



DOCTOR OF
PHYSICAL THERAPY

DPT Program Clinical Education Manual 2025

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The Doctor of Physical Therapy Program at Western Kentucky University is accredited by the Commission of Accreditation in Physical Therapy Education (CAPTE), 1111 Fairfax Street, Alexandria, Virginia 22314; telephone: (703) 706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>

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College Mission Statement.....6

We prepare health and human service leaders who will work to improve the quality of life in their communities and beyond.6

Core values of the CHHS are:.....6

Diversity, Equity, and Inclusion; Community engagement; Interdisciplinary/Interprofessional approaches; Ethical practices and integrity; Collaboration; Student centered; Innovation.....6

DPT Program Mission Statement6

We prepare physical therapists who improve the quality of life of their patients and clients, especially in rural and underserved communities.....6

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To serve the physical therapy needs of Kentucky, emphasizing rural and underserved areas of the western and south-central regions, by developing competent, socially responsible, empathetic, autonomous, collaborative, and professional physical therapists who will engage in critical thinking, evidence-based research, life-long learning, and community/professional service.6

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2. Program students/graduates will demonstrate integrity, ethics, professional behaviors, and empathetic attitudes in their practices.7

3. Program students/graduates will demonstrate professional development in contemporary physical therapy practice.....7

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Preface

The purpose of the Western Kentucky University Doctor of Physical Therapy (WKU DPT) Clinical Education Manual is to inform students, Site Coordinators of Clinical Education (SCCE), and Clinical Instructors (CI) about the Clinical Education Policies, Procedures, and Expectations associated with the WKU DPT Clinical Education Program. The information contained within this manual is intended to provide information and guidelines for decision-making by all associated parties. Furthermore, students enrolled in the Doctor of Physical Therapy (DPT) Program at Western Kentucky University are expected to comply with the regulations and academic standards specified in the most current edition of the WKU Student Handbook, the DPT Program Student Manual and the DPT Clinical Education Manual. These resources provide information regarding policies, procedures, and requirements specific to the University, WKU DPT Program, and the WKU DPT Clinical Education Program. The Clinical Education Manual will be reviewed by students at various points in the program, culminating in DPT 705 Orientation to Clinical Education in Physical Therapy.

Please read this DPT Program Clinical Education Manual carefully and note that the WKU DPT Program reserves the right to change any provision as the need arises, and that students will be formally notified in writing if and when such a change occurs. Questions related to the content of this Manual should be directed to the Director or Associate Director of Clinical Education. Questions related to the Program in general should be directed to the Program Director. We hope this manual will be helpful to facilitate communication and unite the efforts of the clinical facility, site coordinator of clinical education, clinical instructor, the student, and the WKU DPT Program to create a superior clinical experience that is educational and rewarding for all individuals involved.

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Accreditation

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone: (702) 706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

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Western Kentucky University Mission Statements

Institution Mission Statement

Western Kentucky University prepares students of all backgrounds to be productive, engaged, and socially responsible citizen-leaders of a global society. The University provides research, service, and lifelong learning opportunities for its students, faculty, and other constituents. WKU enriches the quality of life for those within its reach.

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Diversity, Equity, and Inclusion; Community engagement; Interdisciplinary/Interprofessional approaches; Ethical practices and integrity; Collaboration; Student centered; Innovation.

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We prepare physical therapists who improve the quality of life of their patients and clients, especially in rural and underserved communities.

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To serve the physical therapy needs of Kentucky, emphasizing rural and underserved areas of the western and south-central regions, by developing competent, socially responsible, empathetic, autonomous, collaborative, and professional physical therapists who will engage in critical thinking, evidence-based research, life-long learning, and community/professional service.

Overview of the Doctor of Physical Therapy (DPT) Program

Program Goals

The goals of the DPT Program are as follows:

1. To prepare physical therapists who demonstrate competence, integrity, professional behaviors, interprofessional collaboration and empathetic attitudes in their practices.
2. To prepare physical therapists who engage in professional development.
3. To develop physical therapists who engage in evidence-based practice.
4. To develop physical therapists who demonstrate active engagement in the community and/or profession.
5. To implement curriculum that prepares students for contemporary clinical practice and professional responsibility.
6. To advance the profession and practice of physical therapy through research, scholarly activities, and professional service.
7. To foster diversity, equity, and inclusion with DPT students, faculty, and staff.

The expected outcomes of the program are:

Student/Graduate Outcomes:

1. Program students/graduates will demonstrate competence in physical therapy knowledge and clinical skills.
2. Program students/graduates will demonstrate integrity, ethics, professional behaviors, and empathetic attitudes in their practices.
3. Program students/graduates will demonstrate professional development in contemporary physical therapy practice.
4. Program students/graduates will utilize current evidence to guide clinical decision making.
5. Program students will be engaged in community service.
6. Program student will be actively engaged in patient and/or professional advocacy activities.
7. Program graduates will provide physical therapy to rural and underserved areas including western and south-central KY.
8. Program graduates will be engaged in engaged in professional and/or community service.
9. Program students will disseminate scholarly products in professional venues and publications.

Faculty Outcomes:

1. Program faculty will pursue and/or maintain evidence of advance practice expertise through clinical practice, completion of graduate post-professional education and/or degree(s), professional development, advance certifications, or clinical specializations.
2. Program faculty will include student-centered teaching approaches in curricular delivery.
3. Program faculty will be actively engaged in professional organizations and leadership roles.
4. Program faculty will disseminate peer-reviewed scholarly products in professional venues and publications.
5. Program faculty will provide research mentorship to students.

Program Outcomes:

1. Program will incorporate current evidence to guide student and graduate clinical decision making.
2. Program will expose students to opportunities for active professional and/or community engagement.
3. Program curriculum will adequately prepare graduates for all NPTE content and system areas.
4. Program will engage students in interprofessional learning experiences through collaboration with students in health professions programs, internally and externally, during didactic courses and in clinical education experiences.
5. Program will provide students with experiential opportunities to foster diversity, equity, and inclusion.
6. Program recruitment practices will be designed to enhance diversity of the student body.

