize impairments to determine which interventions are appropriate.
 - f. On a non-complicated patient, select and prioritize the essential treatment interventions or plans that are safe and meet the specific functional goals/outcomes in the plan of care.
3. Be able to identify the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions with assistance.
4. Participate in patient conferencing.
5. Beginning to implement and assess effectiveness of treatment interventions and collaborate with CI regarding these clinical decisions.
6. Document all progress notes and initial evaluations within a reasonable time frame for a student.
 - a. Write measurable functional goals that are time referenced.
7. Engage in discharge planning including appropriate suggestions for patient equipment.
8. If required by the facility, provide required projects/in-services. (Professional Development)
9. If appropriate, meet/observe other disciplines, surgery, specialty areas, etc.

Week 7-8

Student should be increasing their involvement in the management of more complex patients but would still typically require significant levels of monitoring and guidance. Students should need no more than moderate levels of monitoring and/or correction for familiar, less complicated patients. Student should concentrate on developing skills not exposed to in previously. By the end of week 8 in general, the student requires monitoring and/or correction no more than 65% of the time with clinical skills competency categories and 40% of the time with professionalism and safety competency categories.

Student should be engaging in activities represented in all 10 competency categories as appropriate for the clinical setting.

Final Evaluation

1. Student should be able to accurately self-assess using the PAS and receive constructive feedback from CI (Professional Development).
2. Student should share constructive feedback on their experience with CI using the EXXAT Final experience assessment form on supervision, teaching methods etc. (Communication).

PT 589 - Clinical Experience II Site Objectives

These objectives are meant to provide generic guidance. Actual progression will be dependent on the judgment of the Clinical Instructor in consideration of student abilities and patients served.

Week 1-2

Emphasis in on orientation and establishing positive, productive relationships and accurate and appropriate expectations for the internship. *Student initially would require close monitoring for most patient care activities; student is primarily relying on being an active observer, initiating questions and discussing clinical rationales. Student would typically need intermittent to constant monitoring and guidance for all patient care activities; and receive formative feedback as needed.*

The student should:

1. Meet with SCCE and/or CI
 - a. Review objectives, and other information; share past experience, expectations, etc.
 - b. Be introduced to rest of the team.
2. Complete orientation to the facility and policy and procedures (documentation, risk management, safety, tour, etc.).
3. Shadow CI to become familiar with the patients and procedures.
 - a. Share your ideas on assessment of patients (diagnosis, treatment plan, etc.).
 - b. Request to participate in interventions with non-complicated patients and close monitoring and correction provided by CI.
4. As time progresses - with non-complicated patients and with close monitoring provided by CI.
 - a. Begin to assist the CI in examination procedures including patient interview and test and measures.
5. Demonstrate safety (pt and self), professional communications and demeanor with some monitoring from CI.
6. Complete daily notes on select, non-complicated patients with monitoring as needed from CI.
7. During the second week, complete an initial examination/evaluation on non-complicated patients with close monitoring and correction as needed from the CI.
 - a. Synthesize available data on a patient/client with a simple diagnosis to include impairments, activity limitations, and participation restrictions.
 - b. Integrate the examination findings to diagnostically classify the pt and discuss with CI.
 - c. Prioritize impairments to determine a specific dysfunction towards which the intervention will be directed.
8. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with assistance from CI.
9. Review your performance for the week and exchange feedback with CI regarding level of monitoring, teaching methods, plan for next week, etc. (This is on-going for the entire duration of the internship)
10. At the end of 2nd week, in general:
 - a. Require monitoring and/or correction no more than 75% of the time managing patients with simple conditions, and up to 100% of the time managing patients with complex conditions.
 - b. Demonstrate consistency with basic tasks (e.g., medical record review, goniometry, muscle testing, and basic interventions).

A sample of other activities a student may engage in includes:

1. Participating in determining patient scheduling.
2. Ensuring patient safety.

3. Participate in discharge planning, including ordering of patient equipment.
4. Attend patient conferences with CI.
5. Work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.

Week 3-4

The student should be familiar with facility, general policies and procedures and personnel. It is expected that student is becoming more efficient and consistent at basic tasks and eager to share their own clinical reasoning. Student is consistently requesting and assuming patient care responsibilities with non-complicated patients and routine administrative tasks and beginning to participate in more complex patient management activities.

