Clinical Education Manual

2026-2027

University of Puget Sound School of Physical Therapy 1500 N. Warner St., CMB 1030

Tacoma, WA 98416

MEMORANDUM OF AGREEMENT
2026-2027

Signing this form indicates I have read and understand the policies contained in the Clinical Education Manual. I agree to abide by those policies as outlined while enrolled in the Puget Sound Doctor of Physical Therapy program. I understand the policies may change and it is my responsibility to review and follow any changes as they are provided to me.

_____ _____

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 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.

1. Physical Therapy Program Goals
   - *a)* Prepare graduates to practice physical therapy (PT) in an ethical, safe, and efficacious manner.
   - *b)* Engage in community activities that promoting health and wellness through movement.
   - *c)* Promote scholarly inquiry and lifelong learning.

PT PROGRAM STUDENT LEARNING OUTCOMES

Upon graduation, students are expected to:

1. Appraise and evaluate current best evidence and apply logical, analytical, and critical thinking to clinical decision-making related to patient management.

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

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

4. Contribute to society by designing activities that promote health and prevent illness or disability.

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

CLINICAL EDUCATION PHILOSOPHY

Clinical education is a fundamental 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 learning outcomes, the primary purpose of clinical education is to provide students with opportunities to practice PT in an ethical, safe, and efficacious manner. Clinical education is an opportunity for students to apply academic knowledge, develop practical skills, cultivate and refine professional behaviors. Clinical experiences are designed to expose students to patient populations across the lifespan within a spectrum of practice settings. The ultimate intent is to facilitate a smooth transition from academic student to PT clinician.

STANDARDS FOR ACCREDITATION

The standards for accreditation set forth by the Commission on Accreditation of Physical Therapy Education (CAPTE) requires graduates to be effective, contemporary practitioners of PT, possessing competencies in all areas of patient management. Graduates must also be capable of treating patients across the lifespan, with cultural humility. Graduates will possess personal competencies in both verbal and non-verbal communications, administration, and professional growth. The Physical Therapy Program at Puget Sound is designed to allow students to achieve the competencies required by CAPTE.

ACCREDITATION STATUS

The Doctor of Physical Therapy program at Puget Sound is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE)

1111 N. Fairfax St Alexandria, Virginia 22314
(703) 706-3245
Email: accreditation@apta.org
Website: http://www.capteonline.org

STATEMENT ON EQUAL OPPORTUNITY AND NON-DISCRIMINATION

The University of Puget Sound does not discriminate within its employment or educational opportunities on the basis of sex, race, color, national origin, religion, creed, age, disability, marital or familial status, sexual orientation, gender identity, sex stereotypes, sex characteristics, pregnancy or related conditions, veteran or military status, political affiliation, or any characteristic that is legally protected by the Civil Rights Act of 1965, Title IX of the Educational Amendments of 1972, section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act, and applicable federal, state, or local laws. Questions about this statement can be referred to the University's Title IX Coordinator/Equal Opportunity Officer (253-879-3793), the university's General Counsel (253-879-2735), or the Office of Civil Rights, Department of Education, Washington, D.C.

STUDENT ACCESSIBILITY AND ACCOMODATION

Student Accessibility and Accommodation (SAA) is the university-designated office that determines if a student qualifies for a disability accommodation under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. To qualify for accommodations at the postsecondary level, a student must be well enough to meet the academic and technical standards requisite for admission and participation in the institution's educational programs or activities. Students are covered under disability law if they can meet the academic standards with or without accommodations. To register with SAA, complete the online form and upload documentation of your
disability. SAA will contact you within a few days to schedule an intake meeting.
If a student has utilized academic accommodations, they must contact the Director of Clinical Education prior to the first Integrated Clinical Experience (PT 650)

CLINICAL EDUCATION TEAM

Director of Clinical Education (DCE)

The DCE is a core faculty member with administrative, academic, service, and scholarship responsibilities consistent with programmatic and university guidelines. The DCE's primary responsibilities are development, coordination, and evaluation of the clinical education program, in consultation and cooperation with academic faculty. The DCE establishes clinical education site and facility standards, selects and evaluates 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:

- Serving as a liaison between the academic program and the clinical education site.
- Managing and monitoring educational affiliation agreements between the university and clinical sites.
- Developing, monitoring and refining the clinical education component of the PT curriculum including Integrated Clinical Experiences in the On-site PT Clinic, clinical education seminars and full-time clinical experiences.
- Assigning students to clinical experiences appropriate with their learning needs.
- Ensuring student readiness for clinical practice in cooperation with academic and clinical faculty in the On-site Clinic by determining ability to integrate didactic content and demonstrate safe and ethical practices.
- Facilitating quality learning experiences for students during all aspects of clinical education, including the Integrated Clinical Experiences in the On-site PT Clinic by collaborating with the Director of the On-site PT Clinic.
- Assisting Site Coordinators of Clinical Education (SCCEs), clinical instructors (CIs), and students with problem-solving. Addressing conflict during clinical experiences, should the need arise, and planning for remedial or accommodative clinical education experiences, as needed.
- Determining grades for clinical education full-time/off-site clinical experiences using a variety of data including Clinical Performance Instrument (CPI) ratings, summative comments, visit notes, learning contracts, and completed assignments.
- Engaging core faculty and the clinical education advisory committee in discussions about clinical education planning, implementation, and assessment.

Director of the On-site Clinic

The Director of the On-site Clinic is a core faculty member with administrative, academic, service, and scholarship responsibilities consistent with programmatic and university guidelines. The Director of the On-site Clinic's primary responsibility is to provide pedagogical and administrative coordination and oversite of the On-site Clinic. The responsibilities of the Director of the On-site Clinic include, but are not limited to the following:

- Optimizing curricular sequencing of the integrated clinical experiences for the development of student clinical reasoning.
- Providing administrative oversight of the Integrated Clinical Education (ICE) experiences
- Mentoring clinical instructors.
- Partnering with the DCE to seamlessly align clinical education and advance student clinical skills through a sequential series of Integrated Clinical experiences to prepare students for Full-Time Clinical Education experiences.

Lead Program Coordinator

The Lead Program Coordinator manages Clinical Site Information Forms (CSIF), special requirements, and the Clinical Education database – containing contact information, clinical experience placement details, and contract status. Responsibilities of the Lead Program Coordinator include, but are not limited to the following:

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

Site Coordinator of Clinical Education

The Site Coordinator of Clinical Education (SCCE) is responsible for coordinating student assignments and experiences at

the clinical site.

Responsibilities of the SCCE include:

- Determining the number and type of clinical experiences available to Puget Sound students each year.
- Maintaining and updating the CSIF as needed.
- Communicating with the academic program regarding special requirements or specific policies and procedures affecting students or student placement.
- Working with the academic program, legal counsel, Human Resources, and other entities, as necessary, to execute and update clinical affiliation agreements.
- Assigning and monitoring CIs to students.
- Working with the DCE, CI and student to address conflict, assisting 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, demonstrates ethical and clinical competence, and the ability and desire to provide effective clinical instruction. Responsibilities of the CI include:

- Providing direct supervision and instruction to the student during the clinical experience.
- Designing learning experiences commensurate with the student's developmental level and progress in the academic program.
- Providing formative feedback and summative evaluation of the student performance in all three domains of learning: cognitive, psychomotor and affective.
- Contacting the DCE to identify problems in any of the five "red flag" areas on the CPI.
- Discussing students' 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 – taking responsibility for one's own learning, 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 their own strengths and weaknesses.
- Welcome feedback on clinical performance, using 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 DCE.