DPT Curriculum: Plan of Study

WKU Entry-Level Doctor of Physical Therapy Degree Curriculum- Class of 2027

Year 1

- SUMMER SEMESTER I 1st YEAR
 - DPT 700 Orientation to Physical Therapy – 1 credit
 - DPT 720 Gross Human Anatomy I – 2 credits
 - DPT 721 Gross Human Anatomy I Lab – 1 credit
 - Total Semester Credit Hours: 4
- SUMMER SEMESTER II 1st YEAR
 - DPT 711 Principles of Physical Assessment I – 1 credit
 - DPT 722 Gross Human Anatomy II – 2 credits
 - DPT 723 Gross Human Anatomy II Lab – 1 credit
 - Total Semester Credit Hours: 4
- FALL SEMESTER 1st YEAR
 - DPT 712 Principles of Physical Assessment II – 2 credits
 - DPT 713 Principles of Physical Assessment III – 2 credits
 - DPT 724 Pathophysiology – 4 credits
 - DPT 726 Orthopaedic Foundations – 3 credits
 - DPT 728 Clinical Exercise Physiology – 2 credits
 - DPT 736 Neuroanatomy – 3 credits
 - DPT 781 Research in Physical Therapy I – 3 credits
 - Total Semester Credit Hours: 19
- SPRING SEMESTER 1st YEAR
 - DPT 715 Patient Care Techniques – 3 credits
 - DPT 716 Principles of Therapeutic Exercise – 2 credits
 - DPT 735 Pain Neuroscience for Physical Therapy – 1 credit
 - DPT 746 Management of Upper Extremity Musculoskeletal Disorders – 4 credits
 - DPT 749 Neurological Assessment – 1 credit
 - DPT 760 Professional Issues – 2 credits
 - DPT 782 Research in Physical Therapy II – 2 credits
 - Total Semester Credit Hours: 15

Year 2

- SUMMER SEMESTER I 2nd YEAR
 - DPT 772 Cardiopulmonary Rehabilitation – 3 credits
 - DPT 783 Research in Physical Therapy III – 3 credits
 - Total Semester Credit Hours: 6
- SUMMER SEMESTER II 2nd YEAR
 - DPT 738 Motor Control – 2 credits
 - DPT 740 Physical Modalities – 3 credits
 - DPT 761 Physical Therapy Management and Administration I – 1 credit
 - Total Semester Credit Hours: 6

- FALL SEMESTER 2nd YEAR
 - DPT 705 Topics in Physical Therapy – 1 credit
 - DPT 729 Pharmacology in Physical Therapy – 2 credits
 - DPT 751 Supervised Clinical Education I – 4 credits (Last 6 weeks)
 - DPT 770 Management of Lower Extremity Musculoskeletal Disorders – 4 credits
 - DPT 771 Neurological Rehabilitation – 4 credits
 - DPT 778 Geriatric Physical Therapy – 1 credit
 - Total Semester Credit Hours: 17
- SPRING SEMESTER 2nd YEAR
 - DPT 742 Diagnostic Testing and Imaging – 2 credits
 - DPT 745 Integumentary System – 2 credits
 - DPT 748 Prosthetics and Orthotics – 2 credits
 - DPT 762 Physical Therapy Management and Administration II – 3 credits
 - DPT 774 Spine Assessment and Intervention – 4 credits
 - DPT 779 Pediatric Physical Therapy – 3 credits
 - DPT 784 Research in Physical Therapy IV – 1 credit
 - Total Semester Credit Hours: 17

Year 3

- SUMMER SEMESTER I 3rd YEAR
 - DPT 752 Supervised Clinical Education II – 5 credits (7 week session)
 - Total Semester Credit Hours: 5
- FALL SEMESTER 3rd YEAR
 - DPT 727 Health Promotion and Wellness – 2 credits
 - DPT 747 Physical Therapy Management for Select Populations – 2 credits
 - DPT 753 Supervised Clinical Education III – 7 credits (10 weeks)
 - DPT 775 Screening for Referral – 3 credits
 - DPT 785 Research in Physical Therapy V – 1 credit
 - Total Semester Credit Hours: 15
- SPRING SEMESTER 3rd YEAR
 - DPT 754 Supervised Clinical Education IV – 9 credits (13 weeks)
 - DPT 790 PT Seminar – 1 credit
 - Total Semester Credit Hours: 10

Total Curriculum Credit Hours: 118

Year 1

- SUMMER SEMESTER I 1st YEAR
 - DPT 700 Orientation to Physical Therapy – 1 credit
 - DPT 720 Gross Human Anatomy I – 2 credits
 - DPT 721 Gross Human Anatomy I Lab – 1 credit
 - Total Semester Credit Hours: 4
- SUMMER SEMESTER II 1st YEAR
 - DPT 711 Principles of Physical Assessment I – 1 credit
 - DPT 722 Gross Human Anatomy II – 2 credits
 - DPT 723 Gross Human Anatomy II Lab – 1 credit
 - Total Semester Credit Hours: 4
- FALL SEMESTER 1st YEAR
 - DPT 712 Principles of Physical Assessment II – 2 credits
 - DPT 713 Principles of Physical Assessment III – 2 credits
 - DPT 724 Pathophysiology – 4 credits
 - DPT 726 Orthopaedic Foundations – 3 credits
 - DPT 728 Clinical Exercise Physiology – 2 credits
 - DPT 736 Neuroanatomy – 3 credits
 - DPT 781 Research in Physical Therapy I – 3 credits
 - Total Semester Credit Hours: 19
- SPRING SEMESTER 1st YEAR
 - DPT 715 Patient Care Techniques – 3 credits
 - DPT 716 Principles of Therapeutic Exercise – 2 credits
 - DPT 735 Pain Neuroscience for Physical Therapy – 1 credit
 - DPT 746 Orthopaedic Assessment – 4 credits
 - DPT 749 Neurological Assessment – 1 credit
 - DPT 760 Professional Issues – 2 credits
 - DPT 782 Research in Physical Therapy II – 2 credits
 - Total Semester Credit Hours: 15

