



Clinical Education Manual

2018-2019

Revised July 2018

University of Puget Sound

**Graduate Program in Physical Therapy
1500 N. Warner St. CMB 1070
Tacoma, WA 98416**



Memorandum of Agreement

I have read and agree to abide by the policies and procedures contained in the document entitled, "Clinical Education Manual" for the Doctor of Physical Therapy Program at the University of Puget Sound.

Student Name (Print)

Date

Student Signature

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Physical Therapy Program Mission

The mission of the School of Physical Therapy 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, communication and apt expression. Through a careful blending of rigorous academic work and mentored clinical practice, our program seeks to prepare clinician scholars who are leaders in informed, ethical and professional practice and community engagement.

Physical Therapy Program Goals

- Prepare graduates to practice physical therapy in an ethical, safe and efficacious manner.
- Engage in community activities that promote health and prevent illness or disability.
- Promote scholarly inquiry and lifelong learning.

Physical Therapy Program Student Learning Outcomes

Upon graduation, students will be expected to:

Think logically, analytically and critically and employ those skills in clinical decision making related to patient management based on current best evidence.

Perform comprehensive examinations/evaluations of individuals with physical or movement related disorders and recognize those patients that require consultation or collaboration with other health care professionals.

Contribute to a professional working environment by actively engaging in critical inquiry.

Contribute to society by engaging in activities that promote health and prevent illness or disability.

Adhere to the principles stated in the American Physical Therapy Association Core Values and Code of Ethics in all aspects of physical therapy practice.

Clinical Education Philosophy

Clinical education is an integral component of the entry-level Doctor of Physical Therapy program at the University of Puget Sound. Clinical education experiences are integrated throughout the curriculum with increasing responsibilities commensurate with a student's progression through the academic program. In keeping with our learning outcomes, the primary purpose of clinical education is to provide students with opportunities to practice physical therapy in an ethical, safe and efficacious manner. Clinical education is an opportunity for students to apply academic knowledge, develop practical skills and develop and refine professional behaviors. Clinical experiences are designed to expose students to patient populations across the lifespan and a spectrum of practice settings and to facilitate a smooth transition from being a student to becoming a clinician.

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 experiences between the facility and the academic institution. This person may or may not be a physical therapist.

Clinical Education Contract/Clinical Affiliation Agreement/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): The Clinical Instructor (CI) is a physical therapist who serves as the direct mentor for students in a clinical setting. In order to serve as a CI, a therapist must demonstrate clinical competence and professional behaviors that meet or exceed those expected of members of the physical therapy profession. A therapist must hold a valid license in the state in which he/she provides physical therapy services and must have a minimum of one year of experience as a physical therapist.

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 experience.

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-Web): 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. This document is available online for most clinical sites through the CPI-website <https://cpi2.amsapps.com>.

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.

Intermediate Full-Time Clinical Experience: Full-time 15 week long clinical experience that takes place off site between the second and third years of the academic program

Terminal Full-Time Clinical Experience: Full-time 17 week long clinical experience that takes place after all didactic instruction has been completed.

CLINICAL EDUCATION TEAM

Director of Clinical Education

The Director of Clinical Education (DCE) is a member of the core faculty and has administrative, academic, service and scholarship responsibilities consistent with programmatic and university guidelines. The DCE, in consultation and cooperation with academic faculty establishes clinical education site and facility standards, selects and evaluated clinical education sites and participates in the development of clinical education sites and clinical faculty. The responsibilities of the DCE include, but are not limited to the following:

- Serve as a liaison between the academic program and the clinical education site.
- Manage and monitor educational affiliation agreements between the university and clinical sites.
- Develop, monitor and refine the clinical education component of the physical therapy curriculum including Integrated Clinical Experiences in the Onsite Physical Therapy Clinic, clinical education seminars and full-time clinical experiences.
- Assign students to clinical experiences that are appropriate with their learning needs.
- Ensure student readiness for clinical practice in cooperation with academic and clinical faculty in the onsite clinic and determining ability to integrate didactic content and demonstrate safe and ethical practices.
- Facilitate quality learning experiences for students during all aspects of clinical education, including the Integrated Clinical Experiences in the Onsite Physical Therapy Clinic.
- Assist CCCEs, CIs and students with problem-solving and addressing conflict during clinical experiences should the need arise and plan for remedial or accommodative clinical education experiences as needed.
- Determine grades for clinical education courses, including both Integrated Clinical Experiences and off-site clinical experiences using a variety of data including Clinical Performance Instrument (CPI) ratings and summative comments, visit notes, learning contracts and completed assignments.
- Engage core faculty and clinical education advisory committee in discussions about clinical education planning, implementation and assessment.

The DCE is available to students by cell phone, letter or e-mail, whenever concerns arise prior to or during clinical experiences. 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.

Clinical Education Program Assistant

The Clinical Education Program Assistant manages the Clinical Education database including contact information, clinical experience placement details, contract status, and maintains a

Moodle site with Clinical Site Information Forms and special requirements. The responsibilities of the Program Assistant include:

- Managing student data and clinical instructor information
- Entering student and CI information into the Web CPI
- Preparing clinical education mailings to clinical sites and individual clinical instructors
- Managing all clinical education related paperwork.

Center Coordinator of Clinical Education

The Center Coordinator of Clinical Education (CCCE) is responsible for coordinating student assignment and experiences at the clinical site. The responsibilities of the CCCE include:

- Determining the number and type of clinical experiences available to University of Puget Sound students each year.
- Maintaining and updating the Clinical Site Information Form (CSIF) as needed.
- Communicating with the academic program regarding special requirements or specific policies and procedures that affect students or student placement.
- Work with the academic program, legal counsel, Human Resources, etc. to execute and update clinical affiliation agreements.
- Assign and monitor clinical instructors to students.
- Work with the DCE, CI and student to address conflict and assist in planning alternative, remedial or alternative learning experiences as appropriate.