RIGHTS & RESPONSIBILITIES OF CLINICAL EDUCATION FACULTY

The obligations of both the clinical faculty (SCCEs and CIs) are outlined in the Extended Campus Agreement, also known as the Clinical Education Affiliation Agreement (see Appendix C), established with each clinical site. 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 (SCCEs 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 physical therapist students 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 (SCCEs and CIs) have the privilege of participating in an annual complimentary continuing education course offered by Puget Sound.
- Clinical faculty (SCCEs and CIs) from sites the university has clinical affiliation agreements with, are eligible to participate in university-sponsored continuing education courses at a reduced rate.
- Clinical faculty (SCCEs and CIs) have the privilege of being invited to provide occasional guest lectures in the academic program.
- Clinical faculty (SCCEs and CIs) have the privilege of being asked to serve as clinical instructors on the PT On-site Clinic, on an as needed basis.
- Clinical faculty (SCCEs 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 Puget Sound is committed to providing students with high-quality clinical education experiences structured to promote the development of clinical reasoning with rising complexity of patient presentations in a variety of practice settings. To meet the mission of the School of Physical Therapy and prepare students to practice as generalists upon graduation, students are required to participate in clinical experiences both on and off campus. Experiences will span the continuum of health care and lifespan, with cultural and demographic diversity. Under the direction of the DCE, clinical education at Puget Sound consists of two distinct but integrated components: Integrated Clinical Education (ICE) experiences and full-time clinical education experiences.

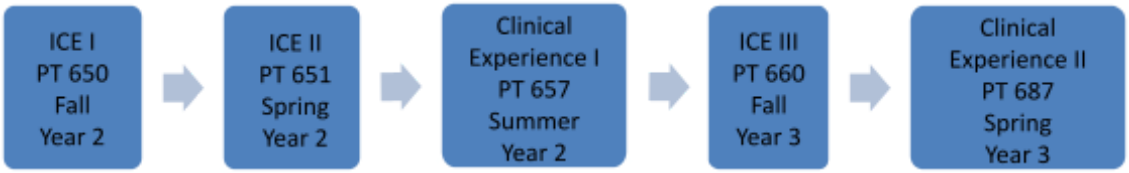
Integrated Clinical Education experiences are learning experiences that take place in the Ann Wilson On-site PT Clinic during the second and third academic years of the program. Full-time clinical education experiences take place in contracted (off-site) clinical facilities. Components of clinical education build on one another; thus, successful completion of each experience prior to enrolling in the next is required. Students are encouraged to place considerable effort into these courses as unsuccessful performance in a clinical education experience can delay a student's progress in the program and delay graduation.

To register for the full-time clinical education 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. Per university policy, a student will be placed on academic probation if the cumulative grade point average in the required courses for the DPT degree falls below 3.0. The DCE will not approve a student for a full-time clinical education experience while on academic probation.

COURSE SEQUENCE

Course sequence, course descriptions, and further information about the DPT curriculum can be found on Puget Sound – School of Physical Therapy website.

Clinical Education Experience Timeline & Overview



Integrated Clinical Experience I (PT 650) and Integrated Community Exercise and Wellness Experience (PT 652) Integrated clinical education experiences begin fall semester of the second academic year. This experience provides students an opportunity for observation and supportive participation in patient care in the On-site Clinic, one day per week. There is a peer-mentoring component to this experience in which third-year students' mentor second-year students, providing feedback on documentation and performance of fundamental PT skills developed in the first year of the program. Second-year students also design an exercise/ wellness program for individuals from the community interested in starting or progressing a personal exercise program. Licensed physical therapists' mentor and supervise exercise prescription and instruction. The companion clinical education seminar for PT 650 will introduce students to the nuances of patient care in the clinic environment. The course will cover topics such as professional behavior, documentation with the use of electronic medical records, and introduction to the examination of patients.

Integrated Clinical Experience II (PT 651)

This integrated clinical education experience involves direct provision of patient care by physical therapist students under the mentorship and supervision of a licensed PT CI. The student to CI ratio is 2:1. Students become socialized to the clinic environment, gaining exposure to, and experience in all aspects of patient care: examination, evaluation, diagnosis, prognosis, development and implementation of a management plan, and discharge planning. They will learn the documentation process and how to communicate with other health care providers.

The companion clinical education seminar for this course intends to develop each student's clinical reasoning and patient care skills, connecting the classroom to the clinic. This course is intrinsically linked to the patient care experiences that the students have during their time in the onsite clinic. Topics covered in the course will include legal issues related to PT practice, such as supervision and student provision of PT services. The examination and evaluation of patients will be addressed, and students receive training in the use of the Clinical Performance Instrument (CPI).

Full-Time Clinical Experience I (Pt 657)

The first full-time clinical education experience is 14 weeks in length, occurring from May to August, between the second and third years of the program.

Integrated Clinical Experience III (PT 660)

In this clinical education experience, students provide physical therapy services under the supervision of a licensed PT clinical instructor, 2 days per week. Students are responsible for all aspects of patient care including examination, evaluation, diagnosis, prognosis, development and implementation of a management plan, and discharge planning. This experience incorporates a collaborative model with a student to CI ratio of 4:1. This experience complements the second-year student clinical education experience, with third-year students serving as student mentors, providing opportunities for them to practice clinical teaching and peer-to-peer mentoring.

The companion clinical education seminar for this course intends to further the development of each student's clinical reasoning and patient care skills. This course is intrinsically linked to the patient care experiences that the students have during their time in the onsite clinic. There will be a more nuanced exploration of clinical reasoning and clinical practice with an emphasis on how to be a consummate health care professional.

Full-Time Clinical Experience II (PT 687)

The terminal clinical education experience of the DPT program is 16 weeks in length, taking place in the spring semester of the third academic year, from January to May. Students who successfully complete the final full-time clinical education experience and meet all academic and clinical requirements for the program will be eligible to take the National Physical Therapy Examination (NPTE).

REQUIREMENTS FOR PARTICIPATION IN CLINICAL EDUCATION

Students enrolled in the DPT program must be able to meet all Technical Standards (see Appendix A), pass a criminal background check, complete all required immunizations, maintain health insurance, and demonstrate satisfactory professional and affective behaviors, in order to participate in the integrated and full-time clinical education experiences. Students with any health concerns affecting 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 clinical experiences. Requirements for participation in clinical education experiences will vary according to the policies of each clinical site. To ensure students meet these requirements, regardless of setting, the following are required for all students before initiating clinical education experiences:

Americans With Disabilities Act (Ada)

ADA privacy requirements prohibit the faculty and staff of Puget Sound from discussing any disability with a clinical education site without specific written authorization from the student. It is recommended the student disclose the nature of a disability via letter, or on the Student Information Form sent to clinical education sites prior to student arrival. The student should discuss any relevant information about their disability that may impact their clinical performance, scheduling, or time management, with the CI and/or SCCE during the orientation meeting. In general, it benefits the student to provide as much information as possible to relate the impact of a disability.

If a student provides written permission to disclose a disability, the DCE will discuss the disability with the SCCE/CI, requesting appropriate accommodations be made *prior* to the student's arrival. Clinical education sites are not employers, and thus, offer accommodations on a *voluntary* basis. All discussions and requests for disability accommodation in clinical education sites must be handled through the DCE in collaboration with Puget Sound's Student Accessibility and Accommodations office.