Year 2

- SUMMER SEMESTER I 2nd YEAR
 - DPT 772 Cardiopulmonary Rehabilitation – 3 credits
 - DPT 783 Research in Physical Therapy III – 3 credits
 - Total Semester Credit Hours: 6
- SUMMER SEMESTER II 2nd YEAR
 - DPT 738 Motor Control – 2 credits
 - DPT 740 Physical Modalities – 3 credits
 - DPT 761 Physical Therapy Management and Administration I – 1 credit
 - Total Semester Credit Hours: 6

- FALL SEMESTER 2nd YEAR
 - DPT 705 Topics in Physical Therapy – 1 credit
 - DPT 729 Pharmacology in Physical Therapy – 2 credits
 - DPT 751 Supervised Clinical Education I – 4 credits (Last 6 weeks)
 - DPT 770 Orthopaedic Rehabilitation – 4 credits
 - DPT 771 Neurological Rehabilitation – 4 credits
 - DPT 778 Geriatric Physical Therapy – 1 credit
 - Total Semester Credit Hours: 17
- SPRING SEMESTER 2nd YEAR
 - DPT 742 Diagnostic Testing and Imaging – 2 credits
 - DPT 745 Integumentary System – 2 credits
 - DPT 748 Prosthetics and Orthotics – 2 credits
 - DPT 762 Physical Therapy Management and Administration II – 3 credits
 - DPT 774 Spine Assessment and Intervention – 4 credits
 - DPT 779 Pediatric Physical Therapy – 3 credits
 - DPT 784 Research in Physical Therapy IV – 1 credit
 - Total Semester Credit Hours: 17

Year 3

- SUMMER SEMESTER I 3rd YEAR
 - DPT 752 Supervised Clinical Education II – 5 credits (7 week session)
 - Total Semester Credit Hours: 5
- FALL SEMESTER 3rd YEAR
 - DPT 727 Health Promotion and Wellness – 2 credits
 - DPT 747 Physical Therapy Management for Select Populations – 2 credits
 - DPT 753 Supervised Clinical Education III – 7 credits (10 weeks)
 - DPT 775 Screening for Referral – 3 credits
 - DPT 785 Research in Physical Therapy V – 1 credit
 - Total Semester Credit Hours: 15
- SPRING SEMESTER 3rd YEAR
 - DPT 754 Supervised Clinical Education IV – 9 credits (13 weeks)
 - DPT 790 PT Seminar – 1 credit
 - Total Semester Credit Hours: 10

Total Curriculum Credit Hours: 118

WKU Entry-Level Doctor of Physical Therapy Degree Curriculum- Class of 2025

Year 1

- SUMMER SEMESTER I 1st YEAR
 - DPT 720 Gross Human Anatomy I – 2 credits
 - DPT 721 Gross Human Anatomy I Lab – 1 credit
 - DPT 729 Pharmacology in Physical Therapy – 2 credits
 - Total Semester Credit Hours: 5
- SUMMER SEMESTER II 1st YEAR
 - DPT 700 Orientation to Physical Therapy – 1 credit
 - DPT 722 Gross Human Anatomy II – 2 credits
 - DPT 723 Gross Human Anatomy II Lab – 1 credit
 - Total Semester Credit Hours: 4
- FALL SEMESTER 1st YEAR
 - DPT 711 Principles of Physical Assessment I – 1 credit
 - DPT 712 Principles of Physical Assessment II – 2 credits
 - DPT 724 Pathophysiology – 4 credits
 - DPT 726 Orthopaedic Foundations – 3 credits
 - DPT 728 Clinical Exercise Physiology – 2 credits
 - DPT 736 Neuroanatomy – 3 credits
 - DPT 781 Research in Physical Therapy I – 3 credits
 - Total Semester Credit Hours: 18
- SPRING SEMESTER 1st YEAR
 - DPT 713 Principles of Physical Assessment III – 2 credits
 - DPT 715 Patient Care Techniques – 3 credits
 - DPT 716 Principles of Therapeutic Exercise in Physical Therapy – 2 credits
 - DPT 735 Pain Neuroscience for Physical Therapy – 1 credit
 - DPT 738 Motor Control – 2 credits
 - DPT 746 Orthopaedic Assessment – 4 credits
 - DPT 760 Professional Issues – 2 credits
 - DPT 782 Research in Physical Therapy II – 3 credits
 - Total Semester Credit Hours: 19

Year 2

- SUMMER SEMESTER I 2nd YEAR
 - DPT 783 Research in Physical Therapy III – 3 credits
 - DPT 772 Cardiopulmonary Rehabilitation – 3 credits
 - Total Semester Credit Hours: 6
- SUMMER SEMESTER II 2nd YEAR
 - DPT 749 Neurological Assessment – 1 credit
 - DPT 761 Physical Therapy Management and Administration I – 1 credit
 - Total Semester Credit Hours: 2

- FALL SEMESTER 2nd YEAR
 - DPT 705 Topics in Physical Therapy – 1 credit
 - DPT 740 Physical Modalities – 3 credits
 - DPT 751 Supervised Clinical Education I – 4 credits (Last 6 weeks)
 - DPT 770 Orthopaedic Rehabilitation – 4 credits
 - DPT 771 Neurological Rehabilitation – 4 credits
 - DPT 778 Geriatric Physical Therapy – 1 credit
 - Total Semester Credit Hours: 17
- SPRING SEMESTER 2nd YEAR
 - DPT 742 Diagnostic Testing and Imaging – 2 credits
 - DPT 745 Integumentary System – 2 credits
 - DPT 748 Prosthetics and Orthotics – 2 credits
 - DPT 762 Physical Therapy Management and Administration II – 3 credits
 - DPT 774 Spine Assessment and Intervention – 4 credits
 - DPT 779 Pediatric Physical Therapy – 3 credits
 - DPT 784 Research in Physical Therapy IV – 1 credit
 - Total Semester Credit Hours: 17