Clinical Instructor

The clinical instructor (CI) is the direct supervisor and clinical teacher/mentor for students in the clinical setting. The minimum criteria for serving as a CI are a minimum of one year of clinical experience as a physical therapist, demonstrated ethical and clinical competence and the ability and desire to provide effective clinical instruction. The responsibilities of the CI include:

- Provide direct supervision and instruction to the student during the clinical experience.
- Design learning experiences that are commensurate with the student's developmental level and progress in the academic program.
- Provide formative feedback and summative evaluation of the student performance in all three domains of learning: cognitive, psychomotor and affective.
- Contact the DCE to identify problems with any of the five "red flag" areas on the CPI.
- Discuss the student's performance with the DCE or designee at a mutually agreed upon time via site visit or phone conference.

Student

The role of the student in clinical education is to demonstrate the characteristics of an adult learner which include taking responsibility for one's own learning and making the most of opportunities provided by the program and being accountable for personal and professional behaviors and actions.

In addition, students participating in clinical education will:

- **Practice** and be willing to make mistakes.

- **Willingly examine** own strengths and weaknesses.
- **Welcome feedback** on clinical performance and use that feedback to develop a plan for ongoing professional growth.
- **Provide respectful** constructive criticism to clinical instructors.
- **Respect the rights** of everyone associated with clinical education including patients, clinical instructors, peers, administrative support staff and the Director of Clinical education.

Rights and Responsibilities of Clinical Education Faculty

The obligations of both the clinical faculty (CCCE's and CIs) are outlined in the Extended Campus Agreement also known as the Clinical Education Agreement, established with each clinical site. Briefly, the rights and responsibilities of the clinical site and clinical faculty are as follows:

- The method of instruction, types of experiences available and number of students accepted will be determined and specified in the agreement.
- The clinical site reserves the right to require additional criteria or requirements such as pre-placement interviews, health requirements, background checks, drug screens, corporate compliance modules, etc. before accepting a student for a clinical experience.
- The clinical site will advise students of relevant policies and procedures that must be followed while completing a clinical experience.
- The clinical site will complete the requisite paperwork required by the university related to the clinical education of its students.
- Clinical education faculty members have the right and responsibility to provide feedback to the academic program regarding curriculum and student performance.
- Clinical faculty (CCCEs and CIs) have the right to contact the DCE at any time.
- The clinical faculty will advise the academic program as soon as possible of issues related to potentially unsatisfactory progress of a student during a clinical experience.

Privileges of Clinical Faculty

- Clinical instructors for Puget Sound interns have the privilege of earning continuing education credit commensurate with state regulations for clinical instruction. A certificate will be sent to each clinical instructor at the end of each clinical experience as verification of the duration of instruction provided.
- Clinical faculty (CCCEs and CIs) have the privilege of participating in an annual complimentary continuing education course offered by the University of Puget Sound.
- Clinical faculty (CCCEs and CIs) from sites with which the university has a clinical affiliation agreement are eligible to participate in university sponsored continuing education courses at a reduced rate.
- Clinical faculty (CCCEs and CIs) have the privilege of being invited to provide occasional guest lectures in the academic program.
- Clinical faculty (CCCEs and CIs) have the privilege of being asked to serve as clinical instructors on the Physical Therapy Onsite Clinic on an as needed basis.
- Clinical faculty (CCCEs and CIs) have the privilege of being asked to serve on the program's Clinical Education Advisory Committee.

CLINICAL EDUCATION IN PUGET SOUND CURRICULUM

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 experiences.

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 experiences 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 experiences, 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 full-time clinical experience while on academic probation. Students must also pass all integrated clinical experiences prior to the full-time clinical experiences.

Course Sequence

Course sequence, course descriptions and further information about the Doctor of Physical Therapy curriculum can be found on the University of Puget Sound website

<http://www.pugetsound.edu/academics/departments-and-programs/graduate/school-of-physical-therapy/>

Clinical Education Timeline and Overview (Class of 2018 and 2019)



***Clinical Education Timeline and Overview Class of 2020**



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-mentoring 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 clinical experiences.

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 become socialized to the clinical environment and 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 introduced and students receive training in the use of the Clinical Performance Instrument (Web CPI).

Full-Time Clinical Experience I

This is the first of three twelve-week full-time clinical experiences. 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. **NOTE: Beginning with the Class of 2020, Clinical Experience I will be increased to 15 weeks in length.**

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 Experience II and Clinical Experience III

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

NOTE: Beginning with the Class of 2020, Clinical Experience II will be increased to 17 weeks in length and Clinical Experience III will be eliminated.

REQUIREMENTS FOR PARTICIPATION IN CLINICAL EDUCATION

Students enrolled in the DPT program must be able to meet all of the Technical Standards (see 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 experiences. 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.

Requirements for participation in clinical experiences will vary according to the policies of each clinical site. In order to ensure that students meet these requirements regardless of setting, the following items are required for all students before beginning clinical education.

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 written authorization to do so from the student. Thus, it is recommended that the student disclose the nature of the disability via letter or on the Student Information 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 their 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) in collaboration with the Office of Accessibility and Accommodations.

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.

