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Physical Therapy Program Mission

The mission of the Physical Therapy Program at the University of Puget Sound is to prepare students at the clinical doctoral level for entry into the physical therapy profession. Our presence on a liberal arts campus underscores our belief that the development of clinician scholars is a natural extension of the values of critical analysis, sound judgment, active inquiry, community participation and apt expression. Through a careful blending of rigorous academic work and mentored clinical practice, our program seeks to prepare clinician scholars for informed, ethical, and efficacious practice.

Standards for Accreditation

The standards for accreditation set forth by the Commission on Accreditation of Physical Therapy Education (CAPTE) requires that graduates will be effective, contemporary practitioners of physical therapy and possess competencies in all areas of patient management. Graduates must also have the ability to treat patients across the lifespan with cultural competency. Graduates will possess personal competencies in verbal and non-verbal communication, administration and professional growth. The Physical Therapy Program at the University of Puget Sound is designed to allow students to achieve the competencies required by CAPTE.

Non-Discrimination Policy

The University of Puget Sound prohibits discrimination in education or employment on the basis of sex, race, color, national origin, religion, creed, age, disability, marital or familial status, sexual orientation, veteran or military status, gender identity or any characteristic that is legally protected under applicable local, state or federal law. It is the responsibility of an individual with a disability to provide appropriate documentation of the disability and requests for accommodation to the academic or clinical faculty teaching that student's courses. Advanced notification of special needs is necessary in order for faculty to make the necessary accommodations. If a student requires accommodations because of a disability, he or she must notify Peggy Perno, Director of the Office of Accessibility and Accommodations, 105 Howarth, 253.879.3395. If a student requires accommodations for clinical education, he or she must also contact the Director of Clinical Education (DCE) immediately.
Glossary of Terms

The following terms and abbreviations are used throughout this manual.

**Academic Faculty:** Physical Therapists who are employed by the University of Puget Sound with responsibilities for classroom and laboratory teaching.

**Center Coordinator of Clinical Education (CCCE):** The person from the health care facility or clinical site who is responsible for the coordination of clinical internships between the facility and the academic institution. This person may or may not be a physical therapist.

**Clinical Education Contract/Memorandum of Understanding or Extended Campus Agreement:** The written legal document that defines the agreement between the academic institution and the clinical site that outlines the rights and responsibilities of all parties.

**Clinical Instructor (CI):** A physical therapist with a minimum of one year of clinical experience who provides direct supervision of the clinical internship experience.

**Clinical Performance Instrument (PT CPI-Web):** An online evaluation tool developed by the American Physical Therapy Association that is completed by the intern and CI at the midpoint and end of each clinical internship.

**Clinical Site or Clinical Facility:** An accredited or approved health care facility that provides clinical experiences for physical therapy students.

**Clinical Site Information Form (CSIF):** A document that is completed by the CCCE that provides general information about the clinical site such as patient populations seen, clinical services available, background of staff, work hours and special requirements for interns.

**Director of Clinical Education (DCE):** The core faculty member whose primary responsibilities are the development, coordination and evaluation of the clinical education program.

**Integrated Clinical Experiences (ICE):** Part-time clinical experiences that take place the onsite clinic during the second and third years of the academic program.
Introduction

The Doctor of Physical Therapy (DPT) program at the University of Puget Sound is committed to provide students with high quality clinical education experiences structured to promote an increasing level of complexity and autonomy in clinical decision-making in a variety of practice settings. To meet the mission of the DPT program and prepare the student to practice as a generalist upon graduation, students are required to participate in clinical experiences both on campus and off campus that span the continuum of health care, lifespan and cultural diversity. Clinical education at the University of Puget Sound consists of two distinct but integrated components, both under the direction of the Director of Clinical Education (DCE). The two components are the Integrated Clinical Experiences and the full-time clinical internships.

The Integrated Clinical Experiences (ICE) are learning experiences that take place in the Onsite Student Physical Therapy Clinic during the second and third academic years of the program. The full-time clinical internships take place in contracted (off-site) clinical facilities.

The components of clinical education build on one another, thus it is required that successful completion of each experience occurs prior to enrolling in the next. Therefore, unsuccessful performance in a clinical education experience can significantly delay a student’s progress in the program and graduation. Students are encouraged to place significance on and put considerable effort into these courses.

In order to register for the full-time clinical internships -- PT 657, 687, and 688, a student must maintain a cumulative grade point average of 3.0 on a 4.0 scale in all courses required for the DPT degree. According to university policy, a student will be placed on academic probation if the cumulative grade point average in the required courses for the Doctor of Physical Therapy degree falls below 3.0. The DCE will not approve a student for any clinical internship while on academic probation. Students must also pass all integrated clinical experiences prior to the full-time clinical internships.

Professional Practice Objectives

The following professional practice objectives are used throughout the academic program and apply to all clinical internships as well. The student will:

**Adhere** to the principles state in the APTA Code of Ethics in all aspects of physical therapy practice.

**Demonstrate** appropriate professional behavior in all interactions related to classroom instruction, patient/client management, and professional collaboration.

**Demonstrate** effective expressive and receptive communication skills, both orally and in writing in both educational and clinical settings as appropriate.

**Comply** with the institutional and federal regulations related to maintaining the confidentiality of protected health information in both educational and clinical settings as appropriate.

**Demonstrate** cultural competence by respecting individual differences as they relate to physical therapy practice, research, and education.

**Interpret** the significance of developmental differences across the lifespan as they relate to physical therapy practice, research and education.

**Develop** clinic decision making skills, including critical thinking, clinical reasoning, and clinical judgment.

**Use** evidence from published literature to inform clinical decision-making and assist in the selection of appropriate treatment interventions.

**Critically analyze** assigned readings and other published literature.
## University of Puget Sound
### Doctor of Physical Therapy Program
### Course Sequence

#### Year 1

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<td>PT 610 Neuroscience and Neuroanatomy</td>
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<td>PT 625 Introduction to Critical Inquiry</td>
<td>PT 635 Ambulatory Function</td>
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<td>PT 630 Intro to Professional Issues</td>
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*Students must enroll in two PT 677 courses. The course offerings vary from year to year, and may include courses on topics such as the following:

- Women’s Health
- Sports Physical Therapy
- Manual Therapy
- Pediatric Physical Therapy
- Oncology Physical Therapy
- Advanced Adult Neurological Rehabilitation
- Advanced Electrotherapy
- Lower Extremity Biomechanics
- Advanced Wheelchair Seating
- Performing Artist Injury Rehabilitation

Course descriptions can be found on the University of Puget Sound website [www.pugetsound.edu](http://www.pugetsound.edu)
Clinical Education Timeline and Overview

**Integrated Clinical Experience I**
The integrated clinical experiences begin in the fall semester of the second academic year. This experience provides students with an opportunity for observation and supportive participation in patient care in the on-site clinic one day a week. There is also a peer-mentor component to this experience in which third year students mentor second year students and provide feedback on documentation and performance of basic PT skills that were developed in the first year of the program. Second year students also design an exercise/wellness program for individuals from the community who are interested in starting or progressing a personal exercise program. Licensed physical therapists mentor and supervise the exercise prescription and instruction. The companion clinical education seminar for this course expands on the professional issues introduced in the first year of the program and supports the clinical experience with instruction in documentation of patient care, discussion of experiences and upcoming full-time internships. Clinical Education notebooks are initiated in this seminar.

**Integrated Clinical Experience II**
This integrated clinical experience involves the direct provision of patient treatment by the student physical therapists under the mentoring and supervision of a licensed PT clinical instructor (CI). The student to CI ratio is 2:1. Students gain exposure to and experience in all aspects of patient care including evaluation, intervention planning and implementation, documentation, discharge planning and referral and communication with health care providers. The companion clinical education seminar for this course covers legal issues related to physical therapy practice such as supervision and student provision of physical therapy services and supports the ICE with discussion of experiences. Clinical Education Notebooks are revised and enhanced and students receive training in the use of the Clinical Performance Instrument (Web CPI).

**Clinical Internship I**
This is the first of three twelve-week full-time clinical internships. It is twelve weeks long and typically occurs from late May to mid-August between the second and third years of the program. Students are encouraged to select a complex medical/inpatient acute care or inpatient rehabilitation setting for this experience if possible.