Students are strongly encouraged to continue a proactive, open dialogue regarding educational needs with both the academic and clinical education faculty. If unresolvable problems arise, the DCE should be contacted immediately. Retroactive disclosure of a documented disability will not change a student's clinical performance assessment.

Immunizations

Students are required to submit documentation of vaccination/immunity to the diseases listed below to Castlebranch by August 31st of the second year prior to the first clinical course (PT 650). Students will NOT be allowed to participate in Integrated Clinical Education experience I (PT 650) if they do not meet this deadline.

- Diphtheria
- Tetanus (TDap) – within last 10 years Measles, Mumps and Rubella
- Hepatitis B – including titer verifying immunity
- Varicella (chicken pox) – immunization (2 vaccines) or titer Seasonal flu shot
- COVID-19 - following guidance from federal and state government, COVID-19 vaccination is not currently required for students to participate in Integrated Clinical Education experience I (PT650), however clinical sites may require vaccination status prior to beginning full-time clinical experiences.

TB Testing

Upon entry into the program, each student must provide documentation signed by a licensed health care professional of TB testing or treatment consisting of:

1. A negative Mantoux test (also known as a tuberculin skin test (TST)) or negative interferon gamma release assay (IGRA) completed within twelve months prior to the provision of patient care.

2. A previous or current positive TST or positive IGRA with documentation within the previous twelve months:
   a. Of a chest X ray with negative results; or
   b. Showing that the individual is receiving or has received therapy for active or latent TB disease and is cleared to safely work in a patient care setting. As used in this section, "latent TB" means when a person is infected with the TB germ but has not developed active TB disease (Washington State Tuberculosis Laws, 2014).

Routine serial TB screening or testing at any interval after baseline (e.g., annually) of health care personnel is not recommended unless there is a known exposure or ongoing transmission at a healthcare facility. (https://www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/index.html).

Vaccination Exemption

Vaccines required by the DPT Program are based on requirements of the clinical education sites we are affiliated with and are fully supported by the program. All clinical education sites must be informed of a student's vaccine status prior to agreeing to host that student, i.e., the university is obligated to disclose vaccination status. Clinical education sites can and often will refuse to host a student if their vaccination requirements are not met. Vaccine exemption must be sought from each clinical education site prior to a confirmed clinical education experience site placement at that site.

NOTE: Clinical education experiences are a REQUIRED components of the program and MUST be completed to graduate. If suitable sites offering diverse experiences cannot be identified, a student's education may be delayed until one

can be found. (See Appendix D.)

Compliance Tracker Document Storage System

The university contracts with CastleBranch, covering the cost to allow students to upload and store documentation for immunizations, trainings, and certifications needed to participate in clinical education for the duration of the DPT program. Students are responsible for uploading all requisite documents to the site. CastleBranch verifies completion of requirements, sending reminders to students to update certifications and immunizations, as needed. Instructions for setting up a student account with CastleBranch will be provided before clinical education begins. It is the student's responsibility to respond to all communications from CastleBranch in a timely manner. Failure to keep this information current may impact a student's ability to participate in clinical education experiences.

CPR, OSHA Health Safety Modules, HIPAA Training, & Mandatory Reporter Training

While enrolled in the DPT program, students are required to maintain continuous certification in CPR offered by the American Heart Association at the Health Care Provider level. Students will also complete training in HIPAA Privacy and Security Policies, Mandatory Reporting of Abuse and Neglect and OSHA Health Safety Training (bloodborne pathogens, infection control, personal protective equipment, chemical hazards and fire safety training). Some clinical education sites may require additional training modules prior to beginning clinical education experiences. More information about specific requirements will be provided when needed. Students must keep a record of all training in their personal account with CastleBranch.

Criminal Background Checks

Students enrolled in the DPT program are required to undergo two local and national criminal background checks: prior to Integrated Clinical Experience I in the fall semester of the second year, and again in the fall semester of the third year prior to Integrated Clinical Experience III and the final full-time clinical education experience. The DPT program may deny a student access to the On-site Clinic based on the results of a criminal background check. Students whose criminal background checks are deemed unsatisfactory may be denied access to clinical education experiences at certain clinical education sites. Failure to complete the clinical education component of the program will prevent a student from completing the program.

The DPT program contracts with CastleBranch to provide 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 with concerns about incidents in their background may wish to engage with the service earlier to ensure they will be able to participate in clinical education experiences. CastleBranch accounts are set up independently by the student at their own expense; the fee is not included in 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 DPT program. For specific information on 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.

Health Insurance & Liability Coverage

The university is self-insured and maintains the following insurance coverage for faculty 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

Puget Sound ***requires all students*** to have personal health care insurance. Students are responsible for the cost of covering any emergency services needed for illness or injuries sustained during off-campus clinical education experiences. Students may be exposed to a variety of potential health risks during these experiences and should make an effort to be informed about the specific types of hazards involved with a particular setting in order to minimize 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 education experience.

Additional Requirements

Clinical education sites may require drug testing and/or additional background checks. Students will be notified of special requirements for each site and are responsible for obtaining the requisite tests, etc. at their own expense, prior to beginning these clinical education experiences.

Student Information that may be shared with clinical education sites:

Puget Sound may share the following student information with prospective clinical education sites in a secure manner e.g., secure encrypted email, fax or surface mail, if requested:

- Demographic information – including name, address, phone number, email address, date of birth and Social Security number.
- Academic standing – year in the program and whether the student is in good academic standing.
- Evidence of CPR certification, completion of trainings (HIPAA, OSHA Health and Safety, Mandatory Reporter) and proof of personal health insurance.
- Immunization records, results of drug screens, and results of background checks.

FULL-TIME CLINICAL EDUCATION EXPERIENCE PLACEMENT PROCESS

Clinical education placements are structured and prioritized to provide students well-rounded, full-time clinical education experiences. Students are required to complete one 14-week clinical education experience, and one 16-week clinical education experience. During these full-time clinical education experiences, a student must experience care delivery in one complex medical setting (such as medical center/hospital, specialty rehabilitation center, transitional/skilled nursing facility, home health agency, pediatric centers, or other settings as determined by DCE), and one outpatient setting (such as free-standing private practice, hospital-based outpatient facility, lifestyle medicine or wellness centers, or other settings as determined by DCE).

Clinical education experiences should incorporate a broad range of diagnostic groups, including acute care/complex medical, orthopedic/musculoskeletal, and neurologic dysfunction. Exposure across the lifespan is encouraged; at a minimum, students must gain treatment experience working with geriatric and young-adult populations. Students are also strongly encouraged to complete one of the full-time clinical education experiences in a rural or underserved community. There is no specific time requirement for any exposure, and one clinical education site may provide multiple experiences.

Students must experience the full spectrum of PT patient management including examination, evaluation, diagnosis, prognosis, management planning and implementation, outcomes, discharge planning, and referral.

With assistance from the DCE, students are responsible for developing a plan to achieve the depth and breadth of clinical education experiences following these guidelines, while satisfying individual interests and career plans. Because it is extremely

difficult to secure all student placements near the Puget Sound campus, students should be prepared for clinical education experience placements that are outside of the Seattle-Tacoma metropolitan area. Clinical education experiences may require alternate housing or an extended commute, so students should be prepared for this possibility.

Clinical Education Site Information

Information about clinical education sites with which Puget Sound has a clinical education agreement is available to students in the "Clinical Site Info" folder on the Google shared drive. Clinical education sites listed on the drive are those with which the university has an active clinical education agreement. The following information is in the folders for each site:

1. APTA Student Evaluation of Clinical Experience – all students complete this form after each clinical education experience. This form describes the setting in terms of patient population, type of facility, and opportunities for students to participate in various aspects of care.