Immunizations

Students are required to submit documentation of vaccination/immunity to the diseases listed below to Castlebranch.com no later than 8 weeks prior to the first clinical course. (See instructions for accessing Compliance Tracker/Document Storage system below.) **NOTE: Students will NOT be allowed to register for 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 by titer (some facilities require both)

Seasonal flu shot

TB Testing

All students are required to have a two-step TB test **prior** to entering 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**. Note: The annual one-step TB test must be completed within one month following the expiration of the initial two-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. Students who have had a positive TB test in the past must document that they have had a chest x-ray and a negative symptom check by a qualified health provider.

CPR, HIV/AIDS Education, OSHA Health Safety Modules, HIPAA Training, Mandatory Reporter Training

Students are required to maintain continuous certification in CPR offered by the **American Heart Association** 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/AIDS education that meets the requirement for health care providers in Washington. In addition, students will complete training in **HIPAA Privacy and Security Policies, Mandatory Reporting of Abuse and Neglect** and **OSHA Health Safety Training** that includes bloodborne pathogens, infection control, personal protective equipment, chemical hazards and fire safety training. Some clinical facilities may require additional training modules prior to beginning clinical experiences. More information about specific requirements will be provided when needed. **Students must keep a record of all trainings in their personal account with Castle Branch.**

Compliance Tracker Document Storage System

The university contracts with Castle Branch (www.castlebranch.com) to allow students to upload and store documentation for immunizations, trainings and certifications needed to participate in clinical education for the entire duration of the DPT program. (The university covers the cost of this service.)

Students are responsible for uploading all requisite documents to this site. Castle Branch will verify completion of the requirements and will send reminders for students to update certifications and immunizations as needed. Instructions for setting up a student account with Castle Branch will be provided before clinical education begins. It is the student's responsibility to respond to all communications from Castle Branch in a timely manner. Failure to keep this information current may impact a student's ability to participate in clinical education.

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, Integrated Clinical Experience I (fall of year 2) and again in the fall of the 3rd year prior to beginning Integrated Clinical Experience III and the final full-time clinical experiences. 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 onsite 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 completing the program.

The PT program has contracted with **Castle Branch** (www.castlebranch.com) to provide the required background checks and documentation. Students are required to establish an account with this service by the end of the first week of the second year of the program. Students who have concerns about incidents in their background may wish to engage with the service earlier to ensure that they will be able to participate in clinical education. Castle Branch 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 and when 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.

Health Insurance and Liability Coverage

The university is self-insured and maintains the following insurance coverage for their staff and students:

Professional Liability	Limits of Liability
	\$1,000,000 per occurrence
	\$3,000,000 per year

General Liability

Limits of Liability

\$1,000,000 per occurrence

\$3,000,000 per year

The University **requires** all students to have personal health care insurance. Students are responsible for the cost of covering any emergency services that would be needed for illnesses or injuries sustained during off-campus educational experiences. It is possible that students may be exposed to a variety of potential health risks during these experiences. Students should make an effort to be informed about the specific type of hazard involved with a particular setting so as to minimize their personal risk.

NOTE: Failure to maintain adequate health insurance, complete required immunizations and a current health care provider CPR certification may result in the cancellation of a clinical experience.

Additional Requirements

Some clinical facilities require specific drug testing and/or 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 clinical experience.

Student Information that may be shared with clinical sites

The university may share the following student information with prospective clinical sites in a secure manner i.e., via secure encrypted email, fax or surface mail:

- Demographic information including name, address, phone number, email address, date of birth and Social Security Number.
- Academic standing, i.e., year in the program and that the student is in good academic standing.
- Evidence of CPR certification, completion of trainings including HIPAA, HIV/AIDS education, OSHA Health and Safety, Mandatory Reporter training and proof of personal health insurance.
- Immunization records, results of drug screens, results of background checks.

FULL-TIME CLINICAL EXPERIENCE PLACEMENT PROCESS

Students in the classes of 2018 and 2019 are required to complete three (3) twelve week full-time clinical experiences totaling 36 weeks. **Students in the class of 2020 are required to complete one (1) 15 week clinical experience and one (1) terminal 17 week clinical experience.** Over the course of the full-time experiences, 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). Clinical Experiences 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 a clinical experience in a rural or underserved community for one of the full-time clinical experiences.

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 clinical 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 experiences. "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 PT Clinic Information Share Drive (see below). The clinical sites listed on the drive are those with whom the university has an active contract. The following information is located in the folders for each site:

1. APTA Student Evaluation of Clinical Experience.
2. 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 experience.

*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.

Clinical Site Information Forms include information about specific clinical sites and are available on the **Clinical Performance Instrument website** <https://cpi2.amsapps.com>. Instructions for accessing the Clinical Performance Instrument website will be provided. In the event that a current CSIF is not available, students are encouraged to do their own research by web searching the particular facility.

The DCE requests clinical 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, each 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 affiliation agreements with entities offering clinical education in several states. Many of the agreements are with corporations that have multiple physical locations in multiple states. The University can only send students to facilities in states that belong to the National Council State Authorization Reciprocity Agreements (NC-SARA). The participating states can be found at www.nc-sara.org. **The university cannot place students in clinical facilities in Colorado due to the law regarding mandatory worker's compensation insurance.**

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 education agreements are available for clinical experiences. Clinical Education Agreements with new clinical sites are added when the educational need or geographic location indicates. **Agreements for new clinic sites will not be established for individual students and students may not solicit new sites themselves.**

Clinical sites reserve the right to specify which clinical 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 experience prior to the start of the requesting process.