Year 3

- SUMMER SEMESTER I 3rd YEAR
 - DPT 752 Supervised Clinical Education II – 5 credits (7 week session)
 - Total Semester Credit Hours: 5
- FALL SEMESTER 3rd YEAR
 - DPT 727 Health Promotion and Wellness – 2 credits
 - DPT 747 Physical Therapy Management for Select Populations – 2 credits
 - DPT 753 Supervised Clinical Education III – 7 credits (10 weeks)
 - DPT 775 Screening for Referral – 3 credits
 - DPT 785 Research in Physical Therapy V – 1 credit
 - Total Semester Credit Hours: 15
- SPRING SEMESTER 3rd YEAR
 - DPT 754 Supervised Clinical Education IV – 9 credits (13 weeks)
 - DPT 790 PT Seminar – 1 credit
 - Total Semester Credit Hours: 10

Total Curriculum Credit Hours: 118

DPT Program Course Descriptions

(Prerequisites: All courses open only to DPT students in good standing)

DPT 700 Orientation to Physical Therapy (1 Credit)

Provide the student with an orientation to the physical therapy profession including specific clinical education policies and procedures and clinical placement.

DPT 705 Orientation to Clinical Education in Physical Therapy (1 Credit)

Disseminates information to students on contemporary professional issues in physical therapy as it pertains to clinical education.

DPT 711 Principles of Physical Assessment I (1 Credit)

Introduction to basic patient assessment skills, including surface palpation and vital signs.

DPT 712 Principles of Physical Assessment II (2 Credits)

Additional patient assessment skills, including manual muscle testing, reflex testing, sensory testing, and abdominal quadrant screening.

DPT 713 Principles of Physical Assessment III (2 Credits)

Additional patient assessment skills, including goniometry, posture, anthropometric measures, with an introduction to patient history and documentation in SOAP note format.

DPT 715 Patient Care Techniques (3 Credits)

Performance and application of positioning skills, bed mobility, transfers, and gait training techniques (including assistive devices) across the continuum of care.

DPT 716 Principles of Therapeutic Exercise in Physical Therapy (2 Credits)

A theoretical and practical approach to therapeutic exercise and functional training as it applies to all populations.

DPT 720 Gross Human Anatomy I (2 Credits)

The study of gross human anatomy, including muscle, tendon, ligament, and vascular supply of the upper and lower extremities. Co-requisite: DPT 721

DPT 721 Gross Human Anatomy I Lab (1 Credit)

Gross human anatomy lab with supervised exploration of muscle, tendon, ligament, and nerve innervation of the upper and lower extremities using a variety of resources. Co-requisite: DPT 720

DPT 722 Gross Human Anatomy II (2 Credits)

The study of gross human anatomy, including muscle, tendon, ligament, innervation and vascular supply of the head, neck, trunk, pelvic, thoracic, and abdominal regions. Co-requisite: DPT 723

DPT 723 Gross Human Anatomy II Lab (1 Credit)

Gross human anatomy lab with supervised exploration of muscle, tendon, ligament, innervation, and vascular supply of head, neck, trunk, pelvic, thoracic, and abdominal regions using a variety of resources. Co-requisites: DPT 722

DPT 724 Pathophysiology (4 Credits)

Fundamentals of physiology and pathology related to diseases causing abnormal movement patterns or capabilities. Processes and diseases most frequently encountered in physical therapy practice emphasized.

DPT 726 Orthopaedic Foundations (3 Credits)

Principles of orthopaedic physical therapy including biomechanics, applied anatomy, and osteokinematic and arthrokinematic concepts. Musculoskeletal system investigation from histological, structural, and functional perspectives.

DPT 727 Health Promotion and Wellness (2 Credits)

This course will create a forum to prepare students for clinical competencies regarding health promotion/wellness as it relates to physical therapy.

DPT 728 Clinical Exercise Physiology (3 Credits)

Overview of the physiologic responses of the human body to exercise and training in normal and patient populations.

DPT 729 Pharmacology in Physical Therapy (2 Credits)

Actions and effects of pharmaceutical agents commonly encountered in physical therapy clinical practice.

DPT 735 Pain Neuroscience for Physical Therapy (1 Credit)

The neuroscience of pain and its application in physical therapist practice.

DPT 736 Neuroanatomy (3 Credits)

Anatomy of the central and peripheral nervous systems, emphasizing structure and functional relationships in normal and pathological states.

DPT 738 Motor Control (2 Credits)

This course will prepare students to understand and apply motor control principles as it relates to physical therapy.

DPT 740 Physical Modalities (3 Credits)

The clinical application of soft tissue techniques, thermal agents, intermittent compression, continuous motion, electrical stimulation, and mechanical traction.

DPT 742 Diagnostic Testing and Imaging (2 Credits)

Presentation of diagnostic tests and interpretation of results as it applies to physical therapy evaluation, intervention, planning and treatment.

DPT 745 Integumentary System (2 Credits)

Clinical practice of wound care including assessment tools, dressings, and treatment approaches.

DPT 746 Management of Upper Extremity Musculoskeletal Disorders (4 Credits)

Physical therapy examination, evaluation, and intervention for upper extremity musculoskeletal dysfunction. Emphasis placed on the process of clinical decision making to develop the student's ability to utilize examination findings to establish a differential diagnosis that informs intervention.

DPT 747 Physical Therapy Management for Select Populations (2 Credits)

Exploration of clinical practice related to specialty areas of physical therapy, including pelvic health and other conditions related to gender-specific pathologies.

DPT 748 Prosthetics and Orthotics (2 Credits)

Design, fabrication and fitting, and management of individuals requiring prosthetic and orthotic devices.

DPT 749 Neurological Assessment (1 Credit)

Physical therapy examination, evaluation, and assessment of individuals with neurologically-based movement disorders.

DPT 751 Supervised Clinical Education (6 weeks – 4 Credits)

This full-time first clinical education experience provides students the opportunity to actively engage in experiential learning and develop introductory clinical competence. Students are responsible for transportation to and from off-campus experiences.