2. Student-Friendly Evaluations of Clinical Experiences – this form provides personal appraisals from students after a clinical education experience and provides assessments of individual experiences.

Contracted Clinical Education Sites

Puget Sound holds over 300 clinical education agreements with entities offering clinical education experiences in several states. Many agreements are with national corporations with physical locations across the country.

Only those clinical education sites with which Puget Sound has clinical education agreements are available for clinical education experiences. Clinical education agreements with new clinical education sites are added when the educational need or geographic location indicates. Agreements for new clinic education sites will not be established solely for one individual student and students should not solicit new sites on their own accord without discussing it first with the DCE.

NOTE: Placement of students in clinical education sites in Colorado is extremely limited due to legislation mandating workers' compensation insurance. A student interested in a placement in Colorado will need to meet with the DCE to discuss available opportunities.

Clinical Education Site Evaluation

Many factors are considered when selecting and maintaining clinical education sites including location, type of setting, PT services provided, facility philosophy, interest in clinical education, and qualifications of clinical instructors. We encourage clinical education sites to use the APTA Clinical Education Guidelines and Self-Assessments for clinical education sites, SCCEs, and CIs.

Clinical Instructor Qualifications

Clinical instructors must meet the APTA requirement of a minimum of one year of clinical experience prior to mentoring a student. The program encourages clinical instructors to complete the APTA Credentialed Clinical Instructor Program (CCIP). Since this is a voluntary program, there is no guarantee the assigned CI will have completed the training. Puget Sound seeks clinical education agreements with sites with board-certified clinical specialists on staff; however, there is no guarantee the assigned CI will be a clinical specialist or have other advanced training.

Clinical Education Site Information

The "PT Clinical Site Information" folder on the Google shared drive contains past student evaluations and special requirements for all clinical education agreement sites where students have completed clinical education experiences in the prior five years. All students currently enrolled in the PT program have access to this resource.

Full-Time Clinical Education Experience Placement Policies & Procedures

Placement requests for full-time clinical education experiences take place well in advance of the actual clinical education experiences. Requests for the first clinical education experience are placed by the DCE in the spring semester of the first year (one year in advance). Requests for the terminal clinical education experience are placed by the DCE in the spring semester of the second year of the program. Puget Sound follows the APTA's Uniform Mailing date of March 1 for placements the following calendar year. Multiple schools may have clinical education agreements with the same clinical education sites. Thus, there is no guarantee Puget Sound will be granted student placement at a particular clinical education site.

Clinical education sites may have specific requirements for students, such as accepting students for terminal clinical education experiences only, residency requirements, or conducting interviews prior to accepting a student. Sites may also have a dress code requirement that may include specifics on uniforms, piercings, or visible tattoos.
Students should read the available information for a clinical education site prior to requesting placement. ***It is a student's responsibility to request placement only in clinical education sites in which they meet the stated requirements.***

Clinical Education Site Request Considerations

When making decisions about full-time clinical education experiences, a student should consider the experiences that are required, as well as those they desire. They should consider the developmental trajectory they believe will best complement their personal characteristics and career goals and discuss this with the DCE prior to placement request deadline. Other considerations should include:

Financial Implications

Selecting clinical education sites requires students' careful consideration of their financial situation. The ability to meet incurred costs for living expenses, transportation, and unforeseen financial or personal contingencies should be considered. Due to economic strains on health care across the board, most clinical education sites no longer provide benefits (stipend, room, board, or other means of support) or may withdraw benefits after a student's clinical education site has been confirmed. Keep in mind the loss of a stipend, increased transportation costs, increased costs of living accommodations, and unforeseen personal or financial contingencies may not be adequate reasons for requesting a change in clinical education site.

Finding and confirming clinical education sites is a long and arduous process that cannot be changed quickly.

Geographic Location

The time of year in which a student is at the clinical education site, climate and topographic features should also be considered when making clinical education experience choices. The need for weather-specific clothing, variability in cost of living, and transportation needs are additional factors to consider.

Emotional And Psychological Considerations

The emotional and psychological impact clinical education experiences may have on a student is often hard to predict and may not manifest until after an experience begins. Be aware that the change from academia to a clinic setting may create unanticipated stress. When exploring potential sites, students should consider the impact of being away from familiar surroundings and support systems that could affect them psychologically and physiologically. If an out-of-area site is selected, moving into a new environment may

create an atmosphere not conducive to successful completion of the clinical education experience. Moving in with parents, family, or other people may also create tension. Alternatively, moving to a new area may help a student focus on the clinical education experience without distraction from friends or activities.

Clinical Education Experience Request Surveys

Clinical Education Experience surveys are provided to students prior to the request deadline for each experience. Students should use this form to communicate their priorities and rationale for requesting a particular type of experience or setting. The DCE will notify students in advance of the deadline for submission of the request form. Students who miss the deadline will make their selections *after* all students meeting the deadline have made their placement selections.

Out of respect for our clinical education partnerships, a clinical placement will not be changed once it has been confirmed by the clinical site and the university. Clinical education sites do not cancel students without good reason. The PT program and clinical education site must both honor their commitments to prevent inconvenience and maintain respectful relationships for future placements. If problems arise requiring 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 education sites may cancel a confirmed placement. When this occurs, the DCE will work to secure a new placement finding the same type of clinical education experience as the canceled site, when possible.

PLACEMENT PROCEDURES

The DCE and students will adhere to the following policies to minimize conflict and distress concerning placements:

1. No clinical education placement will be considered final without written confirmation from the clinical education site.
2. Students should not make living and/or travel arrangements until written confirmation is received from the clinical education site.
3. The DCE reserves the right to modify the sequence of clinical education experiences and assign students to best accommodate the largest number of students.
4. Because of the difficulty securing complex medical clinical education sites, students are encouraged to pursue a clinical experience outside the Seattle-Tacoma metropolitan area or out of state if feasible for the student.

Clinical Education Fees

Students are required to pay a clinical education fee in lieu of tuition during their full-time clinical education experiences. Current tuition and fees can be found on the Puget Sound website. Repeating a clinical education experience necessitates payment of additional fees. If a clinical education site requires drug testing, physical examination, or additional background checks, students are responsible for those fees.

CLINICAL EDUCATION POLICIES & PROCEDURES

The DCE is the academic supervisor and faculty instructor of record for all full-time clinical education experiences. All clinical education courses have a course number with an accompanying syllabus students must refer to for specific course requirements. Students should be prepared to provide the syllabus to their CI for review. Students should also be aware of contractual responsibilities of the university, student, and clinical education sites by reviewing the university's Extended Campus Agreement/Clinical Education Agreement prior to beginning a clinical education experience (see Appendix C).

Dress code

Students are expected to always present themselves professionally, adhering to the following guidelines:

- Name Badges:
    - Physical therapist students ***must*** wear a Puget Sound name badge with photo ID. Some clinical education sites may issue a photo ID name badge in accordance with facility policies and procedures.

- Students should dress in a way that promotes a culture of physical and psychological safety, encouraging respect for the dignity of self and others.