Clinical Site Evaluation

Many different factors are considered when selecting and maintaining clinical sites. These include location, type of setting and physical therapy services provided, the facility's philosophy and interest in clinical education, and the qualifications of the clinical instructors,. We encourage clinical facilities to use the APTA Clinical Education Guidelines and Self-Assessments for clinical sites <http://www.apta.org/Educators/Assessments/ACCE/DCE/GuidelinesandAssessmentsforClinEd/>, Center Coordinators of Clinical Education (CCCEs) <http://www.apta.org/Educators/Assessments/ACCE/DCE/GuidelinesandAssessmentsforClinEd/>, and clinical instructors (CIs).

All clinical instructors must meet the APTA requirement of a minimum of one year of clinical experience prior to taking a student. The program encourages clinical instructors to complete the APTA Credentialed Clinical Instructor Program (CCIP). However, this is a voluntary program and there is no guarantee that the assigned CI will have that credential. Likewise, the University of Puget Sound has a policy of seeking clinical education sites with board certified clinical specialists on staff; however, there is no guarantee that the assigned CI will be a clinical specialist.

Clinical Site Information

The PT Clinical Site Information share drive contains past student evaluations and special requirements for all of the contracted sites that have worked with our students in the past five years. All students enrolled in the PT program are allowed to have access to this share drive.

Click this link for [instructions](#) for accessing the share drive on Mac and PC (Windows 7).

There are also instructions for [mapping content in vDesk](#) (probably the most likely option for students). Follow the directions under the network mapping instructions and then it links over to the other document. The name of the share drive is: [\\facultyfiles\PT_Clinic_Info](#).

Full-time Clinical Experience Placement Policies and Procedures

Full-time off-site clinical experience placement requests take place well in advance of the actual clinical experiences. Students make requests for their first full-time clinical experience during the spring of the first year of the program. Students make requests for their terminal full-time clinical experiences in the fall of the second year of the program. The University of Puget Sound follows the American Physical Therapy Association's uniform clinical experience 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. Therefore, it is not certain that the University of Puget Sound will be given a student placement at any particular facility.

Clinical education sites reserve the right to establish specific requirements for students such as only accepting students for terminal clinical experiences. In addition, some facilities may have a particular residency requirement or require an in-person or phone interview prior to accepting a student.

Facilities may have strict dress codes including uniforms, 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.**

Clinical Education Site Request Considerations

When making decisions about full-time clinical experiences, 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 clinical experiences.

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 clinical education experience 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 experiences may have on a student does not usually manifest itself until after the experience begins. Please keep in mind that the change from academia to the clinics may well create stressful situations. When exploring potential 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 clinical experience. Moving back in with one's parents may also create tension. Alternatively, moving to a new area may help a student focus on the clinical experience 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 facility 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 for consideration. 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 three 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.

Clinical Experience Request Forms

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

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 placement (see Appendix B).

On occasion, clinical sites may need to cancel a confirmed 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 placements.

1. No clinical placement will be considered final without written confirmation from the clinical site.
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 requests in the order requested by each student. However, **the DCE reserves the right to change the sequence of clinical experiences in order to accommodate the largest number of students.**
5. Students are required to select at least one clinical experience site out of the area and/or out of state and relocate to this area for the duration of the experience.

Clinical Education Fees

Students are required to pay a clinical education fee in lieu of tuition for the full-time clinical experiences. Current fee schedules are listed on the Puget Sound website www.pugetsound.edu. Repeating clinical experience 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.

CLINICAL EDUCATION 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 those 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/Clinical Education Agreement prior to beginning a clinical experience (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. Note that some clinical sites may issue a photo ID name badge in accordance with their facility policies and procedures.

Appropriate attire: The following clothing items are not permitted:

Jeans, leggings or shorts; 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.

Capri pants are permitted if they are tailored. Spandex or work out type capris are not permitted.

There should be no bare midriff attire, no chest exposure or cleavage, no exposed abdomens, buttocks and no visible undergarments.

Clothing should accommodate movement and must not be tight fitting. The student 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. Acrylic fingernails are not permitted.

Hair should be neat and tied back if long.

Good personal hygiene is expected, including deodorant.

Excessive cologne or aftershave is not permitted.

ATTENDANCE POLICY

Attendance is required for successful completion of clinical experiences. There are no "personal days" allowed during clinical experiences. Absences for reasons other than illness or attendance at professional meetings (see below) are not permitted. It is the student's responsibility to notify both 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 Experiences: Students may not take personal days during full-time clinical experiences. 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 experience to make sure that appropriate patient coverage is available.

In the event of an unexpected absence, the student 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 full-time clinical experience for any reason, he or she cannot pass the clinical experience.** 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 student must contact the CI as soon as it becomes apparent that tardiness is unavoidable. It is the student'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 Full-Time Clinical Experience 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 clinical experience. 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 all required forms as noted in the course syllabus within five (5) calendar days after completion of each full-time clinical experience. In order for the DCE to submit grades to the Registrar, the electronically signed Web CPI, the signed APTA Clinical Site and Clinical Instructor Evaluation and the Student-Friendly Clinical site Evaluation must be submitted electronically as pdf documents to clinicaleducation@pugetsound.edu. The DCE will send the APTA Clinical Experience and Clinical Instruction 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 review the evaluations to help assist them in program changes within the University or the clinical site. Students are encouraged to be open, honest, professional and constructive and provide suggestions when completing the forms.

Clinical Instructor/Clinical Experience Evaluation

Students are required to complete the American Physical Therapy Association form entitled Clinical Instruction/Clinical Experience Evaluation at the end of each full-time clinical experience. This form is

available at <http://www.apta.org/Educators/Clinical/SiteDevelopment/> Students are expected to go over this form with their CI and/or the facility's CCCE in person during the exit interview at the end of each experience.

EVALUATION OF STUDENT PERFORMANCE

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 full-time experience on the CPI are listed below.