DPT 752 Supervised Clinical Education (7 weeks – 5 Credits)

This full-time second clinical education experience provides students additional opportunities for experiential learning and further development of clinical competence. Students are responsible for transportation to and from off-campus experiences.

DPT 753 Supervised Clinical Education (10 weeks – 7 Credits)

The third full-time clinical education experience provides students opportunities for refinement of their professional behaviors and examination skills, and development of intervention techniques. Students are responsible for transportation to and from off-campus experiences.

DPT 754 Supervised Clinical Education (13 weeks – 9 Credits)

The fourth full-time clinical education experience provides students the opportunity to further develop skills and display clinical competence as an autonomous physical therapist. Students are responsible for transportation to and from off-campus experiences.

DPT 760 Professional Issues (2 Credits)

Professional issues pertinent to physical therapy including state and national associations, state and federal laws, standards of practice, and code of ethics.

DPT 761 Physical Therapy Management and Administration I (1 Credit)

Foundational concepts of business principles for DPT students with an emphasis on leadership, administration, management, and professionalism.

DPT 762 Physical Therapy Management and Administration II (3 Credits)

General principles of organization and administration that impact the ethical and legal aspects of physical therapy practice.

DPT 770 Management of Lower Extremity Musculoskeletal Disorders (4 Credits)

Physical therapy examination, evaluation, and intervention for lower extremity musculoskeletal dysfunction. Emphasis placed on the process of clinical decision making to develop the student's ability to utilize examination findings to establish a differential diagnosis that informs intervention.

DPT 771 Neurological Rehabilitation (4 Credits)

Emphasis on hands-on skill development, clinical reasoning, and critical analysis for treating individuals with neurologically-based movement disorders.

DPT 772 Cardiopulmonary Rehabilitation (3 Credits)

Evaluation and treatment of patients with cardiopulmonary disease and dysfunction, emphasizing the response of cardiac, circulatory and pulmonary systems to exercise.

DPT 774 Spine Assessment and Intervention (4 Credits)

Spine assessment and treatment, including mobilizations, special tests, and exercise progressions, in patients with spine dysfunction.

DPT 775 Screening for Referral (3 Credits)

A systems-based approach to differential screening and diagnosis to determine if further medical referral is necessary.

DPT 778 Geriatric Physical Therapy (1 Credit)

This course will explore the physical and psycho-behavioral aspects of aging. Student will review typical physiologic response to aging and the effects of these changes on the function of older clients being treated in various physical therapy settings. A problem-solving approach to management of elder patients with varied degree of medical complexity in multiple settings will be emphasized.

DPT 779 Pediatric Physical Therapy (3 Credits)

Examination of the factors affecting normal and pathologic development in infants and children to age 21 year. Additionally, treatment techniques appropriate to these populations will be covered.

DPT 781 Research in Physical Therapy I (3 Credits)

An introduction to clinical research in physical therapy, dealing with research design and methodology, as well as the development of a research project topic.

DPT 782 Research in Physical Therapy II (2 Credits)

Further development of the research topic, critical review of clinically relevant research literature, IRB submission, and the initiation of data collection.

DPT 783 Research in Physical Therapy III (3 Credits)

Use of SPSS for physical therapy related data analysis, including descriptive statistics, statistical inference, analysis of differences, and analysis of relationships.

DPT 784 Research in Physical Therapy IV (1 Credit)

Continuation of the Research track in Physical Therapy. Emphasis placed on data collection and application of applied research statistics.

DPT 785 Research in Physical Therapy V (1 Credit)

Continuation of the Research track in Physical Therapy, with emphasis on research project completion and preliminary presentation to research advisor.

DPT 790 PT Seminar (1 Credit)

Completion of research project with dissemination of results to faculty and clinicians.

Definitions & Terminology

Director of Clinical Education (DCE): The physical therapy faculty member who develops, organizes, supervises, coordinates, and evaluates the clinical education component of the physical therapy curriculum.

Associate Director of Clinical Education (ADCE): The physical therapy faculty member who assists with developing, organizing, supervising, coordinating, and evaluating the clinical education component of the physical therapy curriculum.

Site Coordinator of Clinical Education (SCCE): A professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of physical therapists to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to the academic programs about their facilities and other policies. The SCCE is the primary contact person for the DCE/ADCE.

Clinical Instructor (CI): The physical therapist responsible for the physical therapist student and for directly planning, instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full-time (or equivalent) post-licensure clinical experience.

Clinical Education Agreement/Contract: The written, legal document which defines the agreement developed between the academic facility and the clinical education facility. It outlines the roles, responsibilities and liabilities related to student clinical education. A fully executed and current agreement is required to be in effect at the time of the clinical experience.

Online Clinical Performance Instrument (Online CPI): An online evaluation tool, developed by the APTA, to assess student performance on 12 performance criteria representing entry level physical therapist performance. The online CPI utilizes a rating scale with 6 well-defined anchors ranging from *Advanced Beginner Performance* to *Beyond Entry-Level Performance*. The Online CPI is completed by the student and the CI at mid-term and the end of each clinical rotation experience.

Overview and Requirements

The WKU DPT Program believes the two primary components of PT education, academic and clinical, should be planned and implemented to be interdependent and to reinforce one another. The academic setting is designed to provide the information and theory base that is integrated and expanded upon in the clinical setting. The academic curriculum is designed in an integrated fashion, combining biologic, orthopaedic and neurological sciences and theories rather than a compartmentalized approach. The clinical education component is integrated throughout the curriculum to supplement the academic portion. Clinical education allows students to engage in formal experiential learning that is focused on the development and application of patient/client-centered skills and professional behaviors at pre-determined intervals.

Policy, DPT-P11, "Student Readiness for Clinical Education," outlines procedures to ensure students are competent and safe to actively engage in clinical education experiences. Students must be competent in expected professionalism, as well as performance in both the classroom and laboratory settings as assessed via written, checkoff, and practical exams. Collectively, the faculty will discuss and determine student readiness before the initial clinical experience in accordance with the procedure outlined on page 25 of this manual. Readiness for subsequent clinical experiences will be determined by the overall performance on the previous experience, along with faculty feedback provided at the end of the Spring semester of the second year.