**Integrated Clinical Experience III**
Students participate in this integrated clinical experience two days a week. This experience includes the direct provision of patient therapy services under the supervision of a licensed PT clinical instructor. Students are responsible for all aspects of patient care including evaluation, intervention planning and implementation, documentation, discharge planning and referral and communication with health care providers. This experience uses a collaborative model with a student to CI ratio of 4:1. This experience complements the second year student clinical experience in that the students in the third year of the program serve as student mentors to second year students, thereby providing them with an opportunity to practice clinical teaching.

The companion clinical education seminar for this course is designed initially to orient students to the collaborative model of learning and to their roles as both student and teacher. Subsequent sessions provide information about obtaining licensure in Washington State and review of the moral, legal and
ethical responsibilities of having a professional license. Students also participate in a capstone case study experience in which they discuss complex patient cases with expert clinicians that represent the types of cases they may encounter in advanced clinical practice.

**Clinical Internship II and Clinical Internship III**
Students complete two full-time internships, each of which is 12 weeks in length. These internships are scheduled in the spring and summer semesters of the third year (Internship II Mid-January – Mid-April, Internship III Late April-Mid July). Students who successfully complete the final full-time internships and meet all academic and clinical requirements for the program are eligible to take the National Physical Therapy Examination (NPTE).

**Requirements for Participating in Clinical Education**

Students enrolled in the DPT program must be able to meet all of the Technical Standards (Appendix A), pass a criminal background check, complete all required immunizations, maintain health insurance, and demonstrate satisfactory professional and affective behavior in order to participate in integrated clinical experiences as well as full-time clinical internships. Students who have any health concerns that may affect their physical ability or emotional stability to perform safely and appropriately in a clinical setting must provide evidence that those concerns have been addressed by an appropriate health care professional prior to starting any of the aforementioned clinical experiences.

**Americans with Disabilities Act (ADA)**
ADA privacy requirements prohibit the faculty and staff of the University of Puget Sound from discussing any disability with a clinical site without specific authorization to do so from the student. Thus, it is recommended that the student disclose the nature of the disability on the Personal Data Form that is sent to the clinical site prior to the student’s arrival. In addition, the student should discuss any relevant information about their disability that may impact clinical performance, scheduling, or time management difficulties with the Clinical Instructor (CI) and/or CCCE during the orientation meeting. In general, it is to a student’s benefit to provide as much information as possible in explaining the impact of a disability.

If written permission to disclose a disability is provided by the student, the DCE will discuss the disability with the CCCE/CI and request that the appropriate accommodations be made prior to the student’s arrival. Clinical education sites are not employers and as such, they offer accommodations on a voluntary basis. All discussions and requests for disability accommodation in clinical education sites must be handled through the Director of Clinical Education (DCE).

Students are strongly encouraged to continue a pro-active, open dialogue about their educational needs with both the academic and clinical faculty. If problems arise that cannot be resolved, the DCE should be contacted immediately. Retroactive disclosure of a documented disability will not change a student’s performance assessment.

**Required Immunizations**
Students are required to submit documentation of vaccination/immunity to the diseases listed below to the DCE no fewer than 8 weeks PRIOR to the first integrated clinical experience. **NOTE: Students will NOT be allowed to register for the integrated clinical experience (PT 650) if they do not meet this deadline.**

- Diphtheria
- Tetanus (TDap) within last 10 years
- Poliomyelitis
- Measles, Mumps and Rubella
- Hepatitis B (including a titer verifying immunity)
- Immunity to chicken pox, also called Varicella, by immunization or titer (some facilities require both)
Seasonal flu shot

Process for Documentation of Immunity
Students must complete the Counseling, Health and Wellness Services (CHWS) Medical History Form and provide medical records for all immunizations to CHWS. A blood draw for a titer for any immunity that the student does not have medical records for must be completed and documented. A Release of Medical Information form to CHWS will allow CHWS to release immunization records to the DCE. It is the student’s responsibility to provide the DCE with an updated print out whenever there has been a booster, new vaccine etc. (The forms can be downloaded from CHWS webpage.)

TB Testing
All students are required to have a two-step TB test prior to starting the PT program. NOTE: A two-step TB test is one in which the serum is placed and read on two separate occasions within a one-month period. For example, the first test is given and read two days later. A second test is given sometime in the next 1-4 weeks and read two days later. Thereafter, there is a requirement for an annual one-step TB test. It is the student’s responsibility to make sure that follow-up TB testing is completed annually for the duration of the program.

CPR, Bloodborne Pathogens, HIPAA Training
All students are required to maintain certification in CPR at the Health Care Provider level while enrolled in the PT program. It is the student’s responsibility to maintain continuous CPR certification. Students will receive training on HIV and blood-borne pathogens during the PT program that meets the requirement for health care providers in Washington during the PT program. Some clinical facilities may require additional training modules prior to beginning clinical internships. More information about specific requirements will be provided when needed. Students must keep a record of all training in their Clinical Education notebook.

Criminal Background Checks
Physical therapy students will work with vulnerable populations during the clinical education portion of the program. The University of Puget Sound and the PT Faculty are responsible for ensuring the safety of patients seen by our students. In addition, many healthcare facilities require a criminal background check prior to beginning clinical experiences in those facilities. Therefore, students enrolled in the Doctor of Physical Therapy program at University of Puget Sound are required to undergo annual local and national criminal background checks prior to their first experience in the onsite clinic (in August prior to 2nd year) and again in the fall of the 3rd year prior to beginning the final full-time clinical internships. Those students whose criminal background checks are deemed unsatisfactory may be denied access to clinical experiences at certain clinical facilities. The PT program may also deny the student access to the on-site clinic based on the results of a criminal background check. Failure to complete the clinical education component of the program will prevent a student from graduating from the program.

The PT program has contracted with CertifiedBackground.com to provide the required background checks and documentation. All students are required to establish an account with this service by August 1st before the second year of the program. Students who have concerns about incidents in his or her background may wish to engage with the service earlier to ensure that they will be able to participate in clinical education. CertifiedBackground.com accounts are set up independently by the student at student expense, this fee is not included in any university tuition or fees. The DCE will provide specific information about how to set up an account.

Note: A previous criminal background may impact a student’s ability to obtain licensure as a physical therapist despite successful completion of the Doctor of Physical Therapy program. For specific information as to whether a criminal record may limit a person’s ability to obtain licensure as a physical
therapist in the state of Washington, contact the Washington State Department of Health at www.doh.wa.gov.

**Insurance**

All students are covered by professional liability insurance through the University of Puget Sound while involved in school related/authorized activities. The University **requires** all students to have health care insurance. Please see [www.pugetsound.edu/healthinsurance.xml](http://www.pugetsound.edu/healthinsurance.xml) for further information. Students must maintain adequate health insurance and immunization levels and may be required to show proof of these prior to starting at their clinical facility. Failure to maintain adequate health insurance, immunization levels and a current health care provider CPR certification may result in the cancellation of an internship.

**Additional Requirements**

Some clinical facilities require specific drug testing and additional background checks. Students will be notified of the special requirements for each site and are responsible for obtaining the requisite tests, etc. at their own expense prior to beginning each internship.

**Full-time Clinical Internship Selection Process**

Students are required to complete three (3) twelve week full-time clinical internships totaling 36 weeks. Over the course of the three full-time internships, a student must experience care delivery in **at least** one complex medical **inpatient setting** (i.e., medical center/hospital, specialty rehabilitation center or transitional/ skilled nursing facility) and one **outpatient setting** (i.e., free standing private practice or a hospital-based outpatient facility). Internships in home health care and school-based settings are not required; however, these experiences may be counted as the outpatient experience depending on the individual student’s clinical education plan. Students are strongly encouraged to complete an internship in a rural or underserved community for one of the full-time clinical internships.

In addition to the aforementioned practice settings, students should experience a broad range of patient ages and diagnostic groups. Overall, the clinical experience must include the following diagnostic groups: acute/complex medical, orthopedic/musculoskeletal, and neurologic dysfunction. There is no specific time requirement for any exposure and one internship placement may provide multiple experiences.