The student should:

1. Schedule PAS mid-term review for end of 4th week.
2. Continue to conduct initial examinations/evaluations on non-complicated patients with monitoring from the CI. Less correction needed for accuracy and completeness; plus, efficiency is improving.
3. Increase participation in the examination and evaluation of more complicated patients.
4. Assess effectiveness and make adjustments with interventions concerning on-going, non-complicated patients with some assistance from CI.
5. Document initial evaluations and progress notes on patients with simple diagnoses in a suitable time frame for a student and with assistance from CI.
6. Actively seek feedback with and demonstrate safety (pt and self), professional communications and demeanor with little monitoring needed from CI.
7. Write measurable, functional goals that are time referenced with assistance from CI.
8. Prepare for patient conferencing and or/progress report writing with assistance from CI.
9. Share evidence they are researching that supports clinical decision making.
10. Take initiative with patient scheduling and other administrative responsibilities with considerable assistance from CI.
11. If appropriate, work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.

Midterm

1. Student and CI will individually complete the PAS and review assessments together.
 - a. In general, the Student should typically require monitoring, and/or correction no more than 50% of the time from CI on non-complicated patients and no more than 75% of the time managing patients and tasks with complex conditions; and be capable of managing approximately 25% of a full-time, entry-level PT case load.
 - b. In general, the student should typically require monitoring and/or correction no more than 40% of the time in professionalism, interpersonal communication/relations, and professional behavior.
 - c. Student should propose specific short-term goals and collaborate with CI in order to remedy any instances where they have not met expectations.
 - d. Student should perform a self-evaluation of Generic Abilities and discuss with CI (or DCE if appropriate) if any problems are noted in performance.
 - e. Readjust clinical internship goals based on mid-term review, paying particular attention to any performance criteria that the student had no learning/assessment opportunities.

2. Student will complete midterm assessment of Student Evaluation of Clinical Instruction (in EXXAT) and share with the CI feedback regarding level of supervision, teaching methods, etc.

Week 5-6

The student should be demonstrating more confidence, taking initiative in identifying appropriate learning activities and consistently self-assessing.

The student should:

1. Continue to complete evaluations on non-complicated patients with minimal assistance from CI.
2. Select, administer, and evaluate valid and reliable outcome measures to assess patient function.
3. More consistently cite the evidence to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals with less feedback from CI.
5. Consistently demonstrate safe behaviors; professional communications and demeanor and requires little to no monitoring from CI.
6. Document progress notes and initial evaluations with increasing efficiency and decreasing need of feedback from CI.
7. Instruct patients on their condition and intervention ensure understanding and effectiveness of their ongoing program and tailor interventions with consideration of patient's situation with some monitoring from CI.
8. Student to collaborate with CI regarding patient's suitability for discharge and may begin to differentiate between discharge and discontinuation of service and transfer of care.
9. Present patient during care conference or writes up progress reports with diminishing feedback needed from CI.
10. Take initiative with patient scheduling and other administrative responsibilities with infrequent assistance from CI.
11. At the end of 6th week, in general:
 - a. Require monitoring and/or correction 50% of the time managing the patient population.
 - b. Demonstrate more consistency with proficiency of basic tasks (e.g., medical record review, goniometry, muscle testing, and basic interventions) and is demonstrating capacity to manage more complex patient and administrative responsibilities.
 - c. Be capable of managing approximately 50% of a full-time, entry-level PT case load.

Week 7-8

Student is efficient and skilled with basic tasks and requires only occasional monitoring for performing skilled examinations, interventions, and clinical reasoning.

The student should:

1. Continue to complete evaluations on non-complicated patients with little assistance from CI.
2. Select, administer, and evaluate valid and reliable outcome measures to assess patient function.
3. Consistently cite the evidence and other plausible rationales to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals with minimal feedback from CI.
5. Consistently demonstrate safe behaviors; professional communications and demeanor and requires little to no correction from CI.

6. Document progress notes and initial evaluations with good efficiency and minimal feedback from CI.
7. Instruct patients on their condition and intervention ensure understanding and effectiveness of their ongoing program and tailor interventions with consideration of patient's situation with little monitoring from CI.
8. Student to take the lead with patient discharge responsibilities.
9. Present patient during care conference or writes up progress reports with little feedback needed from CI.
10. Take initiative with patient scheduling and other administrative responsibilities with infrequent errors or needed monitoring from CI.
11. At the end of 8th week, in general:
 - a. Require clinical monitoring and/or correction 25% of the time managing the patient population.
 - b. Be capable of managing 75% of a full-time, entry-level PT case load.
12. Complete Final Self Performance Assessment and Final Student Experience Evaluation form found in EXXAT and review with CI.