Class of 2018 and Class of 2019

	Time Frame	Expected Performance Level
Clinical Experience I	Summer between 2 nd and 3 rd year 12 weeks full-time 480 hours	APTA CPI Web Beginner ↔ Intermediate
Clinical Experience II	Spring 3 rd year (Late Jan. – Mid April) 12 weeks full-time 480 hours	APTA CPI Web Adv. Beginner ↔ Adv. Intermediate
Clinical Experience III	Spring 3 rd year (Late Apr. – Mid July) 12 weeks full-time 480 hours	APTA CPI Web Entry-level

Class of 2020

	Time Frame	Expected Performance Level
Clinical Experience I	Summer between 2 nd and 3 rd year 15 weeks full-time 600 hours	APTA CPI Web Intermediate ↔ Adv. Intermediate
Clinical Experience II	Spring 3 rd year (Late Jan. – Mid April) 17 weeks full-time 680 hours	APTA CPI Web Entry-level

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. Deficiencies in any of these areas may result in the implementation of an action plan or learning contract.

Clinical Experience Benchmarks and Performance Expectations

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

Clinical Experience 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 Experience 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 Experience 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. at entry-level for that clinical setting.

Functioning as an integral part of the clinic.

Initiating consultation from experienced clinicians for complex patients.

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. A candidate handbook and other information can be found on the Federation of State Boards of Physical Therapy website (<http://www.fsbpt.org/>)

Prior to graduation, students will need to complete a Request for Transcript form, requesting the Registrar to send a copy of their transcript with ***degree posted*** to the licensing agency in the state in which they plan to gain licensure. If an individual wishes to obtain 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
www.doh.wa.gov

The DCE will provide verification to the Federation of State Boards of Physical Therapy and the Washington State Department of Health during the final full-time clinical experience for those students who are on track for successful completion and graduation. This letter will allow eligible candidates to sit for the NPTE upon completion of the final clinical experience but prior to the actual graduation date when the degree is posted. The DCE will send similar letters to the licensing authorities of other states upon student 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.

**University of Puget Sound
School of Physical Therapy
Essential Technical Standards**

Adopted September 2, 2009

Revised 8/2016

Reviewed 4/2018

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.

I. 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 experiences, 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.

II. Essential Technical Standards

The DPT student will possess abilities sufficient to enable skill development in the following five areas with or without reasonable accommodations:

a. Observation

- i. Observe a patient/client accurately at a distance and close at hand, noting non-verbal as well as verbal signals
- ii. Visualize and discriminate findings on imaging and other studies
- iii. Interpret digital or analog representations of physiologic phenomena, such as EKGs
- iv. Acquire information from written documents, films, slides, video or other media
- v. Observe and differentiate changes in body movement

- vi. Observe anatomic structures, skin integrity including skin color, texture, odors, bony landmarks, anatomical/pathological structures
- vii. Efficiently read written and illustrated materials
- viii. Observe and detect the various signs and symptoms of disease processes and movement dysfunction
- ix. Effectively gather auscultation and auditory data, such as heart and breath sounds, pulses, joint noises, blood pressure, gait and prosthetic sounds
- x. Discriminate numbers and findings with diagnostic instruments, tests and measures

b. Communication

- i. Communicate in a culturally competent manner with patients/clients
- ii. Communicate effectively and efficiently with all members of the health care team in oral and written English
- iii. 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
- iv. Accurately describe changes in mood, activity, posture and biomechanics
- v. Perceive verbal as well as nonverbal communications, and promptly respond to emotional communications (sadness, worry, agitation, confusion)
- vi. Communicate complex findings in appropriate and understandable terms to patients/clients and their families and caregivers
- vii. Adjust form and content of communications to the patient/client's functional level or mental state
- viii. Engage in collaborative relationship with patient/clients and families/caregivers
- ix. Record observations and plans legibly, efficiently and accurately
- x. Prepare and communicate precise but complete summaries of individual encounters
- xi. Complete documentation forms according to directions, in a timely manner, including manual, electronic and other recording methods
- xii. Demonstrate effective communication skills to provide patient/client education and with families/caregivers and support personnel
- xiii. Receive, write and interpret verbal and nonverbal communication in both academic and clinical settings
- xiv. 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
- xv. Demonstrate appropriate ability to develop therapeutic interpersonal communications such as attending, clarifying, motivating, coaching, facilitation and touching
- xvi. 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

c. Motor

- i. Stand and walk independently while providing care in practice and clinical settings; frequently lift 10 pounds, occasionally lift 10-50 pounds and more than 50 pounds; frequent twisting, squatting, reaching, pushing/pulling, grasping and crawling
- ii. Climb and descend stairs and negotiate uneven surfaces including varying terrains and ramps while providing care in practice and clinical settings.
- iii. Perform palpation, percussion, auscultation and other diagnostic maneuvers while manipulating devices, e.g. goniometer, reflex hammer, IV poles, catheter bags, walkers, etc.
- iv. 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
- v. Respond promptly to medical emergencies within the training facility and within DPT scope of practice
- vi. Not hinder the ability of co-workers to provide prompt care
- vii. Perform diagnostic and therapeutic procedures (e.g. APTA Guide to PT Practice Tests, Measures and Interventions)

d. Cognitive

- i. Recall and retain information
- ii. Deal with several tasks or problems simultaneously
- iii. Demonstrate reasoning and problem solving
- iv. Perceive subtle cognitive and behavioral findings
- v. Identify and communicate the limits of knowledge to others
- vi. Identify significant findings from history, physical exam, laboratory data, test and measures, and other sources
- vii. Perform a mental status evaluation
- viii. Determine appropriate and reasonable tests and measures
- ix. Provide a reasoned explanation for likely diagnoses
- x. Construct an appropriate plan of care
- xi. Prescribe appropriate therapeutic interventions
- xii. Incorporate new information for peers, teachers and medical literature in formulating diagnoses and plans
- xiii. Show good judgment in patient/client assessment, diagnosis and therapeutic planning

e. Social and Behavioral

- i. Maintain a professional demeanor
- ii. Maintain appropriate professional and ethical conduct (e.g., APTA Code of Ethics)
- iii. Be able to function at a high level in the face of long hours and a high stress environment
- iv. Develop empathetic relationships with patient/clients and families while establishing professional boundaries
- v. Provide comfort and reassurance where appropriate
- vi. Protect patient/client confidentiality and the confidentiality of written and electronic records