Exposure across the lifespan is encouraged and at a minimum, students must gain experience treatment working with both geriatric and young adult populations. Students must experience the full spectrum of physical therapy patient management including evaluation, PT diagnosis, treatment planning, treatment implementation and progression of treatments, discharge planning and referral.

Students are responsible for developing a plan for achieving the spectrum of clinical education exposures while satisfying his or her individual interests and career plans. **Students should understand that to develop a comprehensive clinical education experience, they are required to travel out of the metropolitan Seattle-Tacoma area for at least one of the full-time internships. “Out of the area” is defined as a distance greater than 50 miles one way from Tacoma.**

**Clinical Education Site Information**

Information about clinical sites with which the university has contracts is available to students on the Clinical Site Information page on Moodle [www.moodle.pugetsound.edu](http://www.moodle.pugetsound.edu). The following information is located in the folders for each site:

1. The APTA Clinical Site Information form (CSIF).
2. APTA Student Evaluation of Clinical Experience.
3. Student-Friendly Evaluations of Clinical Experiences. Note that personal appraisals will vary from student to student. Use this information only as a guide to assess the program.
4. List of special requirements (i.e., immunizations, tests, interview, background checks).

When reviewing the CSIF, pay particular attention to the list of potential clinical instructors and their qualifications as well as the special programs/activities/learning opportunities section. Students should also be aware that most clinical education sites have web pages and often the most current information about a site can be found online.

NOTE: Center Coordinators of Clinical Education (CCCE’s) are asked to provide updated CSIFs periodically but not all facilities respond to this request. The clinical sites on Moodle are those with whom the university currently has an active contract. In the event that a CSIF is not available, students are encouraged to do their own research by web searching the particular facility.

The DCE requests student internship placements for specific students rather than for the class as a whole. Therefore, if a clinic declines to accept a student, a second request will need to be made to a different facility. Therefore, the student must provide a prioritized list of facilities that he or she would find acceptable.

Contracted Clinical Education Facilities

The University presently holds over 150 clinical contracts with entities offering clinical education in several states. Many of the contracts are with corporations that have multiple physical locations. Clinical facilities may be medical centers, hospitals, urgent care centers, home health agencies, long-term care facilities, private clinics, or school districts. The clinical experiences available at each facility are widely varied. Physical therapists practicing in these facilities will likewise offer a variety of theories and treatment approaches that may serve to enhance a student’s education. Only those facilities with which the university has clinical affiliation agreements are available for internship selections. Contracts with new clinical sites are added when the educational need or geographic location indicates. **Contracts for new clinic sites will not be established for individual students.**

Clinical sites reserve the right to specify which internship experience (first, second or third) they are willing to provide. The DCE will provide a list of the sites available to request for the first clinical internship prior to the start of the requesting process.

All clinical instructors must meet the APTA requirement of a minimum of one year of clinical experience prior to taking a student. UPS has a policy of encouraging clinical instructors to complete the APTA CI credentialing. However, there is no guarantee that the assigned CI will have that credential. Likewise, UPS has a policy of seeking clinical education sites with board certified clinical specialists on staff; again, there is no guarantee that the assigned CI will be a clinical specialist.

**Internship Placement Policies and Procedures**

Full-time off-site internship placement takes place well in advance of the actual clinical internships. Students make requests for their first full-time internship during the spring of the first year of the program. Students make requests for their second and third clinical internships in the fall of the second year of the program. The University of Puget Sound follows the American Physical Therapy Association’s uniform internship request date of March 1 for the following calendar year placements. Students should be aware that multiple schools may hold contracts with the same clinical facilities and it is not certain that UPS will be given a student placement at any particular facility.

Clinical education sites reserve the right to establish specific requirements for students who intern in their facilities such as only accepting students for the final internship. In addition, some facilities may have a particular residency requirement or require an in-person or phone interview prior to accepting the student. Facilities may have strict dress codes including restrictions on facial hair, body piercings or visible tattoos. Students should read all information available about a clinical site prior to requesting
placement. **It is the student’s responsibility to request placement in only those facilities in which they meet the stated requirements.**

**Internship Site Request Considerations**
When making decisions about full-time clinical internships, a student should consider all of the experiences he/she wants to include and the developmental trajectory or order that he/she believes will best complement his or her personal characteristics and career goals. Other considerations should include:

**Educational value**
This may be the most difficult decision to make but it is by far the most important decision. Much of a student’s performance as a physical therapist is guided and directed by the experience and challenges that person had in his/her internships.

**Financial implications**
Selecting a clinical site requires serious consideration by each student regarding his or her financial status. The ability to meet the incurred costs of living expenses, transportation and room and board, availability of living accommodations, and unforeseen financial and personal contingencies should be considered. Some facilities may offer a stipend, room and/or board or other means of maintenance. Because of the present economic situation, facilities may no longer provide stipends, etc., or may withdraw their maintenance fee or stipend after a student’s clinical assignment has been confirmed. Please keep in mind that the loss of a stipend or maintenance fee, increased transportation costs, increased board and room expenses, availability of living accommodations and unforeseen personal and financial contingencies is **not** be a valid reason for requesting a change in clinical education assignment.

**Geographic Location**
The time of year in which a student is affiliating, the climate and socio-economic setting should be taken into consideration when making internship choices. The need for specific types of clothing, the cost of living in an area or transportation needs are additional factors to consider.

**Emotional and Psychological Considerations**
The emotional and psychological impact that clinical internships may have on a student does not usually manifest itself until after the internship begins. Please keep in mind that the change from academia to the clinics may well create stressful situations. When exploring possible internship sites, students should take into consideration the impact that the loss of a home and support system may have on them both emotionally and psychologically. If an out-of-area site is selected, moving into a new environment may create an atmosphere that is not conducive to successful completion of the internship. Moving back in with one’s parents may also create tension. Alternatively, moving to a new area may help a student focus on the internship without distractions of friends or usual activities.

The DCE strives to accommodate as many student’s **first choice** requests as possible. In the event that multiple students request the same internship as a **first** choice, the DCE will have a lottery with the involved students to determine which student’s request will be sent to the site. Second and third choice requests have lower priority and it is possible that a student who has a first request that goes to a lottery will also have no option for their second or third place requests if these sites were the first request for another student. If this happens, the student would then be required to submit a new list of potential sites.

Students who are turned down by the sites requested will be asked by the DCE to provide a prioritized list of 3 additional facilities to approach for placement. Student must create this list from the remaining available facilities—acknowledging that the confirmed placements of both UPS and other schools may limit the options.

**Internship Request Forms**
Internship request forms are provided to students prior to the request deadline for each internship. Students may use this form to communicate special circumstances and a rationale as to why they would like to complete an internship at a particular site. There is a specific deadline by which the internship request form must be submitted. Students who miss the deadline will have their internship selections considered after all students who met the deadline have been placed.

Notification of Decision
All decisions regarding a facility’s willingness to accept a student placement will be relayed to students via the clinical seminars, the Clinical Education bulletin board and/or e-mail. If a facility does not agree to a student’s first priority request, the DCE will automatically place a request for the student’s second priority.

In general, once a clinical placement has been agreed upon between the DCE and the clinical facility it will not be changed. Clinical facilities do not cancel students without good reason. Therefore, it is the program’s policy not to change a student's placement once the assignment is confirmed. Both the PT program and clinical site must honor their commitment in order to prevent inconvenience to all concerned and to maintain respectful relationships for future placements. If problems arise that require special consideration, it is important to discuss them with the DCE as soon as possible. A student must petition to change or cancel a confirmed internship placement (see Appendix B).

On occasion, clinical sites may need to cancel a confirmed internship placement. When this occurs, the DCE will work to secure a new placement that fulfills the same type of clinical education experience as the cancelled site.

Placement Procedures
The DCE and students will adhere to the following policies to minimize conflict and distress concerning internship placements.

1. No clinical placement will be considered final without written confirmation from the facility.
2. Students should not make living and/or travel arrangements until written confirmation is received from the facility.
3. In the event that more students request a facility than there are spaces available, the placement request will be made through a lottery process.
4. The DCE will attempt to honor all internship requests in the order requested by each student. However, the DCE reserves the right to change the sequence of internships in the final semesters in order to accommodate the largest number of students.
5. Students are required to select at least one internship site out of the area and/or out of state and relocate to this area for the duration of the internship(s).