By the end of week 8 in general, the student requires monitoring and/or correction no more than 30% of the time with clinical skills competency categories and 20% of the time with professionalism and safety competency categories. Student should be engaging in activities represented in all 10 competency categories as appropriate for the clinical setting.

Final Evaluation

3. Student should be able to accurately self-assess using the PAS and receive constructive feedback from CI (Professional Development).
4. Student should share constructive feedback on their experience with CI using the EXXAT Final experience assessment form on supervision, teaching methods etc. (Communication).

PT 680 - Clinical Internship Site Objectives

Week 1-2

Emphasis in on orientation, and establishing a positive, productive relationships and accurate and appropriate expectations for the internship. *The first several days the student would typically require close supervision for most patient care activities; the student is primarily relying on being an active observer, initiating questions and discussing clinical rationales.*

The student should:

1. Meet with SCCE and/or CI
 - a. Review objectives, and other information; share past experience, expectations, etc.
 - b. Be introduced to rest of the team.
2. Complete orientation to the facility and policy and procedures (documentation, risk management, safety, tour, etc.).
3. Shadow CI to become familiar with the patients and procedures.
 - a. Share your ideas on assessments (diagnosis, treatment plan, etc.) and interventions.
4. As time period progresses, with close monitoring and guidance as needed provided by CI.
 - a. Begin to assist the CI with interventions and examination procedures including patient interview and test and measures; typically working with less complicated patients to begin with.
5. Demonstrate safe practice (pt and self), professional communications and demeanor with minimal guidance from CI.
6. Complete daily notes on select patients and with minimal to moderate guidance and correction from CI.
7. During the second week, complete an initial examination/evaluation on appropriate patients with close monitoring, guidance and correction as needed from the CI.
 - a. Synthesize available data on a patient/client with a non-complicated diagnosis to include impairments, activity limitations, and participation restrictions.
 - b. Integrate the examination findings to diagnostically classify the pt and discuss with CI.
 - c. Prioritize impairments to determine a specific dysfunction towards which the intervention will be directed.
8. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with assistance from CI.
9. Review performance for the time period and discuss with CI - level of monitoring, feedback methods, plan for next week, etc. (This is on-going for the entire duration of the internship)
10. At the end of 2nd week, it would be generally expected that the student:
 - a. Requires monitoring and/or correction between 75% of the time, depending on the familiarity and complexity of the patients/tasks.

Week 3-4

The student should be familiar with facility, general policies and procedures and personnel. It is expected that student is becoming more efficient and consistent at basic tasks and eager to share their own clinical reasoning. Student is consistently requesting and assuming patient care responsibilities with less-complicated patients and administrative tasks and beginning to participate in more complex patient management activities.

The student should:

1. Assume more responsibilities for initial examinations/evaluations on non-complicated patients with monitoring from the CI, but with less correction needed for accuracy, and completeness. Efficiency is improving.
2. Increase participation in the examination and evaluation of more complicated patients.
3. Assess effectiveness and make adjustments with interventions concerning on-going, non-complicated patients with some monitoring and correction from CI as needed.
4. Document initial evaluations and progress notes on patients in a suitable time frame for a student and with less correction from CI.
5. Actively seek feedback with and demonstrate safe practice (pt and self), professional communications and demeanor with little correction needed from CI.
6. Write measurable functional goals that are time referenced with minimal correction from CI.
7. Prepare for patient conferencing and/or progress report writing with moderate monitoring and correction from CI.
8. Share relevant and appropriate evidence from the literature that supports clinical decision making.
9. Take initiative with patient scheduling and other administrative responsibilities with minimal monitoring and correction from CI.
10. As available, begin to supervise and delegate responsibilities to support staff.
11. If appropriate, work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.
12. At the end of 4th week, it would be generally expected that the student:
 - a. Requires consistently less monitoring, and/or correction overall, ~50% of the time, depending on the familiarity and complexity of the patients/tasks.
 - b. Be capable of minimally managing 10-20% of a full-time PT case load expected of a new clinician for the clinical site.

Week 5-6

The student should be demonstrating more confidence, taking initiative in identifying appropriate learning activities and consistently self-assessing.