The clinical education component consists of 4 separate full-time supervised clinical education experiences, for a minimum of 36 weeks. In alignment with the Mission and objectives of the Program, the DPT Program strives to develop physical therapists prepared to improve the quality of life of patients and clients, especially in rural and underserved communities. All students will be required to successfully complete a clinical rotation in each of the following areas of practice:

- In-Patient (full-time non hybrid) Setting examples include local/community hospitals, regional medical centers, long-term acute care hospitals/facilities, inpatient rehabilitation hospitals, sub-acute rehabilitation, and skilled nursing facilities; A minimum of 10 weeks must be completed in an inpatient setting. This can include cumulative weeks from multiple experiences.

and

- Outpatient: Setting examples include primarily outpatient, private practice clinics, and home health PT; A minimum of 10 weeks must be completed in an outpatient setting. This can include cumulative weeks from multiple experiences.

The Program also recommends that students complete a clinical rotation in a “Specialty” area of Physical Therapy preferably during the terminal experience. Specialty experiences may be considered for DPT 753, as long as the course content has been completed. If students are completing their terminal experience in a specialty practice area, they are strongly urged to gain entry level status on their third experience. See grading policies for clinical education. Setting examples include aquatics, wellness-prevention, home health, industrial/occupational health, manual therapy, pediatrics/early intervention, school systems, sports medicine, pelvic health, and wound care/integumentary. Prior to initiating a specialty clinical experience, students will be required to submit a study plan to better prepare the students for the clinical rotation. Clinical rotations in this specialty category may qualify as meeting the above practice setting requirements.

An additional Program requirement is that students complete at least 1 of their 4 rotations in a rural setting. Rural is defined according to Urban Influence Codes (UIC) published by the United States Department of Agriculture Economic Research Service as all nonmetropolitan counties (UIC 3-12) and metropolitan counties (UIC 1-2) with a population density of less than 250 people per square mile (<https://www.ers.usda.gov/data-products/urban-influence-codes/>). All sites located in the vicinity of Western Kentucky University campus (Warren County, Kentucky) will qualify as rural regardless of population in Warren County.

Students will be reminded, via email and class discussions, of the above practice setting requirements as part of the regular clinical education assignment process. The DCE is ultimately responsible for monitoring and ensuring each student fulfills the above requirements.

Due to the integrated nature of the curriculum, specific clinical education rotations are not required at any one specific time in the Program curriculum. The Program believes students will be adequately prepared with physical assessment, therapeutic exercise, patient care, and therapeutic modalities skills prior to their first clinical rotation to successfully complete a rotation in any of the required areas. Program defined specialty rotations may not be appropriate for the first clinical education rotation. Students should be aware that **any or all rotations may be scheduled outside of the immediate Bowling Green area** and may be located outside the Commonwealth of Kentucky. Additionally, placements may be made that are not on any wishlist presented by student in consideration of slots that are designated either by the site or the program as “must fill.” Students are responsible for travel and housing costs associated with each clinical education experience.

International Clinical Placements

Western Kentucky University facilitates global learning and international engagement to foster cross-cultural understanding. Students who desire international learning experiences must agree to follow all policies and procedures outlined in the “WKU Student International Travel Policy” found on the Study Abroad and Global Learning page of the Western Kentucky University Website. This includes completing the application/approval process through WKU Global Learning and International Affairs (GLIA), as well as consultation with a GLIA Advisor and/or orientation sessions as indicated. The process for approval and support at WKU is covered by a study abroad application fee, payable by the student to the university upon application. (<https://www.wku.edu/policies/docs/index.php?policy=350>) If approved by GLIA, International clinical placements may be available for up to 4 Doctor of Physical Therapy students during DPT 753 only, as facilitated through a third-party agency (“Agency”) contracted with the university and the WKU DPT Program. The agency will identify placement opportunities and appropriate housing available in foreign host countries that may include but are not limited to the European Union. International placements will be comparable in learning opportunities to those offered in the United States (US). Placements for eligible students will be made in accordance with an established agreement between WKU and the Agency. In addition to the WKU international study application fee, the “Agency” has an administrative fee to cover the cost of facilitating placements out of the country. This fee is payable directly to the “Agency” by the student. The Agency fee is non-refundable if cancelled for any reason 6 months or less from the start date of the experience. NOTE: Fees are above and beyond the cost of tuition for DPT 753, a course required by all DPT students in the program

During international placements students are expected to adhere to the policies and procedures covered in the Student International Travel Policy, the WKU DPT Student Manual, the WKU DPT Clinical Education Manual and the DPT 753 course syllabus. Additionally, students are expected to sign an agreement with the WKU DPT program stipulating expectations specific to international study. (APPENDIX K)

Student Responsibilities:

- As stated, all students will read the Student International Travel Policy put forth by WKU and will adhere to the policies outlined. (<https://www.wku.edu/policies/docs/index.php?policy=350>) Students will also follow the policies and procedures outlined in both the DPT Program Manual and the DPT Clinical Education manual.
- Students are expected to maintain a professional attitude about learning while they are placed in any clinical site, including those that are located in another country. Students must be available during designated clinic hours, as well as complete any learning activities needed outside of the “work day.” Abuse of this policy will lead to student removal from the clinic at their own expense.
- In addition to expectations outlined by the WKU GLIA, each student shall be responsible to follow all aspects of the contract with the “Agency,” including onboarding activities that are similar to clinical onboarding for placements in the US. Students are also expected to follow all regulations specific to the host country that are identified.
- Student shall be responsible to obtain appropriate travel documents including but not limited to a passport and visa at their own expense and within the timeframe required by the Agency. The WKU GLIA will work with students to facilitate this process, but ultimately, it is the student’s responsibility to procure all documents on time.
- Student shall be responsible to secure any additional insurance documents that may be required by the GLIA and the “Agency” at their own expense.
- In addition to fees imposed by WKU and the “Agency,” students shall be responsible to pay all costs associated with document procurement, housing, transportation to/from the host country, transportation within the host country, and meals.
- Contact between the student and the DCE/ADCE will occur on a more frequent and scheduled basis when students are engaged in international placements. Failure to adhere to this policy may result in being pulled from the clinic at student expense. (Appendix J)
- Students are expected to obey laws and regulations set forth by the host country and clinical affiliate.
- The attendance policy for international students is the same for students attending clinical experiences within the United States.