Clinical Education Fees
Students are required to pay a clinical education fee in lieu of tuition for the full-time clinical internships. Current fee schedules are listed on the Puget Sound website www.pugetsound.edu. Repeating an internship will require that the student pay additional fees. In addition, if a clinical site requires drug testing, physical examination or additional background checks, the student is responsible for paying those fees.
**Benchmarks and Performance Expectations**

**Internship Benchmarks/Performance Expectations**

The following benchmarks are used to determine if a student is on track for successful completion of each full-time clinical internship. These are intended as guidelines only and may vary slightly depending on the particular clinical site.

*Clinical Internship I Benchmarks*

**By the end of the 4th week, the student should be:**
Consistently demonstrating safe and professional behavior, including taking initiative and responsibility for own learning.
Working toward independence in re-examinations and patient interventions for ongoing patients.
Demonstrating progress with critical reasoning and decisions about patient/client management (examination, evaluation, diagnosis/prognosis, intervention and discharge outcomes).

**By the end of 6th week, the student should be:**
Demonstrating strong and consistent performance in the areas of safety, responsible behavior, professional behavior, ethical practice and legal practice.
Demonstrating progress in all components of patient management
Demonstrating carry-over of learning to new patient situations
Demonstrating improved “flow” during patient interventions
Documenting all progress notes and initial evaluations with minimal assistance from CI.
Working toward independence with initial examinations for selected non-complex patients
Nearly independent managing selected patients on CI/student shared caseload.

**By the end of the 12th week, the student should be:**
Independent in initial examinations and intervention for selected non-complex patients.
Demonstrating good “flow” during patient examinations and interventions.
Able to manage approximately 60% of a case load expected of a new graduate in this setting.
Fulfilling all assigned responsibilities such as managing own schedule and patient billing.

*Clinical Internship II Benchmarks*

**By the end of the 4th week, the student should be:**
Consistently demonstrating safe and professional behavior, including initiative and responsibility for own learning 100% of the time.
Demonstrating significant progress toward independence in completing initial examinations, re-examinations and patient interventions.
Demonstrating progress with critical reasoning and decisions about patient/client management (examination, evaluation, diagnosis/prognosis, intervention, discharge, outcomes).
Completing treatments in a timely manner with minimal cues from the CI.

**By the end of the 6th week, the student should be:**
Demonstrating strong performance in the areas of safety, responsible behavior, professional behavior, ethical practice and legal practice 100% of the time.
Readily incorporating newly learned skills in patient management.
Demonstrating good “flow” i.e., sequencing during patient examinations.
Able to manage approximately 50% of a case load expected of a new graduate in this setting.
Completing all treatments in a timely manner without cues from the CI.
By the end of the 12th week, the student should be:
Demonstrating efficient patient management skills; consistently able to independently manage 80-100% of a caseload expected of a new graduate in this setting.
Fulfilling all responsibilities, comparable to a staff physical therapist, including managing own schedule, patient billing, consulting with team members on own, ordering necessary equipment for discharge etc.
Functioning as an integral part of the functioning of the clinic.
Initiating consultation from experienced clinicians for complex patients.

Clinical Internship III Benchmarks

By the end of the 4th week, the student should be:
Demonstrating safe and professional behavior, including initiative and responsibility for own learning 100% of the time.
Working toward independence in completing initial examinations, re-examinations and patient interventions.
Demonstrating progress with critical reasoning and decisions about patient/client management (examination, evaluation, diagnosis/prognosis, intervention, discharge, outcomes) with minimal input from the CI.
Completing patient treatments in a timely manner with minimal cues from the CI.

By the end of the 6th week, the student should be:
Demonstrating strong performance in all aspects of safety, responsible behavior, professional behavior, ethical practice and legal practice.
Readily incorporating newly learned skills in patient management.
Demonstrating good “flow”, i.e., sequencing during patient examinations.
Demonstrating significant progress in all areas of patient management skills.
Able to independently manage approximately 80% of the case load expected of a new graduate in this setting.
Completing patient treatments in a timely manner without cues from the CI.

By the end of the 12th week, the student should be:
Demonstrating efficient patient management skills; consistently able to independently manage 80-100% of a caseload expected of a new graduate in this setting.
Fulfilling all responsibilities comparable to a staff physical therapist, including managing own schedule, patient billing, independently consulting team members, ordering necessary equipment for discharge etc.
Functioning as an integral part of the clinic.
Initiating consultation from experienced clinicians for complex patients.

Students are evaluated using the American Physical Therapy Association’s Web-based Clinical Performance Instrument (CPI). Students and CIs are both expected to complete a performance assessment using the CPI at midterm and final. The CI and DCE may also communicate in person, by phone or by email about the student’s performance. The DCE makes the final determination of whether or not the student successfully passes a clinical experience. The expected performance levels for each internship on the CPI are listed below.
<table>
<thead>
<tr>
<th>Full-Time Clinical Internship</th>
<th>Time Frame</th>
<th>Expected Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internship I</td>
<td>Summer between 2\textsuperscript{nd} and 3\textsuperscript{rd} year</td>
<td>APTA CPI Web Beginner ↔ Intermediate</td>
</tr>
<tr>
<td></td>
<td>12 weeks full-time</td>
<td>480 hours</td>
</tr>
<tr>
<td>Internship II</td>
<td>Spring 3\textsuperscript{rd} year (Late Jan. – Mid April)</td>
<td>APTA CPI Web Adv. Beginner ↔ Adv. Intermediate</td>
</tr>
<tr>
<td></td>
<td>12 weeks full-time</td>
<td>480 hours</td>
</tr>
<tr>
<td>Internship III</td>
<td>Spring 3\textsuperscript{rd} year (Late Apr. – Mid July)</td>
<td>APTA CPI Web Entry-level ↔ Beyond Entry-level</td>
</tr>
<tr>
<td></td>
<td>12 weeks full-time</td>
<td>480 hours</td>
</tr>
</tbody>
</table>

**Red Flag Items**
The following performance criteria on the APTA CPI Web are considered fundamental to the safe and efficacious practice of physical therapy:

SAFETY
PROFESSIONAL BEHAVIOR
ACCOUNTABILITY
COMMUNICATION
CLINICAL REASONING

**Concerns about a student’s performance on any of these criteria warrants a communication with the DCE via phone or email.**

**Professional Behaviors Assessment Tool**
The Professional Behaviors Assessment Tool (see Appendix D) is designed to assess student growth and development in the affective domain of learning. Students expected to assess their performance on this tool and discuss the results with the CI upon completion of each internship. The CI is asked to verify that the discussion has occurred and to indicate agreement or disagreement with the student’s assessment.

**Clinical Internship Policies and Procedures**
The DCE is the academic supervisor and faculty member of record for all clinical education experiences. All clinical education courses have a course number and an accompanying syllabus and students should refer to these documents for the specific requirements for each course. Students should include a hard copy of the syllabus in their Clinical Education Notebook and provide that to the CI for review upon request. Students should also be aware of the contracted responsibilities of the university, student and clinical education facility and should read the university’s Extended Campus Agreement (contract) prior to beginning a clinical internship (see Appendix C).

**Dress Code Policy**

Students are expected to present themselves professionally at all times. The following requirements must be met.

Name Badges: Interns must wear a University of Puget Sound photo ID name badge. Some clinical sites may issue a photo ID name badge in accordance with their policies and procedures.

Appropriate attire: The following clothing items are not permitted:

- Jeans, shorts or capri pants; clothing with clinic names/logos (unless issued by the clinical site), open-toed shoes or high heels. Clean athletic shoes that are in good condition are acceptable if so permitted by the clinical site. Shoes with laces must be tied.
- There should be no bare midriff attire, no cleavage, no exposed buttocks and no visible undergarments.
Clothing should accommodate movement and must not be tight fitting. The intern should be able to move vigorously without exposing any skin on the midriff, buttocks or chest.

**Piercings and Tattoos:** There should be **no** visible body piercings (e.g., eyebrow rings, nose rings, nose/tongue studs, lip rings, etc.). Modest post or small hoop earrings (in ears) are acceptable. There should be **no** visible tattoos.