- Students are expected to wear professional attire and/or abide by the dress code standards of the clinical education site. Some clinical education sites may require specific uniforms which students are expected to acquire at their own expense.
    - Leggings, jeans, shorts, and yoga pants are not permitted. Clothing should not be sheer or tight-fitting, and must be of a length and style that accommodates vigorous movement during patient care activities in a variety of positions, without exposing skin on the midriff, buttocks, or chest.
    - Shoes must be closed-toed and closed-heeled, with no heel of any height. Clean athletic shoes in good condition are acceptable if permitted by the clinical education site. Shoes with laces must be tied.
    - Visible tattoos and facial piercings should be covered per policy of the clinical education site.

Grooming:

- Hair should be arranged and secured to avoid obscuring the student's eyes/view. Facial hair must be neatly trimmed.
- Good personal hygiene is expected, including good oral hygiene and use of deodorant. Scented personal products (colognes, perfumes, aftershave, etc.) are not permitted, to be respectful of those with sensitivities
- Fingernails should be clean and trimmed as not to extend past the tip of the finger. Acrylic fingernails are not permitted.

CLINICAL EDUCATION ATTENDANCE POLICY

Attendance is a critical aspect of professional responsibility for service provision. There are no personal days incorporated into the clinical education component of the program. Students are required to be on-site for the duration of assigned clinical education experiences. Any missed clinic time must be pre-approved by the DCE and made up according to a plan acceptable to the CI and DCE, to meet the required educational goals.

The following policy is consistent with expectations in an employment situation:

- The work schedule will be defined by the clinical education site's standard of practice, directed by the CI, and may include evenings, weekends, and/or holidays.
    - Students should follow the inclement weather guidance of the clinical site. The DCE and/or CI has the discretion to excuse absences due to extreme weather events. Absences may be required to be made up, including after the official end of the rotation, at the discretion of the DCE.
    - Students may be asked to extend scheduled work hours to take advantage of in-services, departmental programs, and other learning opportunities at the request of the CI with the intention of meeting learning objectives.
    - Students should also expect to spend an additional 5-7 hours per week beyond time caring for patients, reflecting and reviewing relevant material that helps them learn from past experiences and prepare for new ones.

Full-Time Clinical Education Experiences:

- Clinic absences should not occur, as described above.
- Absences for professional activities (e.g., presenting at professional meetings or APTA conferences) are permitted with pre-approval from the DCE and if approved, a written notification to the CI. A maximum of two days is allowed for attendance at professional meetings. Accommodating a student's request and approving a plan to

make up missed time will be at the CI's discretion and should be communicated to the DCE via email once determined.

- If there is a special circumstance resulting in a student needing to miss a clinic day for any other reason, the student must submit a request for approval in writing to the DCE PRIOR to discussing it with the SCCE/CI. The DCE will determine if the request merits further consideration and may give approval to discuss the request with the SCCE/CI. Approval is at the discretion of the SCCE/CI, and if granted must be communicated to the DCE within two days of the approval. Time away from clinic MUST be made up, to be scheduled at the CI's convenience and discretion.

The only acceptable reasons for non-pre-approved absences are personal illness or a death in the family. In the event of a non-pre-approved absence:

- It is the student's responsibility to contact the CI directly to ensure awareness that the student will be absent. This must be done no later than one hour prior to start of the scheduled workday.
- The student should also contact the DCE via email within 24 hours of their absence from the clinical education site.
- If a student misses more than two days due to illness, the student must communicate with the DCE to form a plan for making up the missed time.
- The DCE will work with the student and CI to establish an acceptable plan for family deaths, however students must still meet the minimum number of hours for clinical education per course requirements based on CAPTE regulations.
- The CI and DCE can modify student schedules to adjust for missed clinic time if it does not interfere with the CI's schedule or the student's academic obligations.
    - The CI is not required to extend the time of the clinical education experience; thus, recurring absences could result in failure to meet course requirements.

Integrated Clinical Education Experiences (On-Site Clinic):

- Student attendance during patient care in the On-site Clinic is critical for optimizing the experiences needed for the planned development of the student's clinical skills.
- Students may not pass PT 650 or PT 651 if they miss more than 2 patient-care days.
- Students may not pass PT 660 if they miss more than 3 patient-care days.
- A maximum of one clinic day may be missed for presentations at professional meetings, e.g., APTA conferences, with prior written approval from the Director of the On-site Clinic.

Punctuality

Tardiness conveys a negative impression suggesting a lack of planning and unprofessional behavior. Students are expected to arrive at least 10-15 minutes prior to the start of the scheduled workday and should be prepared to participate in patient care. Any delay in arriving to work should be reported to the CI as soon as it becomes apparent that the tardiness is unavoidable. It is the responsibility of the student to initiate discussion about modifying the student's schedule if there are reasons for the tardiness that cannot be remedied by other means. Excessive tardiness will result in the implementation of an Action Plan. If a student does not successfully complete the Action Plan it may result in consequences including, but not limited to, termination of the clinical education experience. The DCE will then meet with the student to discuss remediation and reassignment.

Conflict Resolution

If, for any reason, a student feels that a clinical education experience is not meeting their educational needs, it is the student's

responsibility to take action. Assistance in identifying and resolving issues should first be addressed with the CI, even when the issue is perceived to be a "personality conflict" between the CI and student. If discussing the issue with the CI does not lead to a resolution, the student is encouraged to consult with the SCCE. Students, CIs, and SCCEs are encouraged to contact the DCE at any time during this process. The DCE can serve as a mediator for the discussions. If necessary, a site visit by the DCE will be arranged with individuals involved. In most cases, issues can be resolved via mediation or implementation of an Action Plan that is mutually agreed upon by the clinical education site (CI and/or SCCE) and the DCE. The DCE will support the CI/SCCE and student in outlining clear behavioral objectives. Appropriate records will be maintained for all student or CI concerns. If a student does not successfully complete the Action Plan, the CI and/or SCCE can request termination of the clinical education experience. The DCE will then meet with the student to discuss remediation and reassignment.

Taking NPTE During Full-Time Clinical Education Experiences

Full-time clinical education experiences are an established part of the DPT curriculum and must be successfully completed prior to graduation. Per program policy, students may not take the National Physical Therapist Examination (NPTE) while enrolled in full-time clinical education experiences, even if allowed by the jurisdiction in which they plan to become licensed.

End of Full-Time Clinical education Experience Requirements

Students are responsible for ensuring that the Clinical Performance Instrument (CPI) has been reviewed and signed off by both the student and CI prior to leaving the clinical education site on the last day of each clinical education experience. Students must also complete the APTA forms for PT Student Assessment of Clinical Instruction (Section 2) and Signature Page with the CI prior to the exit interview when the final CPI evaluation is discussed. These evaluation forms are to be presented and discussed in-person with the CI.

Students must submit all other required forms as noted in the course syllabus within five (5) calendar days after the completion of each full-time clinical education experience. The electronically signed Web CPI, the signed APTA Clinical Site and Clinical Instructor Evaluation, and the Student-Friendly Evaluation of Clinical Site must be uploaded to the appropriate Canvas course (PT 657 or PT 687). Failure to do so may delay the posting of the student's degree on their transcript, completion of applications, sitting for the National Physical Therapy Examination, or obtaining interim licensure.

The DCE sends the APTA Clinical Experience and Clinical Instruction Evaluation forms to the SCCE for review. The DCE and faculty review evaluations to assist in programmatic changes within the curriculum or the clinical education site. Students are encouraged to be open, honest, professional, and constructive when providing suggestions in completing the forms.