Eligibility:

Students will be eligible for international placement if they meet the following requirements:

- Demonstration of superior academic preparation that includes a minimum GPA of 3.5 and no grade lower than a B in any didactic course at the time of application, maintaining minimum standards up to the date of the experience. Students with a history of academic probation either with the Graduate School or within the Program will not be eligible for international placement.
- Demonstration of professional behaviors that include no infractions of professional expectations in the program and within each individual course.
- Successful completion of DPT 751 and DPT 752 without the need for remedial assistance or report of unprofessional conduct at any point during these experiences. NOTE: DPT 752 is positioned in the curriculum within the 6-month non-refundable fee timeframe. Refunds for required extension or remediation on DPT 752 will cause the student to be ineligible to engage in international placements, and students will forfeit their fee to the Agency.
- Faculty unanimous consensus for student clinical readiness to engage in international clinical experiences. The determination in the faculty discussion will focus on analysis of professional behaviors, didactic performance, and practical examination results. Students with an infraction in any of the didactic or professional areas may be excluded from eligibility for international clinical education placement, even if it is within the 6-month window of non-refundable fees.

DCE/ADCE Responsibilities

- The DCE/ADCE ensures that students are prepared for clinical education experiences by providing and discussing with students all information included within the Clinical Education Manual.
- The DCE/ADCE provides students with clinical site information and regulations on a timely basis, (immunizations, CPR, health insurance, liability insurance, etc.) allowing students sufficient time to comply and/or complete necessary forms/procedures.
- The DCE/ADCE is responsible for ensuring enough appropriate clinical education sites are available for all clinical education experiences. Current Affiliation Agreements-Contracts between WKU and the clinical sites are required to be in place before students begin clinical rotation experiences. The DCE, in conjunction with Program and College office personnel, are responsible for ensuring the agreements are in place.
- The DCE/ADCE serves as the primary contact between the WKU DPT Program and the clinical sites/facilities.
- The DCE/ADCE assigns students to clinical education rotations according to the policies and procedures described within the Clinical Education Manual.
- The DCE/ADCE communicates regularly with clinical sites, SCCE's, & CI's when planning for and securing sites for student experiences.
- The DCE/ADCE monitors and facilitates student performance and progress toward individual and course goals/objectives. This includes completing mid-term visits or phone calls with student/CI/ SCCE to discuss student performance.
- The DCE/ADCE counsels individual student's/CI's and provides educational strategies to assist with clinical performance or professional behavior areas of concern.
- The DCE/ADCE is ultimately responsible for determining and assigning student grades for clinical education rotations.
- The DCE/ADCE evaluates the effectiveness of CI/ SCCE /Clinical Sites by reviewing student assessment forms, as well as through personal experiences and observations. Concerns will be address based on best practice.
- The DCE/ADCE communicates all Clinical Education related information to the Department Head/Director and Core Faculty.
- The DCE/ADCE ensures that all required and necessary paperwork, assessments, and documentation are effectively and appropriately maintained.
- The DCE/ADCE is responsive to and assists with clinical instructor professional development.

Establishing Clinical Sites

Program Faculty, Advisory Board members, professional colleagues, and WKU alumni may recommend potential clinical education sites. Students may also recommend potential clinical education sites to the DCE/ADCE, but they are not to contact the clinical site directly until discussions with the DCE/ADCE and recommendations/approval to do so have occurred. Work towards inquiring about and entering into an affiliation agreement with these sites will be prioritized by the DCE and Program. Priority will be based upon numerous factors including unique practice settings, difficult to obtain specialties, desirable locations, probability that future students will benefit from the contract, and other housing or educational opportunities. Due to multiple factors, there may be a limit on the number of special request slots/fulfilled. Whenever possible, special requests will be managed with corporate contracts that are already fully executed.

The DCE/ADCE will contact the facility to discuss the potential for, and interest in, clinical education opportunities for WKU DPT students. It is ultimately the responsibility of the DCE/ADCE to evaluate the appropriateness of the clinical site, which is achieved through verbal discussion with the SCCE, Clinic Rehabilitation Director or CI (if no SCCE) using the APTA Guidelines for Clinical Education Sites as a reference. Questions about the types of patients served, as well as practice setting details would assist in the classification of the site. Classification will be confirmed through discussions with the clinic director or SCCE when in doubt. The qualifications and experience of clinical instructors are also reviewed during the telephone conversation prior to setting up a contract. If deemed an appropriate site, the DCE will work with the desired clinical site contact to obtain a mutually agreed upon Affiliation Agreement between WKU and the clinical site.

In the event that new clinical sites requested by students are approved for contract development, the following timelines are required for students to actively pursue the clinical site:

1. Facility information must be received from the student by the DCE/ADCE no later than six months prior to the beginning of the clinical rotation.
2. Verbal commitment from the facility must be received and work must begin on the Affiliation Agreement no later than four months prior to the beginning of the clinical rotation.
3. Completed contracts and paperwork must be completed no later than one month prior to the beginning of the clinical rotation.

Every attempt will be made to adhere to the above time frame and requirements; the student may be counseled that a different clinical site for the respective rotation will be assigned.

Affiliation Agreement: Renewal & Termination

The College of Health and Human Services (CHHS) at WKU utilizes a standard “Unified Affiliation Agreement” (Appendix A) for all programs within the College. This standard agreement is for three years in length and must be renewed following the completion of the agreement period. Any edits or modifications to this agreement must be approved by the CHHS Dean’s Office. In the event the clinical site/company prefers to use a different Affiliation Agreement, it must be approved by either the CHHS Dean’s Office or WKU legal counsel. The WKU DPT Program and the associated clinical site reserve the right to terminate the Affiliation Agreement effective 30 days after the receipt of a written notice to do so. Both parties reserve the right to remove a student, or ask that a student be removed, without notice if it is in the best interest of the student, the facility, or the Program.