- vii. Possess adequate endurance to tolerate physically taxing workloads
- viii. Flexibly adapt to changing environments
- ix. Function in the face of uncertainties inherent in the clinical problems of patient/clients
 - x. Accept appropriate suggestions and criticisms, and modify behavior
 - xi. Give and accept criticism appropriately and without prejudice
 - xii. Work effectively under stress and delegate responsibility appropriately
 - xiii. Maintain respectful working relationships with peers, faculty, professional colleagues, other health care professionals, patients/clients, family members and the general public

PETITION POLICIES FOR PHYSICAL THERAPY CLINICAL EXPERIENCES

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 Clinical Education 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 a clinical experience 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.

Appendix C

CLINICAL EDUCATION AGREEMENT

Between

<Facility Name and Address>

And

UNIVERSITY OF PUGET SOUND
1500 North Warner #1030
Tacoma, Washington 98416

THIS AGREEMENT is entered into by and between <FACILITY NAME>, Herein after referred to as the "Facility," and the University of Puget Sound, hereinafter referred to as the "University."

RECITALS

A. WHEREAS, the University has a School of Occupational Therapy and a School of 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 Schools 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, student contact information and objectives for the clinical education for each student enrolled in the program at least four weeks before the beginning date of the Clinical Education Program.
- b. The University will maintain immunization data, a criminal background check through CastleBranch.com that includes Washington Statewide Search, 7 Year County Criminal Search Outside Washington, National Criminal and Sex Offender Search, Nationwide Healthcare Fraud and Abuse, Social Security Alert and Residency History, certification of HIPAA, OSHA Health and Safety training, HIV/AIDS Education training, copy of a valid American Heart Association HealthCare Provider CPR certification, and evidence of personal health insurance coverage for each student enrolled in the program and provide documentation of same to Facility upon request.
- c. The University is responsible for supplying any additional information required by the Facility prior to the arrival of the students that is not in violation of the Buckley Amendment.
- d. 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.
- e. 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.
- f. The University will support rules and regulations governing students that are mutually agreed upon between the Schools of Occupational Therapy and Physical Therapy and the Facility.
- g. The University will provide liability insurance for those students participating in Clinical Education activities approved by the Academic Fieldwork Coordinator (Occupational Therapy) or the Director of Clinical Education (Physical Therapy). 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.
- 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 for:

- a. following the administrative policies, standards and practices of the Facility;
- b. obtaining any necessary and appropriate uniforms required but not provided by the Facility;
- c. his or her own transportation and living arrangements when not provided for by the Facility;
- d. reporting to the Facility on time and following all established regulations during the regularly scheduled operating hours of the Facility;
- e. conforming to the standards and practices established by the University while training in the Facility;
- f. obtaining prior written approval of the Facility and the University before publishing any material relating to the Clinical Education experience;
- g. obtaining and maintaining his or her own health insurance, CPR certification and required Immunizations;
- h. adhering to HIPAA privacy regulations as outlined by the Facility.
- i. Demonstrating the professional behaviors and attitudes described in Exhibit A.

5. Liability Insurance:

The University shall provide general liability and professional liability coverage at a minimum of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (3,000,000) in the aggregate.

6. 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.

7. 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. The agreement will be reviewed after five (5) years.
- 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

<Facility Name and Address>

By: _____
Name
Title

Date: _____

UNIVERSITY OF PUGET SOUND

Schools of Occupational Therapy and Physical Therapy
1500 North Warner #1030
Tacoma, WA 98416

By: _____
John Hickey
Associate Vice President for Business Services

Date: _____

EXHIBIT A: TEACHER-LEARNER EXPECTATIONS*

The University of Puget Sound holds in high regard those professional behaviors and attitudes embodied by the American Physical Therapy Association's Core Values for Physical Therapists which include accountability, altruism, compassion/caring, excellence, integrity, professional duty and social responsibility. In the context of this agreement, the term "clinical teacher" includes physical therapists who are clinical instructors, center coordinators of clinical education, and any other personnel from whom students learn. The term "learner" refers to the physical therapy student.

RESPONSIBILITIES OF CLINICAL TEACHERS AND LEARNERS

Clinical Teachers should:

- Treat students fairly and respectfully
- Maintain high professional standards in all interactions
- Be prepared and on time
- Provide relevant and timely information
- Provide explicit learning and behavioral expectations early in the clinical experience
- Provide timely, focuses, accurate and constructive feedback on a regular basis and thoughtful and timely evaluations at midterm and at the end of the clinical experience
- Display honesty, integrity and compassion
- Practice insightful questioning which stimulates learning and self-discovery and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive
- Solicit feedback from students regarding their perception of their educational experiences

Students should:

- Be courteous in all interactions with patients, families, caregivers, staff and other health professionals
- Be prepared and on time
- Be active, enthusiastic and curious learners
- Demonstrate professional behavior in all settings
- Recognize that not all learning stems from formal and structured activities
- Demonstrate all of the characteristics of an adult learner
- Demonstrate a commitment to life-long learning
- Recognize personal limitations and seek help as needed
- Embody the APTA Core Values

*Adapted from the Association of American Colleges (AAC) Uniform Clinical Training Affiliation Agreement.