CLINICAL INSTRUCTOR/CLINICAL EXPERIENCE EVALUATION

Students are required to complete the APTA form titled Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction at the end of each full-time clinical experience. This form is available on the Canvas page for the corresponding clinical education experience or at the following link under PT Student Site Evaluation Form (.doc): Assessments in Physical Therapy Education | APTA

Students are expected to review this form with their CI and/or the clinical site's SCCE in person during the exit interview at the end of each experience.

EVALUATION OF STUDENT PERFORMANCE

Students are evaluated using the APTA's web-based Clinical Performance Instrument (CPI). Students and CIs each complete a midterm and final performance assessment via the CPI. The CI and DCE may also communicate in person, virtually, by phone, or email about the student's performance. The DCE makes the final determination whether a student

successfully passes a clinical education experience. The expected performance levels for each full-time clinical education experience on the CPI are listed below.

Performance Expectations

	Time Frame	Expected Performance Level
Clinical Experience I PT 657	- Summer between 2nd and 3rd year - 14 weeks full-time – 560 hours	- No concerns on any Red Flag* items - Intermediate or Advanced Intermediate in all areas
Clinical Experience II PT 687	- Spring semester of 3rd year - 16-weeks full-time – 640 hours	- No concerns on any Red Flag* items - Entry-level in all areas

Red Flag Items

The following performance criteria on the APTA CPI are considered fundamental to the safe and efficacious practice of PT:

- SAFETY
- PROFESSIONAL BEHAVIOR
- ACCOUNTABILITY
- COMMUNICATION
- CLINICAL REASONING

Concern about a student's performance on any of these criteria warrants communication with the DCE as soon as possible. Deficiencies in any of these areas will result in implementation of an Action Plan.
Continued deficiencies may result in termination of the clinical education experience. The DCE will then meet with the student to discuss remediation and reassignment.

Remediation

If a student is having difficulty completing the set requirements of the clinical education experience the DCE will meet with the student to discuss an individualized remediation plan. The DCE and student will meet and set goals, parameters, and evaluation methods of the specific remediation plan. The remediation plan is finalized and signed by the DCE, student, faculty advisor and the Program Director. The student's advisor and/or program core faculty may be a part of remediation as outlined in the finalized plan. Remediation activities can vary for student specific deficits which may include but are not limited to:

- an extension in the current clinical setting that allows them to meet the requirements
- an additional clinical experience in a comparable clinical setting that allows them to meet the requirements
- a requirement of enrollment in an independent study course

All criteria from the remediation plan must be successfully completed by agreed upon time frame. Failure to successfully complete the remediation plan by the agreed upon time frame may impact a student's progression in the curriculum or clinical education experiences. If additional clinical experience is required, it may need to be completed later in the curriculum and may result in the delay of a student's progress in the

program and delay graduation.

CLINICAL EDUCATION 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 education experience. These are intended as guidelines and may vary slightly depending on the particular clinical education site.

Clinical Experience I Benchmarks

By the end of the 5th 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 clinical reasoning and decisions about patient/client management (examination, evaluation, diagnosis/prognosis, intervention, and discharge outcomes).
- 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 in managing selected patients on CI/student shared caseload.

By the end of the 10th week, the student should be:

- Independent in initial examinations and intervention for selected non-complex patients and consistently requiring no more than 75% supervision/guidance with complex patients.
- Fulfilling all assigned responsibilities such as managing own schedule and patient billing.
- Consistently demonstrating good "flow" during patient examinations and interventions.
- Working toward treatment and documentation efficiency.

By the end of the 14th week, the student should be:

- Independent in initial examinations and intervention for selected non-complex patients, consistently requiring no more than 50% supervision/guidance with complex patients.
- Able to manage approximately 70% of a case load expected of a new graduate in this setting.
- Demonstrating consistently strong and defensible documentation skills.
- Fulfilling all assigned responsibilities such as managing own schedule and patient billing.

Clinical Experience II Benchmarks

By the end of the 6th 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 12th 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 caseload 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 16th-17th week, the student should be:
- Demonstrating efficient patient management skills; consistently capable of independently managing 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). Students should review information on the process and requirements on the home 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, apply for an interim permit allowing them to be employed prior to acquiring a physical therapist license. All states require a passing score on the National Physical Therapy Examination (NPTE), with each licensing authority setting 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 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 47877
Olympia, WA 98504-7877
Telephone (360) 236-4818
www.doh.wa.gov

The DPT Program Director will provide verification to the Federation of State Boards of Physical Therapy and Washington State Department of Health during the final full-time clinical education experience for students who are on track for successful completion and graduation. This allows eligible candidates to sit for the NPTE upon completion of the final clinical education experience. The DPT Program Director will also send letters to the licensing authorities of other states, upon request. Students are responsible for contacting licensing authorities regarding specific requirements for licensure in an individual state. Forms requiring the university seal should be sent directly to the Office of the Registrar.

Appendix A

University of Puget Sound
School of Physical Therapy Technical Standards
Adopted September 2, 2009 Revised 8/2016
Revised 5/2019
Reviewed 5/2020
Reviewed 4/2021
Reviewed 09/2024

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 technical standards specify those skills, abilities and competencies that faculty has determined to be necessary to successfully complete didactic and practical training, clinical education experiences, and to practice 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 technical standards. Candidates seeking admission and current students should understand that the Physical Therapy Program will not waive or substitute any technical standard or lower programmatic expectations. Essential Technical Standards

The DPT student will possess abilities sufficient to enable skill development in the following five areas 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
   xi. Communication Communicate in a culturally competent manner with patients/clients
   xii. Communicate effectively and efficiently with all members of the health care team in oral and written English
   xiii. 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
   xiv. Accurately describe changes in mood, activity, posture and biomechanics

xv. Perceive verbal as well as nonverbal communications, and promptly respond to emotional communications (sadness, worry, agitation, confusion)
xvi. Communicate complex findings in appropriate and understandable terms to patients/clients and their families and caregivers
xvii. Adjust form and content of communications to the patient/client's functional level or mental state
xviii. Engage in collaborative relationship with patient/clients and families/caregivers
xix. Record observations and plans legibly, efficiently and accurately
xx. Prepare and communicate precise but complete summaries of individual encounters
xxi. Complete documentation forms according to directions, in a timely manner, including manual, electronic and other recording methods
xxii. Demonstrate effective communication skills to provide patient/client education and with families/caregivers and support personnel
xxiii. Receive, write and interpret verbal and nonverbal communication in both academic and clinical settings
xxiv. 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
xxv. Demonstrate appropriate ability to develop therapeutic interpersonal communications such as attending, clarifying, motivating, coaching, facilitation and touching
xxvi. 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

b. 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)

c. 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

d. 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

Appendix B

PETITION POLICIES FOR PHYSICAL THERAPY CLINICAL EDUCATION EXPERIENCES

CHANGE IN CLINICAL EDUCATION PLACEMENT

Initial clinical education placements are selected based on academic, educational, and professional value 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 clinical education site 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 their education and professional growth.

2. Change for unanticipated financial reasons: If 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 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 clinical education sites 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 education experience that has already been confirmed, must submit a written statement describing the reasons the change is requested or necessary to the DCE. The statement should provide a solid rationale for the change based on educational value, personal, or financial reasons, as described above. The DCE will share the student's petition with PT faculty. After the faculty reviews the petition, the student will be asked to attend a PT faculty meeting to present their petition in person and answer any questions the faculty feel necessary to help them make an informed decision. The faculty will deliberate and reach consensus to grant or deny the request.