**Grooming:**
- Fingernails should be clean and trimmed.
- Hair should be neat and tied back if long.
- Excessive cologne or aftershave is not permitted.

**Attendance Policy**

Attendance is required for successful completion of clinical internships. Absences for reasons other than illness or attendance at professional meetings (see below) are not permitted. It is the student’s responsibility to notify the CI and the DCE in the event of illness.

**Integrated Clinical Experiences** (Onsite Clinic): Students cannot pass PT 650 or PT 651 if they miss more than 3 patient care days. Students cannot pass PT 660 if they miss more than 4 patient care days. A **MAXIMUM** of one clinic day may be missed for presentations as professional meetings such as APTA conferences.

**Full-time Clinical Internships** (PT 657, PT 687, PT 688): Absences for professional activities (e.g. presenting at APTA conferences) are permitted with prior notification to the DCE and CI. Students are allowed to miss a **MAXIMUM** of two patient care days to for professional activities. **It is up to the CI and clinical site whether or not these days need to be made up.** These professional commitments should be clearly stated on the first day of the internship to make sure that appropriate patient coverage is available.

In the event of an unexpected absence, the intern must notify the CI as soon as it has been determined that he or she will not be able to come to work. In addition, the intern must notify the DCE of the absence by phone, text or email.

Absences due to illness that extend beyond **two days** require written documentation from a health care provider. If a student misses **5 patient care days** of a 12 week full-time internship for whatever reason, he or she cannot pass the internship. Missed patient care days due to illness must be made up and this should be done **immediately** to allow for successful completion of the clinical education experience. The DCE must be aware of, and approve the plan to make up missed patient care days.

**Punctuality**

Tardiness conveys a very negative impression that suggests a lack of planning and unprofessional behavior. The intern must contact the CI as soon as it becomes apparent that tardiness is unavoidable. It is the intern’s responsibility to initiate discussion about modifying the daily schedule if there are reasons other than personal convenience that are resulting in tardiness.

**End of Internship Requirements**

Students are responsible for ensuring that the Clinical Performance Instrument has been reviewed and signed off by both the student and CI on the last day of each internship. Students are to have the APTA Clinical Education and Clinical Instructor evaluation forms completed PRIOR to the exit interview in which the final CPI evaluation is discussed. These evaluations are to be presented and discussed with the CI in person.
Students must submit the following required forms within four (4) days after completion of each internship. In order for the DCE to submit grades to the Registrar, the signed Web CPI, completed Professional Behavior Assessment Tool Checklist, the signed APTA Clinical Site and Clinical Instructor Evaluation and the Student-Friendly Clinical site Evaluation must be submitted electronically as Microsoft Word documents within four (4) days after completion of each internship. The DCE will send the APTA Clinical Site and Clinical Instructor Evaluation forms to the CCCE. **Failure to do so may delay the posting of your degree on transcript, completing applications, sitting for the National Physical Therapy Examination or obtaining interim licensure.** The DCE and faculty will read the evaluations to help assist them in program changes within the University or the clinical site. Students are encouraged to be open, honest, and constructive and provide suggestions when completing the forms.

**Application for Licensure**

Licensure is granted by the State (licensing authority) and students should review the information on the process and requirements on the web page of the state in which they plan to practice. A graduate must **apply** for a license and, in states where it is required, must apply for an interim permit to allow him or her to be employed prior to acquiring a PT license. All states require a passing score on the National Physical Therapy Examination (NPTE); each licensing authority sets its own eligibility requirements. The NPTE is administered by computer. You can access the candidate handbook and other links on the Federation of State Boards of Physical Therapy website ([http://www.fsbpt.org/](http://www.fsbpt.org/)).

Prior to graduation, you will need to complete a Request for Transcript form, requesting the Registrar to send a copy of your transcript with **degree posted** to the licensing agency in the state in which you plan to gain licensure. If you plan to gain licensure in Washington, the transcript should be sent to:

Department of Health Board of Physical Therapy  
PO Box 47868  
Olympia, WA 98504-7868  
Telephone (360) 236-4872

The DCE will provide verification to the Washington State Department of Health during the final full-time clinical internship for those students who are on track to successfully complete the final internship. This letter will allow eligible candidates to sit for the NPTE upon completion of the final internship but prior to the actual graduation date when the degree is posted. The DCE will also survey the class and send similar letters to the licensing authorities of other states upon request. Students are responsible for contacting licensing authorities regarding specific requirements for licensure in an individual state. Forms that require the university seal should be sent directly to the Office of the Registrar.

**The Director of Clinical Education**

The Director of Clinical Education's (DCE) office is located in Weyerhaeuser Hall room 223. The DCE is available to students for counseling and guidance in the selection of clinical sites or any clinic related concerns.

The responsibilities of the Director of Clinical Education are to:
1. Develop the clinical component of the PT education program including goals and objectives.
2. Provide oversight for the On-Site Teaching Clinic and Integrated Clinical Experiences.
3. Provide oversight of the full-time clinical internships.
4. Prepare and maintain clinical education budget.

**On-site Clinic**

The responsibilities of the DCE in the on-site clinic are to:

a. Establish policy and procedures for the on-site clinic.
b. Supervise clinic operations and budget.
c. Hire and supervise clinical education adjunct faculty for the clinic.
d. Design educational experiences and academic objectives for on-site clinic.
e. Schedule and assign all eligible students to integrated clinical experiences.
f. Assign grade for the integrated clinical education courses

**Contracted Fulltime Internship Clinical Education**

The responsibilities of the DCE regarding off-site full-time clinical education are to:

a. Establish and implement criteria for selection of clinical facilities.
b. Produce and maintain current contractual agreements with clinical facilities.
c. Establish criteria for clinical faculty within selected clinical facilities.
d. Maintain a clinical facility information file

e. Establish criteria and mechanism for evaluation of clinical education program offered by facilities.
f. Provide leadership in development of clinical faculty in providing education consistent with program goals.
g. Act as a liaison between clinical facility and the University.
h. Plan and coordinate students’ clinical education experience.
i. Schedule all eligible students to full-time internships.
j. Insure that all necessary information and forms are transmitted to the clinical instructors.
k. Develop criteria and mechanisms for evaluation of student performance in clinical facilities.
l. Counsel, guide and advise students and clinical faculty.
m. Plan and implement ongoing site visits to established and potential clinical facilities.
n. Develop and implement policies for withdrawal of students from a clinical facility

- **o. Reassign students who do not complete original clinical assignment.**
- **p. Assign grade for the integrated clinical education courses.**

**Appointments**

The DCE has posted office hours to assist the student in making decisions relating to internships. There are required meetings with the DCE in the fall of the first year and in the fall of the third year. Students are encouraged to make additional appointments as needed to discuss this important transition from academia to the clinic.

The DCE is available to students by cell phone, letter or e-mail, whenever concerns arise prior to or during clinical internships. In the event that stress and/or anxiety creates concern for either an intern or CI, counseling services may be available within a particular facility. Furthermore, the DCE is available to assist in any possible way in order to insure a successful clinical experience.

**Please note, that if problems/concerns arise prior to or during any of the clinical education assignments, including the on campus teaching clinic or any internships, the DCE has an obligation to the University, the clinic facilities and the profession, to share information regarding your past academic, clinical and interpersonal behaviors with the facility CCCE/CI. This is an opportunity for the DCE and the CCCE/CI to effectively assess and manage potential problems/concerns.**

**Emergencies:**

Students are responsible for the costs of any emergency services needed for the duration of the clinical internships. Students should access emergency services through usual procedures (911 or use of the facility emergency procedure if during work hours). When an emergency occurs, contact Ann Wilson, DCE, at the following numbers to alert her to the situation.

(253) 230-3127 (Cell)  (253) 879-3524 (Work)
Appendix A

University of Puget Sound
School of Physical Therapy
Essential Technical Standards
Adopted September 2, 2009

To be eligible to obtain a University degree from the School of Physical Therapy, a student will be required to meet the following minimum technical standards and competencies outlined in this document. It is the student’s responsibility to read, understand and ensure that he/she has these capacities.