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 clinical experience

Intermediate Level – behaviors consistent with a learner after the first significant clinical experience

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

1. May, W.W., Morgan, B.J., Lemke, J.C., Karst, G.M., & Stone, H.L. (1995). Model for ability-based assessment in physical therapy education. *Journal of Phys Ther Educ*, 9(1), 3-6.
2. Kontney L, May W, Ingarsh Z. *Professional Behaviors for the 21st Century*. Milwaukee, WA: Marquette University, Department of Physical Therapy, Boston MA: Simmons College, Physical Therapy Department 2010.

Professional Behaviors Assessment Tool

<p>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.</p>		
<p align="center"><i>Beginning Level</i></p> <ul style="list-style-type: none"> ○ Raises relevant questions ○ Considers all available information ○ Articulates ideas ○ Understands the scientific method ○ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion) ○ Recognizes holes in knowledge base ○ Demonstrates acceptance of limited knowledge and experience 	<p align="center"><i>Intermediate Level</i></p> <ul style="list-style-type: none"> ○ Feels challenged to examine ideas ○ Critically analyzes the literature and applies it to patient management ○ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas ○ Seeks alternative ideas ○ Formulates alternative hypotheses ○ Critiques hypotheses and ideas at a level consistent with knowledge base ○ Acknowledges presence of contradictions 	<p align="center"><i>Entry-level</i></p> <ul style="list-style-type: none"> ○ Distinguishes relevant from irrelevant patient data ○ Readily formulates and critiques alternative hypotheses and ideas ○ Infers applicability of information across populations ○ Exhibits openness to contradictory ideas ○ Identifies appropriate measures and determines effectiveness of applied solutions efficiently ○ Justifies solutions selected
<p>Communication - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.</p>		
<p align="center"><i>Beginning Level</i></p> <ul style="list-style-type: none"> ○ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting ○ Recognizes impact of non-verbal communication in self and others ○ Recognizes the verbal and non-verbal characteristics that portray confidence ○ Utilizes electronic communication appropriately 	<p align="center"><i>Intermediate Level</i></p> <ul style="list-style-type: none"> ○ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences ○ Restates, reflects and clarifies message(s) ○ Communicates collaboratively with both individuals and groups ○ Collects necessary information from all pertinent individuals in the patient/client management process ○ Provides effective education (verbal, non-verbal, written and electronic) 	<p align="center"><i>Entry-level</i></p> <ul style="list-style-type: none"> ○ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences ○ Restates, reflects and clarifies message(s) ○ Communicates collaboratively with both individuals and groups ○ Collects necessary information from all pertinent individuals in the patient/client management process ○ Provides effective education (verbal, non-verbal, written and electronic)

Problem Solving – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.		
<p>Beginning Level</p> <ul style="list-style-type: none"> ○ Recognizes problems ○ States problems clearly ○ Describes known solutions to problems ○ Identifies resources needed to develop solutions ○ Uses technology to search for and locate resources ○ Identifies possible solutions and probable outcomes 	<p>Intermediate Level</p> <ul style="list-style-type: none"> ○ Prioritizes problems ○ Identifies contributors to problems ○ Consults with others to clarify problems ○ Appropriately seeks input or guidance ○ Prioritizes resources (analysis and critique of resources) ○ Considers consequences of possible solutions 	<p>Entry-level</p> <ul style="list-style-type: none"> ○ Independently locates, prioritizes and uses resources to solve problems ○ Accepts responsibility for implementing solutions ○ Implements solutions ○ Reassesses solutions ○ Evaluates outcomes ○ Modifies solutions based on the outcome and current evidence ○ Evaluates generalizability of current evidence to a particular problem
Interpersonal Skills – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.		
<p>Beginning Level</p> <ul style="list-style-type: none"> ○ Maintains professional demeanor in all interactions ○ Demonstrates interest in patients as individuals ○ Communicates with others in a respectful and confident manner ○ Respects differences in personality, lifestyle and learning styles during interactions with all persons ○ Maintains confidentiality in all interactions ○ Recognizes the emotions and bias that one brings to all professional interactions 	<p>Intermediate Level</p> <ul style="list-style-type: none"> ○ Recognizes the non-verbal communication and emotions that others bring to professional interactions ○ Establishes trust ○ Seeks to gain input from others ○ Respects role of others ○ Accommodates differences in learning styles as appropriate 	<p>Entry-level</p> <ul style="list-style-type: none"> ○ Demonstrates active listening skills and reflects back to original concern to determine course of action ○ Responds effectively to unexpected situations ○ Demonstrates ability to build partnerships ○ Applies conflict management strategies when dealing with challenging interactions ○ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them
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.		
<p>Beginning Level</p> <ul style="list-style-type: none"> ○ Demonstrates punctuality 	<p>Intermediate Level</p> <ul style="list-style-type: none"> ○ Displays awareness of and sensitivity to diverse populations 	<p>Entry-level</p> <ul style="list-style-type: none"> ○ Educates patients as consumers of health care services