Appendix C

EXTENDED CAMPUS AGREEMENT

BETWEEN [facility name]

AND

UNIVERSITY OF PUGET SOUND
1500 North Warner
Tacoma, Washington 98416

THIS AGREEMENT is entered into by and between _____,
herein after referred to as the "Facility," and the University of Puget Sound, hereinafter referred to as the "University."

RECITALS

A. WHEREAS, the University has 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 program of the School of 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:
    i. to provide clinical experience and related instruction for students of the University;
    ii. 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;
    iii. to increase contacts between academic faculties and clinical faculties for fullest utilization of available teaching facilities and expertise;
    iv. 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.
    a. 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.
    b. 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.
    c. It is agreed by both parties that there shall be no discrimination on the basis of sex, race creed,

color, national origin, religion, disability, marital or familial status, sexual orientation, Vietnam-era veteran status, gender identity or any other basis protected 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.
   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 School of Physical Therapy and the Facility.
   g. The University warrants and represents that it provides general liability and professional liability insurance for its students with limits of at least $1,000,000 per occurrence and $3,000,000 annual aggregate.

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 and assume all supervision responsibilities for the care of its patients.

4. Responsibilities of the Student:
   a. The University shall notify each student that he or she is responsible for:
   b. following the administrative policies, standards and practices of the Facility;
   c. obtaining any necessary and appropriate uniforms required but not provided by the Facility;
   d. providing his or her own transportation and living arrangements when not provided for by the Facility;
   e. reporting to the Facility on time and following all established regulations during the regularly scheduled operating hours of the Facility;
   f. conforming to the standards and practices established by the University while training in the Facility;
   g. obtaining prior written approval of the Facility and the University before publishing any material relating to the Clinical Education experience;
   h. obtaining and maintaining his or her own health insurance, CPR certification and required immunizations; and
   i. adhering to HIPAA privacy regulations as outlined by the Facility.

5. Departmental Letter Agreement Authorized:
   a. Recognizing that the specific nature of the clinical experience required by different institutional training programs may vary, it is agreed by the University and the Facility that, following execution of this agreement and within the scope of its provisions, the University may develop letter agreements with their clinical counterparts in the Facility to formalize operational details of the Clinical Education.
   b. The authority to execute these letter agreements shall remain with the Associate Vice President for Business Services of the University and the chief administrative officer of the Facility unless it is specifically delegated to others.

6. Term of Agreement:
   a. This agreement shall be automatically renewed yearly provided, however, that either party hereto shall have the right to terminate this agreement upon not less than three (3) months' written notice to the other. However, said termination shall occur at the end of each quarter term.
   b. The agreement will be reviewed after five (5) years. It is understood and agreed that the parties to this agreement may revise or modify this agreement by written amendment when both parties agree to such amendment.
   c. This agreement shall be effective when executed by both parties.

CLINICAL EDUCATION FACILITY

[enter facility name and address]

By: _____ Date: _____
Name
Title

By: _____ Date: _____
Name
Title

UNIVERSITY OF PUGET SOUND
School of Occupational Therapy and Physical Therapy
1500 North Warner #1030
Tacoma, WA 98416

By: _____ Date: _____
Dr. Julia Looper

Dean of Graduate Studies

Appendix D

Vaccine Declination

The vaccination requirements of the Physical Therapy program are in place because immunizations are required by the clinical education experience sites with whom we coordinate and are dictated by the Clinical Education contract between the clinical education site and the University. The Physical Therapy program fully supports having student therapists vaccinated. As students enter a health profession, they need to be aware that they will come in contact with patients and clients who may be at a higher risk for disease.

Vaccination requirements are in place to protect vulnerable populations as well as the healthcare provider. The university respects an individual's right to choose to be vaccinated; however, individuals entering the health professions need to be cognizant of their own health as well as the health of those they serve.

Clinical education experiences are a REQUIRED part of the program and must be completed to graduate. Per the Clinical Education contract, all clinical sites must be informed of a student's vaccine status prior to the site agreeing to host the student for a clinical education experience. Therefore, the university is obligated to disclose vaccination status. It is at the discretion of each individual clinical education site whether an exemption for any required vaccination will be granted. Most clinical education sites do not allow any exemptions to the required vaccinations in their contract. If an exemption is sought, it must be approved by the specific site prior to the clinical education experience placement being confirmed.

When a student does not have documentation of meeting full vaccination requirements, it is very difficult to find clinical placements for that student. The Commission on Accreditation in Physical Therapy Education (CAPTE), the accrediting body for all entry-level physical therapy programs, requires that clinical education for each student encompasses the management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care as well as practice in settings representative of those in which physical therapy is commonly practiced. That simply cannot occur in one practice setting (for example, if both clinical education experiences were in privately owned outpatient clinics). The chances of placement at a larger hospital-based outpatient or inpatient setting are quite small. This limits the clinical education experience of the student and would make it difficult to provide a wide range of educational opportunities as required by CAPTE. Therefore, it may be difficult to fulfill the clinical education experience graduation requirements. If suitable clinical education sites offering a diverse experience cannot be identified, a student's clinical education may be delayed until one can be arranged. Failure to complete the clinical education requirements within 6 years from matriculation results in termination from the program without acquiring a degree.

Prior to signing the Vaccination Declination Statement of Understanding, the student must meet with their faculty advisor and the Director of Clinical Education (DCE) in order to discuss and confirm understanding of the implications of declination to the student's progress in the program. Upon conclusion of the meeting, if the student wishes to continue with the vaccination declination, the student must sign the Vaccination Declination Statement of Understanding along with the Faculty Advisor.

Appendix E

Vaccination Declination Statement of Understanding

Before signing this form, the student must meet with the Faculty Advisor and DCE, to discuss options and ensure understanding.

I, _____, have read Appendix D of the Clinical Education Manual named "*Vaccination Declination and Statement of Understanding*" and affirm here with my signature that I understand that:

1. Vaccination requirements of the Physical Therapy program are in place because immunizations are required by the Clinical Education Experience Sites with whom the program coordinates and are dictated by the Clinical Education contract between the clinical site and the University.

2. The University is obligated to disclose student vaccination status to the Clinical Education Experience Site.

3. CAPTE, the accrediting body for all entry-level physical therapy programs, requires that clinical education for each student encompasses the management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care as well as practice in diverse settings representative of those in which physical therapy is commonly practiced.

4. Clinical education experiences are a REQUIRED part of the program and must be completed in order to graduate.

5. By not receiving the vaccinations required by the University of Puget Sound Physical Therapy Program, it will be very difficult to arrange clinical education experience placements.

6. If suitable sites offering a diverse experience cannot be identified, a student's clinical education may be delayed until one can be arranged. Failure to complete the clinical education requirements within 6 years from matriculation results in termination from the program without acquiring a degree.

7. Therefore, on behalf of myself and my heirs and assigns, I knowingly and voluntarily assume all risks associated with not being vaccinated and release the University of Puget Sound, its trustees, officers, employees and agents, and also all community-based sites (collectively "Puget Sound Parties") associated with the Physical Therapy Program, from any and all responsibility or liability for personal or physical injury, emotional injury, property damage, financial or academic consequences, and death sustained by me during or because of my participation in clinical education experiences that arises out of or is related to my not being vaccinated. I agree, for myself, my administrators, personal representatives, executors, predecessors, successors, agents, heirs and assigns to release and hold harmless Puget Sound Parties from any present or future claim for personal or physical injury, emotional injury, property damage, financial or academic consequences, or death arising out of or relating to my not being vaccinated and my participation in clinical education experiences, to the fullest extent permitted under law, including allegations or claims related to negligence on the part of Puget Sound Parties; provided, however, this Assumption of Risk and Release of Liability Form does not apply to acts of gross negligence, willful or wanton conduct, or intentional conduct.