Introduction
The University of Puget Sound, School of Physical Therapy Doctor of Physical Therapy (DPT) Program complies with Section 504 of the 1973 Vocational Rehabilitation Act and the Americans with Disabilities Act of 1990 (the ADA) in providing opportunities for qualified individuals with disabilities. At the same time, prospective candidates and current DPT students must be capable of meeting certain essential technical standards. The following essential technical standards specify those skills, abilities and competencies that faculty has determined to be necessary in successfully completing didactic and practical training, clinical education internships and practicing physical therapy safely and responsibly. These standards describe the essential functions that DPT students must demonstrate in the requirements of professional education, and thus are necessary for continuation and/or completion of the training in the Physical Therapy Program. Requests for reasonable accommodation are evaluated on an individual basis and will be permitted, if appropriate, to foster the student’s ability to meet these essential standards. Candidates seeking admission and current students should understand that the Physical Therapy Program will not waive or substitute any essential technical standard or lower programmatic expectations.

Essential Technical Standards

The DPT student will possess abilities sufficient to enable skill development in the following five areas:

Observation
A. Observe a patient/client accurately at a distance and close at hand, noting non-verbal as well as verbal signals
B. Visualize and discriminate findings on imaging and other studies
C. Interpret digital or analog representations of physiologic phenomena, such as EKGs
D. Acquire information from written documents, films, slides, video or other media
E. Observe and differentiate changes in body movement
F. Observe anatomic structures, skin integrity including skin color, texture, odors, bony landmarks, anatomical/pathological structures
G. Efficiently read written and illustrated materials
H. Observe and detect the various signs and symptoms of disease processes and movement dysfunction
I. Effectively gather auscultation and auditory data, such as heart and breath sounds, pulses, joint noises, blood pressure, gait and prosthetic sounds
J. Discriminate numbers and findings with diagnostic instruments, tests and measures.

Communication
A. Communicate in a culturally competent manner with patients/clients
B. Communicate effectively and efficiently with all members of the health care team in oral and written English
C. Communicate clearly with and observe patient/clients and families in order to elicit information including a thorough history from patient/clients, families, caregivers and other sources
D. Accurately describe changes in mood, activity, posture and biomechanics
E. Perceive verbal as well as non-verbal communications, and promptly respond to emotional communications (sadness, worry, agitation, confusion)
F. Communicate complex findings in appropriate and understandable terms to patients/clients and their families and caregivers
G. Adjust form and content of communications to the patient/client’s functional level or mental state
H. Engage in collaborative relationship with patient/clients and families/caregivers
I. Record observations and plans legibly, efficiently, and accurately
J. Prepare and communicate precise but complete summaries of individual encounters
K. Complete documentation forms according to directions, in a timely manner, including manual, electronic, and other recording methods
L. Demonstrate effective communication skills to provide patient/client education and with families/caregivers and support personnel
M. Receive, write, and interpret verbal and non-verbal communication in both academic and clinical settings
N. Demonstrate appropriate interpersonal skills as needed for productive classroom discussion, respectful interaction with classmates and faculty and development of appropriate therapist to patient/client relationships
O. Demonstrate appropriate ability to develop therapeutic interpersonal communications such as attending, clarifying, motivating, coaching, facilitation and touching
P. In emergency and potentially unsafe situations, understand and convey information for the safe and effective care of patient/clients in a clear unambiguous and rapid fashion including receiving and understanding input from multiple sources simultaneously or in rapid-fire sequence

Motor
A. Stand and walk independently while providing care in practice and internship settings; frequently lift 10 pounds, occasionally lift 10-50 pounds and more than 50 pounds; frequent twisting, squatting, reaching, pushing/pulling, grasping and crawling
B. Climb and descend stairs and negotiate uneven surfaces including varying terrains and ramps while providing care in practice and internship settings.
C. Perform palpation, percussion, auscultation and other diagnostic maneuvers while manipulating devices, e.g. goniometer, reflex hammer, IV poles, catheter bags, walkers, etc.
D. Provide general care and emergency medical care such as airway management, handling of catheters, cardiopulmonary resuscitation, application of pressure to control bleeding, infection control procedures
E. Respond promptly to medical emergencies within the training facility and within DPT scope of practice
F. Not hinder the ability of co-workers to provide prompt care
G. Perform diagnostic and therapeutic procedures (e.g. APTA Guide to PT Practice Tests, Measures and Interventions)

Cognitive
A. Recall and retain information
B. Deal with several tasks or problems simultaneously
C. Demonstrate reasoning and problem solving
D. Perceive subtle cognitive and behavioral findings
E. Identify and communicate the limits of knowledge to others
F. Identify significant findings from history, physical exam, laboratory data, test and measures and other sources
G. Perform a mental status evaluation
H. Determine appropriate and reasonable tests and measures
I. Provide a reasoned explanation for likely diagnoses
J. Construct an appropriate plan of care
K. Prescribe appropriate therapeutic interventions
L. Incorporate new information for peers, teachers, and medical literature in formulating diagnoses and plans
M. Show good judgment in patient/client assessment, diagnosis and therapeutic planning.

Social and Behavioral
A. Maintain a professional demeanor
B. Maintain appropriate professional and ethical conduct (e.g. APTA Code of Ethics)
C. Be able to function at a high level in the face of long hours and a high stress environment
D. Develop empathetic relationships with patient/clients and families while establishing professional boundaries
E. Provide comfort and reassurance where appropriate
F. Protect patient/client confidentiality and the confidentiality of written and electronic records
G. Possess adequate endurance to tolerate physically taxing workloads
H. Flexibly adapt to changing environments
I. Function in the face of uncertainties inherent in the clinical problems of patient/clients
J. Accept appropriate suggestions and criticisms and modify behavior
K. Give and accept criticism appropriately and without prejudice
L. Work effectively under stress and delegate responsibility appropriately
M. Maintain respectful working relationships with peers, faculty, professional colleagues, other health care professionals, patients/clients, family members and the general public
Change in Clinical Education Placement

Initial clinical education placements are selected on the basis of academic, educational and professional values for the student. Financial concerns should be considered in the initial clinical education selection. Personal preferences can be considered in initial assignments, but will normally not be a basis for later changes.

1. **Change for improved educational value:** If a change in the educational opportunities offered by the facility is the basis for the petition to change clinical education placement, the student must carefully describe the change and the importance of the change to his/her education and professional growth.

2. **Change for unanticipated financial reasons:** If the unanticipated financial issues are the basis for the petition to change clinical education placement, the student shall provide a detailed statement regarding the circumstances and request that the Financial Aid Office send verification that the student does not have financial assistance available for the clinical education placement in question.

3. **Change for personal reasons:** When personal circumstances change as a result of events over which the student exercises little or no control, the student shall provide a detailed description of the circumstances leading to the proposed change and rationale for the necessity to alter the clinical placement.

4. **Contacting facilities and/or agencies without approval from the Director of Clinical Education, prior to committee actions, will void the petition.**

5. The student or faculty may appeal the decision of the petition committee.

6. **Cancellation of Internship Placement:** A one hundred dollar ($100) administrative fee will be assessed for each student-initiated cancellation.

Petition Process

A student who petitions to cancel or change an internship that has already been confirmed must submit a written statement describing the reasons that the change is requested or necessary to the Director of Clinical Education. The statement should provide a solid rationale for the change on the basis of educational value, financial reasons or personal reasons as described above. The DCE will share the student’s petition with the PT faculty. After the faculty reviews the petition, the student will be asked to attend a PT faculty meeting to present his or her petition in person and to answer any questions that the faculty feel are necessary to help them make an informed decision. The faculty will deliberate and reach consensus as to whether to grant the request.
EXTENDED CAMPUS AGREEMENT

BETWEEN

[facility name]

AND

UNIVERSITY OF PUGET SOUND
1500 North Warner
Tacoma, Washington 98416

THIS AGREEMENT is entered into by and between ________________________________,
Herein after referred to as the “Facility,” and the University of Puget Sound, hereinafter referred to as the “University.”