The student should:

1. Continue to assume more responsibility for completing examinations, evaluations and applying interventions.
2. Select, administer, and evaluate valid and reliable outcome measures to assess patient function.
3. More consistently and appropriately uses evidence to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals.
5. Consistently demonstrate safe behaviors; professional communications and demeanor and requires little to no correction from CI.
6. Document progress notes and initial evaluations with increasing efficiency and decreasing need of correction from CI.
7. Effectively instructs patients on their condition and interventions with less need for monitoring and/or correction.
8. Begins to take responsibility for discharge planning.
9. Present patient during care conference and/or completes progress reports minimal correction needed from CI.
10. Take initiative with patient scheduling and other administrative responsibilities with very little correction needed from CI.

11. At the end of 6th week, it would be generally expected that the student:
 - a. Requires consistently less monitoring and/or correction overall, ~30% of the time, depending on the familiarity and complexity of the patients/tasks.
 - b. Be capable of minimally managing 20-40% of a full-time PT case load expected of a new clinician for the clinical site.

Week 7-8

Student becomes efficient and skilled requiring infrequent monitoring and/or corrections with basic familiar tasks. Student should be taking more initiative with more challenging and less familiar responsibilities. Confidence is growing.

The student should:

1. Be able to apply interventions and complete examination/evaluations for familiar, less complicated patients with minimal monitoring, guidance and/or correction from CI.
2. Be capable of taking the lead with patient discharge responsibilities.
3. Continue to make progress on all responsibilities previously exposed to with regard to the need for monitoring, guidance and/or correction.
4. At the end of 8th week, it would be generally expected that the student:
 - a. Requires consistently less monitoring and/or correction overall, ~10-25% of the time managing less complicated and/or familiar patients and other tasks.
 - b. Be capable of minimally managing 40-60% of a full-time PT case load expected of a new clinician for the clinical site.
5. Complete midterm self-assessment using the Performance Assessment (in EXXAT) and review and compare with CI.
6. Complete midterm assessment of PT Student Evaluation of Clinical Instruction (in EXXAT) and review with CI.
7. Review goals for last half of internship with CI, update goals as indicated and develop strategies to reach goals.

Week 9-13

The student refines performance with familiar patient presentations and administrative tasks, including improving efficiency. Student seeks specific patients and other tasks and activities to compete midterm goals. Each week, the student effectively demonstrates a capability of managing a greater % of the responsibilities expected of an entry-level PT for that clinic.

The student should:

1. Emphasize development of clinical reasoning skills.
2. Work towards independence with managing new patients and patients with more complex conditions. Consultation with CI and others in a more collegial manner and appropriate for new and/or challenging patients.
3. Identify challenging patient management/treatment issues where you can co-treat and/or observe CI or other clinicians.
4. As available, be able to initiate supervisory and delegation responsibilities of support staff.
5. Take on other non-patient care responsibilities associated with being a PT at the clinical internship site.
6. When clinical skills are near or at entry-level, engage in broader professional learning activities, such as shadowing other disciplines, mentoring first or second year PT students, marketing, program development, management, and administration duties, etc.
7. At the end of 13th week, it would be generally expected that the student:

- a. Requires minimal monitoring and/or correction overall for managing most patients and other tasks. May require some guidance for appropriately complex and unfamiliar patients and situations. CI is mainly providing guidance towards more effective and/or efficient way to accomplish a task that is beyond entry-level expectations; or provides an alternative way to accomplish a task.
8. Be capable of managing 90-100% of a full-time PT case load expected of a new clinician for the clinical site.

Week 14-15

For a student that is practicing at entry-level, the remaining time can be spent participating in alternative learning experiences not engaged in previously; refining high-level skills; completing special project(s), and shadowing other types of providers, etc.

The student should:

1. Rarely if ever need correction and monitoring (Between 5 – 0%). Mentoring and/or demonstration is typically associated with the unusual, complex patient and/or situation; student appropriately consults for guidance. Performance is competent overall and is consistent with entry-level practice expectations of the facility. Student would be appropriate to practice as a new clinician colleague.
2. Follow-through with patient-discharges that are pending.
3. Complete the final self-assessment using the Performance Assessment (in EXXAT) and review and compare with CI assessment.
4. Complete PT Student Evaluation of Clinical Instruction and the Site evaluation forms (two different assessment forms in EXXAT) and share with CI/SCCE.
5. Celebrate a job well done.