_____ _____

Student signature Date

_____ _____

Faculty Advisor Signature Date

Appendix F

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 PT 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
- 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 PT 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, Inglarsh Z. *Professional Behaviors for the 21st Century*. Milwaukee, WA: Marquette University, Department of Physical Therapy, Boston MA: Simmons College, Physical Therapy Department 2010.
3. Adapted from Kontney L, May W, Inglarsh Z. *Professional Behaviors*. Milwaukee, WA: Marquette University, Department of Physical Therapy, Boston MA: Simmons College, Physical Therapy Department 2010.

PROFESSIONAL BEHAVIORS ASSESSMENT TOOL

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 arugment, and to identify and determine the impact of bias on decision making.

Beginning Level	Intermediate Level	Entry-level
o Raises relevant questions o Considers all available information o Articulates ideas o Understands the scientific method o States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e., methodology and conclusion) o Recognizes holes in knowledge base o Demonstrates acceptance of limited knowledge and experience	o Feels challenged to examine ideas o Critically analyzes the literature and applies it to patient management o Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas o Seeks alternative ideas o Formulates alternative hypotheses o Critiques hypotheses and ideas at a level consistent with knowledge base o Acknowledges presence of contradictions	o Distinguishes relevant from irrelevant patient data o Readily formulates and critiques alternative hypotheses and ideas o Infers applicability of information across populations o Exhibits openness to contradictory ideas o Identifies appropriate measures and determines effectiveness of applied solutions efficiently o Justifies solutions selected
Communication - The ability to communicate effectively (i.e., verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.		
Beginning Level	Intermediate Level	Entry-level
o Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting o Recognizes impact of o non-verbal communication in self and others o Recognizes the verbal and non-verbal characteristics that portray confidence o Utilizes electronic communication appropriately	o Utilizes and modifies communication (verbal, o non-verbal, written and electronic) to meet the needs of different audiences o Restates, reflects and clarifies message(s) o Communicates collaboratively with both individuals and groups o Collects necessary information from all pertinent individuals in the patient/client management process o Provides effective education (verbal, non-verbal, written and electronic)	o Utilizes and modifies communication (verbal, non-verbal, written and o electronic) to meet the needs of different audiences o Restates, reflects and clarifies message(s) o Communicates collaboratively with both individuals and groups o Collects necessary information from all pertinent individuals in the patient/client management process o 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.		

Beginning Level	Intermediate Level	Entry-level
o Recognizes problems o States problems clearly o Describes known solutions to problems o Identifies resources needed to develop solutions o Uses technology to search for and locate resources o Identifies possible solutions and probable outcomes	o Prioritizes problems o Identifies contributors to problems o Consults with others to clarify problems o Appropriately seeks input or guidance o Prioritizes resources (analysis and critique of resources) o Considers consequences of possible solutions	o Independently locates, prioritizes and uses resources to solve problems o Accepts responsibility for implementing solutions o Implements solutions o Reassesses solutions o Evaluates outcomes o Modifies solutions based on the outcome and current evidence o 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.		
Beginning Level	Intermediate Level	Entry-level
o Maintains professional demeanor in all interactions o Demonstrates interest in patients as individuals o Communicates with others in a respectful and confident manner o Respects differences in personality, lifestyle and learning styles during interactions with all persons o Maintains confidentiality in all interactions o Recognizes the emotions and bias that one brings to all professional interactions	o Recognizes the non-verbal communication and emotions that others bring to professional interactions o Establishes trust o Seeks to gain input from others o Respects role of others o Accommodates differences in learning styles as appropriate	o Demonstrates active listening skills and reflects back to original concern to determine course of action o Responds effectively to unexpected situations o Demonstrates ability to build partnerships o Applies conflict-management strategies when dealing with challenging interactions o Recognizes the impact of o 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 responsibility.		
Beginning Level	Intermediate Level	Entry-level
o Demonstrates punctuality o Provides a safe and secure environment for patients o Assumes responsibility for actions o Follows through on commitments o Articulates limitations and readiness to learn o Abides by all policies of academic program and clinical facility	o Displays awareness of and sensitivity to diverse populations o Completes projects without prompting o Delegates tasks as needed o Collaborates with team members, patients and families o Provides evidence-based patient care	o Educates patients as consumers of health care services o Encourages patient accountability o Directs patients to other health care professionals as needed o Acts as a patient advocate o Promotes evidence-based practice in health care settings o Accepts responsibility for implementing solutions o Demonstrates accountability for all decisions and behaviors in academic and clinical settings

Professionalism – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the PT profession.		
Beginning Level o Abides by all aspects of the academic program honor code and the APTA Code of Ethics o Demonstrates awareness of state licensure regulations o Projects professional image o Attends professional meetings o Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers	Intermediate Level o Identifies positive professional role models within the academic and clinical settings o Acts on moral commitment during all academic and clinical activities o Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making o Discusses societal expectations of the profession	Entry-level o Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary o Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity o Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development o Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices o Discusses role of PT within the healthcare system and in population health o Demonstrates leadership in collaboration with both individuals and groups

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.		
Beginning Level o Demonstrates active listening skills o Assesses own performance o Actively seeks feedback from appropriate sources o Demonstrates receptive behavior and positive attitude toward feedback o Incorporates specific feedback into behaviors o Maintains two-way communication without defensiveness	Intermediate Level o Critiques own performance accurately o Responds effectively to constructive feedback o Utilizes feedback when establishing professional and patient related goals o Develops and implements a plan of action in response to feedback o Provides constructive and timely feedback	Entry-level o Independently engages in a continual process of self-evaluation of skills, knowledge and abilities o Seeks feedback from patients/clients and peers/mentors o Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities o Uses multiple approaches when responding to feedback o Reconciles differences with sensitivity o Modifies feedback given to patients/clients according to their learning styles
Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.		
Beginning Level o Comes prepared for the day's activities/responsibilities o Identifies resource limitations (i.e., information, time, experience) o Determines when and how much help/assistance is needed o Accesses current evidence in a timely manner o Verbalizes productivity standards and identifies barriers to meeting productivity standards o Self-identifies and initiates learning opportunities during unscheduled time	Intermediate Level o Utilizes effective methods of searching for evidence for practice decisions o Recognizes own resource contributions o Shares knowledge and collaborates with staff to utilize best current evidence o Discusses and implements strategies for meeting productivity standards o Identifies need for and seeks referrals to other disciplines	Entry-level o Uses current best evidence o Collaborates with members of the team to maximize the impact of treatment available o Has the ability to set boundaries, negotiate, compromise, and set realistic expectations o Gathers data and effectively interprets and assimilates the data to determine plan of care o Utilizes community resources in discharge planning o Adjusts plans, schedule etc. as patient needs and circumstances dictate o Meets productivity standards of facility while providing quality care and completing o non-productive work activities

<table>
<tr><td colspan="3">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.</td></tr>
<tr><td>Beginning Level
Recognizes own stressors
Recognizes distress or problems in others
Seeks assistance as needed
Maintains professional demeanor in all situations</td><td>Intermediate Level
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</td><td>Entry-level
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</td></tr>
<tr><td colspan="3">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.</td></tr>
<tr><td>Beginning Level
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</td><td>Intermediate Level
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</td><td>Entry-level
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</td></tr>
</table>