RECIPTS

A. WHEREAS, the University has a School of Occupational Therapy and Physical Therapy with Graduate students enrolled, and

B. WHEREAS, the Facility has desirable clinical facilities for the instruction of said students, now therefore it is agreed:

C. THAT the University will send to the Facility students enrolled in the Graduate programs of the School of Occupational Therapy and Physical Therapy of the University who desire to receive instruction and clinical experience in the student’s designated field for the purpose of furthering the following objectives of both parties hereto:
(1) to provide clinical experience and related instruction for students of the University;
(2) to improve the overall educational program of the University by providing opportunities for learning experiences that will progress the student to higher levels of performance;
(3) to increase contacts between academic faculties and clinical faculties for fullest utilization of available teaching facilities and expertise;
(4) to establish and operate a Clinical Education Program of the first rank; and

D. THAT, in consideration of these mutual benefits the parties further agree as follows:

1. General Information

a. The course of instruction (Clinical Education Program) will cover a period of time as arranged between the University and the Facility. The beginning dates and length of experience shall be mutually agreed upon by the University and the Facility.

b. The period of time for each student’s clinical education will be mutually agreed upon at least one month before the beginning of the Clinical Education Program.

c. The number of students eligible to participate in the Clinical Education Program will be mutually determined by agreement of the parties and may be altered by mutual agreement.
d. It is agreed by both parties that there shall be no discrimination on the basis of sex, race, creed, color, national origin, religion, age, disability, marital or familial status, sexual orientation, Vietnam-era veteran status, gender identity, or any other basis prohibited by local, state or federal law.

2. Responsibilities of the University:

a. The University will send the name, immunization data, documentation of six different background checks including the Washington State Patrol criminal history check, and evidence of health coverage for each student enrolled in the program at least four weeks before the beginning date of Clinical Education Program.

b. The University is responsible for supplying any additional information required by the Facility prior to the arrival of the students.

c. The University will assign to the Facility only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum and whose health status and personal characteristics demonstrate the potential for successful completion of the Clinical Education assignment.

d. The University will designate a faculty member to coordinate and act as the liaison person designee of the Facility. The assignment to be undertaken by the students participating in the Clinical Education Program will be mutually arranged and a frequent exchange of information will be maintained by on-site visits when practical and by letter, email, or telephone in other instances.

e. The University will support rules and regulations governing students that are mutually agreed upon between the School and the Facility.

f. The University will provide liability insurance for those students participating in Clinical Education activities approved by the Academic Fieldwork Coordinator or the Director of Clinical Education. The University will send the Facility a memorandum of insurance certifying limits of liability.

3. Responsibilities of the Facility:

a. The Facility shall maintain complete records and reports on each student’s performance and provide an evaluation to the University on forms provided by the University or online.

b. The Facility may request the University to withdraw from the Clinical Education Program any student whose performance is unsatisfactory, whose personal characteristics prevent desirable relationships within the Facility, or whose health status is a detriment to the student’s successful completion of the clinical education assignment.

c. The Facility shall, on reasonable request, permit the inspection of the clinical facilities, services available for clinical experience, student records, and such other items pertaining to the Clinical Education Program by the University or agencies, or by both, charged with the responsibilities for accreditation of the curriculum.

d. The Facility shall designate and submit in writing to the University the names and professional and academic credentials of persons to be responsible for the Clinical Education Program. A person shall be designated the Clinical Education Supervisor, and shall maintain
contact with the University-designated liaison person to assure mutual participation in and surveillance of the clinical program.

e. The Facility shall notify the University in writing of any change or proposed change of the Clinical Education Supervisor.

f. The Facility shall provide a supervised program of clinical experience.

4. Responsibilities of the Student:

The University shall notify each student that he or she is responsible as follows:

a. For following the administrative policies, standards and practices of the Facility;

b. For obtaining any necessary and appropriate uniforms required but not provided by the Facility.

c. For his or her own transportation and living arrangements when not provided for by the Facility;

d. For reporting to the Facility on time and following all established regulations during the regularly scheduled operating hours of the Facility;

e. For conforming to the standards and practices established by the University while training in the Facility;

f. For obtaining prior written approval of the Facility and the University before publishing any material relating to the Clinical Education experience;

g. For obtaining and maintaining his or her own health insurance, CPR, and required immunizations; and

h. For adhering to HIPAA privacy regulations as outlined by the Facility.

5. Departmental Letter Agreement Authorized:

a. Recognizing that the specific nature of the clinical experience required by different institutional training programs may vary, it is agreed by the University and the Facility that, following execution of this agreement and within the scope of its provisions, the University may develop letter agreements with their clinical counterparts in the Facility to formalize operational details of the Clinical Education.

b. The authority to execute these letter agreements shall remain with the Associate Vice President for Business Services of the University and the chief administrative officer of the Facility unless it is specifically delegated to others.

6. Term of Agreement:

a. This agreement shall be automatically renewed yearly provided, however, that either party hereto shall have the right to terminate this agreement upon not less than three (3)
months’ written notice to the other. However, said termination shall occur at the end of each quarter term.

b. It is understood and agreed that the parties to this agreement may revise or modify this agreement by written amendment when both parties agree to such amendment.

c. This agreement shall be effective when executed by both parties.
CLINICAL EDUCATION FACILITY

[Enter facility name and address]

By: ______________________________        By: ______________________________
    Title                                                                         Title
    Date:  _____________________________    Date:  _____________________________

By: ______________________________
    Title
    Date:  _____________________________

UNIVERSITY OF PUGET SOUND
School of Occupational Therapy and Physical Therapy
1500 North Warner #1070
Tacoma, WA 98416

By: ________________        By: ______________________________
    Kirsten Wilbur        John Hickey
    Academic Fieldwork Coordinator        Associate Vice President for Business Services
    Occupational Therapy Program

Date:  _____________________________    Date:  _____________________________
    and/or

By: ______________________________
    Ann Wilson
    Director of Clinical Education
    Physical Therapy Program

Date:  _____________________________
Appendix D

**Professional Behaviors Assessment Tool**

In addition to core knowledge and psychomotor skills, professional behaviors are characteristics or attributes that are crucial for success in the Physical Therapy profession. The Physical Therapy Specific *Generic Abilities* were originally identified through research conducted at the Physical Therapy Program at the University of Wisconsin – Madison.\(^1\) The *Generic Abilities* were revised and renamed *Professional Behaviors* in 2010 to reflect contemporary physical therapy practice.\(^2\) The Professional Behaviors Assessment Tool is designed to assess student growth and development in the affective domain of learning. Student performance can be self-assessed by students as well as academic and clinical faculty.

The ten Professional Behaviors are:
- Critical Thinking
- Communication
- Problem-Solving
- Interpersonal Skills
- Responsibility
- Professionalism
- Use of Constructive Feedback
- Effective Use of Time and Resources
- Stress Management
- Commitment to Learning

Each of these behaviors has been broken down into developmental levels that represent a student’s progress through the academic and clinical portion of the professional education program. Each developmental level has a set of behavioral criteria. The criteria at each level for all ten behaviors are listed on the following pages.

The definitions for each of the developmental levels are as follows:

**Beginning Level** – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant internship

**Intermediate Level** – behaviors consistent with a learner after the first significant internship

**Entry Level** – behaviors consistent with a learner who has completed all didactic work and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals

References

**Critical Thinking** - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

<table>
<thead>
<tr>
<th><strong>Beginning Level</strong></th>
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<tbody>
<tr>
<td>o Raises relevant questions</td>
<td>o Feels challenged to examine ideas</td>
<td>o Distinguishes relevant from irrelevant patient data</td>
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<tr>
<td>o Considers all available information</td>
<td>o Critically analyzes the literature and applies it to patient management</td>
<td>o Readily formulates and critiques alternative hypotheses and ideas</td>
</tr>
<tr>
<td>o Articulates ideas</td>
<td>o Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas</td>
<td>o Infers applicability of information across populations</td>
</tr>
<tr>
<td>o Understands the scientific method</td>
<td>o Seeks alternative ideas</td>
<td>o Exhibits openness to contradictory ideas</td>
</tr>
<tr>
<td>o States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)</td>
<td>o Formulates alternative hypotheses</td>
<td>o Identifies appropriate measures and determines effectiveness of applied solutions efficiently</td>
</tr>
<tr>
<td>o Recognizes holes in knowledge base</td>
<td>o Critiques hypotheses and ideas at a level consistent with knowledge base</td>
<td>o Justifies solutions selected</td>
</tr>
<tr>
<td>o Demonstrates acceptance of limited knowledge and experience</td>
<td>o Acknowledges presence of contradictions</td>
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**Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