<ul style="list-style-type: none"> ○ Provides a safe and secure environment for patients ○ Assumes responsibility for actions ○ Follows through on commitments ○ Articulates limitations and readiness to learn ○ Abides by all policies of academic program and clinical facility 	<ul style="list-style-type: none"> ○ Completes projects without prompting ○ Delegates tasks as needed ○ Collaborates with team members, patients and families ○ Provides evidence-based patient care 	<ul style="list-style-type: none"> ○ Encourages patient accountability ○ Directs patients to other health care professionals as needed ○ Acts as a patient advocate ○ Promotes evidence-based practice in health care settings ○ Accepts responsibility for implementing solutions ○ Demonstrates accountability for all decisions and behaviors in academic and clinical settings
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Professionalism – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

<p><i>Beginning Level</i></p> <ul style="list-style-type: none"> ○ Abides by all aspects of the academic program honor code and the APTA Code of Ethics ○ Demonstrates awareness of state licensure regulations ○ Projects professional image ○ Attends professional meetings ○ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers 	<p><i>Intermediate Level</i></p> <ul style="list-style-type: none"> ○ Identifies positive professional role models within the academic and clinical settings ○ Acts on moral commitment during all academic and clinical activities ○ 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 ○ Discusses societal expectations of the profession 	<p><i>Entry-level</i></p> <ul style="list-style-type: none"> ○ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary ○ 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 ○ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development ○ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices ○ Discusses role of physical therapy within the
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		<p>healthcare system and in population health</p> <ul style="list-style-type: none"> ○ Demonstrates leadership in collaboration with both individuals and groups
<p>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.</p>		
<p>Beginning Level</p> <ul style="list-style-type: none"> ○ Demonstrates active listening skills ○ Assesses own performance ○ Actively seeks feedback from appropriate sources ○ Demonstrates receptive behavior and positive attitude toward feedback ○ Incorporates specific feedback into behaviors ○ Maintains two-way communication without defensiveness 	<p>Intermediate Level</p> <ul style="list-style-type: none"> ○ Critiques own performance accurately ○ Responds effectively to constructive feedback ○ Utilizes feedback when establishing professional and patient related goals ○ Develops and implements a plan of action in response to feedback ○ Provides constructive and timely feedback 	<p>Entry-level</p> <ul style="list-style-type: none"> ○ Independently engages in a continual process of self evaluation of skills, knowledge and abilities ○ Seeks feedback from patients/clients and peers/mentors ○ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities ○ Uses multiple approaches when responding to feedback ○ Reconciles differences with sensitivity ○ Modifies feedback given to patients/clients according to their learning styles
<p>Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.</p>		
<p>Beginning Level</p> <ul style="list-style-type: none"> ○ Comes prepared for the day's activities/responsibilities ○ Identifies resource limitations (i.e. information, time, experience) ○ Determines when and how much help/assistance is needed ○ Accesses current evidence in a timely manner ○ Verbalizes productivity standards and identifies barriers to meeting productivity standards ○ Self-identifies and initiates learning 	<p>Intermediate Level</p> <ul style="list-style-type: none"> ○ Utilizes effective methods of searching for evidence for practice decisions ○ Recognizes own resource contributions ○ Shares knowledge and collaborates with staff to utilize best current evidence ○ Discusses and implements strategies for meeting productivity standards ○ Identifies need for and seeks referrals to other disciplines 	<p>Entry-level</p> <ul style="list-style-type: none"> ○ Uses current best evidence ○ Collaborates with members of the team to maximize the impact of treatment available ○ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations ○ Gathers data and effectively interprets and assimilates the data to determine plan of care ○ Utilizes community resources in discharge planning ○ Adjusts plans, schedule etc. as patient needs and circumstances dictate ○ Meets productivity standards of facility while providing

opportunities during unscheduled time		quality care and completing non-productive work activities
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.		
<p><i>Beginning Level</i></p> <ul style="list-style-type: none"> ○ Recognizes own stressors ○ Recognizes distress or problems in others ○ Seeks assistance as needed ○ Maintains professional demeanor in all situations 	<p><i>Intermediate Level</i></p> <ul style="list-style-type: none"> ○ Actively employs stress management techniques ○ Reconciles inconsistencies in the educational process ○ Maintains balance between professional and personal life ○ Accepts constructive feedback and clarifies expectations ○ Establishes outlets to cope with stressors 	<p><i>Entry-level</i></p> <ul style="list-style-type: none"> ○ Demonstrates appropriate affective responses in all situations ○ Responds calmly to urgent situations with reflection and debriefing as needed ○ Prioritizes multiple commitments ○ Reconciles inconsistencies within professional, personal and work/life environments ○ Demonstrates ability to defuse potential stressors with self and others
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.		
<p><i>Beginning Level</i></p> <ul style="list-style-type: none"> ○ Prioritizes information needs ○ Analyzes and subdivides large questions into components ○ Identifies own learning needs based on previous experiences ○ Welcomes and/or seeks new learning opportunities ○ Seeks out professional literature ○ Plans and presents an in-service, research or cases studies 	<p><i>Intermediate Level</i></p> <ul style="list-style-type: none"> ○ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice ○ Applies new information and re-evaluates performance ○ Accepts that there may be more than one answer to a problem ○ Recognizes the need to and is able to verify solutions to problems ○ Reads articles critically and understands limits of application to professional practice 	<p><i>Entry-level</i></p> <ul style="list-style-type: none"> ○ Respectfully questions conventional wisdom ○ Formulates and re-evaluates position based on available evidence ○ Demonstrates confidence in sharing new knowledge with all staff levels ○ Modifies programs and treatments based on newly-learned skills and considerations ○ Consults with other health professionals and physical therapists for treatment ideas

Adapted from Kontney L, May W, Ingarsh Z. *Professional Behaviors*. Milwaukee, WA: Marquette University, Department of Physical Therapy, Boston MA: Simmons College, Physical Therapy Department 2010.