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<tbody>
<tr>
<td>o Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting</td>
<td>o Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences</td>
<td>o Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences</td>
</tr>
<tr>
<td>o Recognizes impact of non-verbal communication in self and others</td>
<td>o Restates, reflects and clarifies message(s)</td>
<td>o Restates, reflects and clarifies message(s)</td>
</tr>
<tr>
<td>o Recognizes the verbal and non-verbal characteristics that portray confidence</td>
<td>o Communicates collaboratively with both individuals and groups</td>
<td>o Communicates collaboratively with both individuals and groups</td>
</tr>
<tr>
<td>o Utilizes electronic communication appropriately</td>
<td>o Collects necessary information from all pertinent individuals in the patient/client management process</td>
<td>o Collects necessary information from all pertinent individuals in the patient/client management process</td>
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<tr>
<td></td>
<td>o Provides effective education (verbal, non-verbal, written and electronic)</td>
<td>o Provides effective education (verbal, non-verbal, written and electronic)</td>
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**Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

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<tbody>
<tr>
<td>Recognizes problems</td>
<td>Prioritizes problems</td>
<td>Independently locates, prioritizes and uses resources to solve problems</td>
</tr>
<tr>
<td>States problems clearly</td>
<td>Identifies contributors to problems</td>
<td>Accepts responsibility for implementing solutions</td>
</tr>
<tr>
<td>Describes known solutions to problems</td>
<td>Consults with others to clarify problems</td>
<td>Implements solutions</td>
</tr>
<tr>
<td>Identifies resources needed to develop solutions</td>
<td>Appropriately seeks input or guidance</td>
<td>Reassesses solutions</td>
</tr>
<tr>
<td>Uses technology to search for and locate resources</td>
<td>Prioritizes resources (analysis and critique of resources)</td>
<td>Evaluates outcomes</td>
</tr>
<tr>
<td>Identifies possible solutions and probable outcomes</td>
<td>Considers consequences of possible solutions</td>
<td>Modifies solutions based on the outcome and current evidence</td>
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**Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

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<tbody>
<tr>
<td>Maintains professional demeanor in all interactions</td>
<td>Recognizes the non-verbal communication and emotions that others bring to professional interactions</td>
<td>Demonstrates active listening skills and reflects back to original concern to determine course of action</td>
</tr>
<tr>
<td>Demonstrates interest in patients as individuals</td>
<td>Establishes trust</td>
<td>Responds effectively to unexpected situations</td>
</tr>
<tr>
<td>Communicates with others in a respectful and confident manner</td>
<td>Seeks to gain input from others</td>
<td>Demonstrates ability to build partnerships</td>
</tr>
<tr>
<td>Respects differences in personality, lifestyle and learning styles during interactions with all persons</td>
<td>Respects role of others</td>
<td>Applies conflict management strategies when dealing with challenging interactions</td>
</tr>
<tr>
<td>Maintains confidentiality in all interactions</td>
<td>Accommodates differences in learning styles as appropriate</td>
<td>Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</td>
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**Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.
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</table>
| o Demonstrates punctuality  
o Provides a safe and secure environment for patients  
o Assumes responsibility for actions  
o Follows through on commitments  
o Articulates limitations and readiness to learn  
o Abides by all policies of academic program and clinical facility | o Displays awareness of and sensitivity to diverse populations  
o Completes projects without prompting  
o Delegates tasks as needed  
o Collaborates with team members, patients and families  
o Provides evidence-based patient care | o Educates patients as consumers of health care services  
o Encourages patient accountability  
o Directs patients to other health care professionals as needed  
o Acts as a patient advocate  
o Promotes evidence-based practice in health care settings  
o Accepts responsibility for implementing solutions  
o Demonstrates accountability for all decisions and behaviors in academic and clinical settings |

**Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

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| o Abides by all aspects of the academic program honor code and the APTA Code of Ethics  
o Demonstrates awareness of state licensure regulations  
o Projects professional image  
o Attends professional meetings  
o Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers | o Identifies positive professional role models within the academic and clinical settings  
o Acts on moral commitment during all academic and clinical activities  
o Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making  
o Discusses societal expectations of the profession | o Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary  
o Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity  
o Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development  
o Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices |
**Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

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| Demonstrates active listening skills | o Critiques own performance accurately  
| Assesses own performance | o Responds effectively to constructive feedback  
| Actively seeks feedback from appropriate sources | o Utilizes feedback when establishing professional and patient related goals  
| Demonstrates receptive behavior and positive attitude toward feedback | o Develops and implements a plan of action in response to feedback  
| Incorporates specific feedback into behaviors | o Provides constructive and timely feedback  |
| Maintains two-way communication without defensiveness | | o Independently engages in a continual process of self evaluation of skills, knowledge and abilities |
| | | o Seeks feedback from patients/clients and peers/mentors  |
| | | o Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities |
| | | o Uses multiple approaches when responding to feedback  |
| | | o Reconciles differences with sensitivity  |
| | | o Modifies feedback given to patients/clients according to their learning styles |

**Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

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| Comes prepared for the day’s activities/responsibilities | o Utilizes effective methods of searching for evidence for practice decisions  
| Identifies resource limitations (i.e. information, time, experience) | o Recognizes own resource contributions  
| Determines when and how much help/assistance is needed | o Shares knowledge and collaborates with staff to utilize best current evidence  
| Accesses current evidence in a timely manner | o Discusses and implements strategies for meeting productivity standards  
| Verbalizes productivity standards and identifies barriers to meeting productivity standards | o Identifies need for and seeks referrals to other disciplines  |
| Self-identifies and initiates learning | | o Uses current best evidence  |
| | | o Collaborates with members of the team to maximize the impact of treatment available  |
| | | o Has the ability to set boundaries, negotiate, compromise, and set realistic expectations |
| | | o Gathers data and effectively interprets and assimilates the data to determine plan of care |
| | | o Utilizes community resources in discharge planning |
opportunities during unscheduled time

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<td></td>
<td>Adjusts plans, schedule etc. as patient needs and circumstances dictate</td>
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<td>Meets productivity standards of facility while providing quality care and completing non-productive work activities</td>
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**Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

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<tbody>
<tr>
<td>Recognizes own stressors</td>
<td>Actively employs stress management techniques</td>
<td>Demonstrates appropriate affective responses in all situations</td>
</tr>
<tr>
<td>Recognizes distress or problems in others</td>
<td>Reconciles inconsistencies in the educational process</td>
<td>Responds calmly to urgent situations with reflection and debriefing as needed</td>
</tr>
<tr>
<td>Seeks assistance as needed</td>
<td>Maintains balance between professional and personal life</td>
<td>Prioritizes multiple commitments</td>
</tr>
<tr>
<td>Maintains professional demeanor in all situations</td>
<td>Accepts constructive feedback and clarifies expectations</td>
<td>Reconciles inconsistencies within professional, personal and work/life environments</td>
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<tr>
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<td>Establishes outlets to cope with stressors</td>
<td>Demonstrates ability to defuse potential stressors with self and others</td>
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**Commitment to Learning** – The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

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<tbody>
<tr>
<td>Prioritizes information needs</td>
<td>Researches and studies areas where own knowledge base is lacking in order to augment learning and practice</td>
<td>Respectfully questions conventional wisdom</td>
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<tr>
<td>Analyzes and subdivides large questions into components</td>
<td>Applies new information and re-evaluates performance</td>
<td>Formulates and re-evaluates position based on available evidence</td>
</tr>
<tr>
<td>Identifies own learning needs based on previous experiences</td>
<td>Accepts that there may be more than one answer to a problem</td>
<td>Demonstrates confidence in sharing new knowledge with all staff levels</td>
</tr>
<tr>
<td>Welcomes and/or seeks new learning opportunities</td>
<td>Recognizes the need to and is able to verify solutions to problems</td>
<td>Modifies programs and treatments based on newly-learned skills and considerations</td>
</tr>
<tr>
<td>Seeks out professional literature</td>
<td>Reads articles critically and understands limits of application to professional practice</td>
<td>Consults with other health professionals and physical therapists for treatment ideas</td>
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<tr>
<td>Plans and presents an in-service, research or cases studies</td>
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