Evaluation of Clinical Site, CI, and SCCE

A clinical experience is determined to be effective if students meet expected requirements outlined for each course on each of the 12 CPI indicators. Additionally, students offer formal and informal comments and feedback regarding their specific clinical education experiences. Formal evaluation of the clinical site and CI is completed when students complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (APTA 2010) available in a modified format through the EXXAT database program, at the end of their clinical experience (available in the Appendix E). Student ratings on questions 1-21 are averaged for each CI are averaged and any average score lower than 4 would be evaluated on an individual basis.

Informally, students will give feedback regarding their clinical education experience to the DCE/ADCE during the debriefing sessions that occur following DPT 751, DPT 753 and DPT 754 experiences. The DCE/ADCE also performs

informal assessments of the Clinical Site, CI, and SCCE. These informal assessments are based upon DCE/ADCE observations and personal experiences in the facilities as well as through all communications and interactions with the CI/ SCCE's.

When areas of concern are discovered, the DCE or ADCE contacts the site and the student to discuss any issues that may have transpired affecting the student assessment. If appropriate, an on-site visit and meeting with the CI, student and SCCE to determine the best course of action would be conducted. The DCE reports this information about findings of site, CI and SCCE analysis to the Program Director who then contributes to the determination of the best practice, with faculty input as appropriate. Best practice may include removal of the site as an option, monitoring the site in the future, or no action needed.

Procedures for Assigning Students to Clinical Sites

A clinical site information folder (or online collection of documents located in EXXAT) containing site information, Student Assessment forms, and other appropriate information will be made available to the students for review. After the clinical sites respond to the annual slot recruitment email sent through EXXAT, the DCE/ADCE compose a list of the sites available for said specific clinical rotation.

All four clinical education rotation assignments will be assigned using an assignment-preference ranking system. Students will be provided with a listing of the available sites for the specific clinical education rotation as determined above. Students will utilize the EXXAT web-based program to rank-order their preferences for each rotation adhering to guidelines provided to students prior to the bidding process. These guidelines may include the number and type of slots that students are required to bid, as well as potential inclusion of "must fill" slots. A must fill slot is a slot that has been identified in the clinical education management system as such, and that will be filled regardless of whether anyone bids for it.

EXXAT web-based software automated assignment generator, along with manual override capabilities determined by the DCE/ADCE will be the primary mechanism for assigning clinical rotations. The automated assignment generator within the EXXAT program may be overridden when students have participated in setting up a clinical rotation, or when a specific site or setting is a remaining student requirement. The DCE/ADCE will also consider the individual needs of the student when making clinical placement decisions. The DCE/ADCE reserves the right to place, or not to place, students at specific clinical sites for reasons that may include medical conditions, documented disabilities that require accommodations, family commitments, anticipated personality conflicts, or other circumstances deemed appropriate by the faculty.

A student will not be placed at a clinical site where a potential conflict of interest may exist. Prior to the above assignment procedures, the DCE/ADCE will discuss conflicts of interest and review the process with the students. Each student is asked to reveal to the DCE/ADCE any sites where potential conflicts of interest may exist. Examples of potential conflicts of interest or awkward situations may include, but are not limited to, a facility:

- where the student has or is currently working in some capacity, or has engaged in discussions for post graduate employment
- where a student may be mentored by a CI with whom the student has previously worked, or completed significant observation hours
- that has entered into a scholarships or loan repayment plan with the student
- where a spouse or family member is employed at any capacity
- a direct competitor to a facility the student has or will have a relationship with

In situations where a conflict of interest may occur, the DCE/ADCE will consult with the student about the individual situation. If the DCE/ADCE determines the conflict of interest or potential for a conflict is present, the student will not be placed in the facility. If a potential conflict is undisclosed and discovered prior to or during the rotation, the student will be removed from the placement regardless of the timeframe in which the conflict was discovered.

When several students are requesting the same site, the DCE/ADCE leans heavily on considerations for previously awarded preference number of each student requesting the same site, the best fit for student/site/CI, as well as the individual learning needs of each student. After fully assessing the needs and considerations of each student, and all things appearing to be equal between multiple students requesting the same site, a lottery/random drawing will occur to determine placements in an unbiased fashion. Every effort will be made to accommodate student choices; however, the final decision regarding student placement will be made by the DCE in consultation with the ADCE. Students and sites will be notified of placements using EXXAT.

All students will be placed using the process outlined previously in this “Procedures for Assigning Students...” section. If a student declines the assigned placement for any reason, the program is not obligated to provide a substitute or alternate placement for that clinical experience. Examples may include but are not limited to geographic location, or unwillingness to comply with clinic-based requirements of the assigned placement site.

Student Readiness for Clinical Education

Criteria for student readiness to engage in clinical education includes appropriate course grade, and a cumulative program GPA of at least 3.0 out of 4.0, compliance with the technical standards, appropriate performance in professional behaviors. Additionally, students must be competent to perform evaluation and assessment, as well as apply intervention skills during skill competencies and practical examinations in multiple didactic courses. The faculty will collectively review each student’s individual readiness to advance to the clinical component of the curriculum prior to the first clinical experience.

The core faculty will discuss student readiness for clinical education during a meeting in which student competency in areas of skill proficiency and professionalism are discussed. This meeting will occur following the midterm examinations (including scores on written exams, practical exam/check off rubrics) during the semester in which students are scheduled for their first clinical experience. All skills and course work to date is considered during this meeting. If there are any identified professional behaviors or skill competency deficits in the uncompleted course, the individual instructor will notify the DCE/ADCE for re-consideration of clinical readiness. Practical and Check Off competency exams follow procedures outlined in the Student Manual.

Faculty may collectively vote/determine one of the following scenarios during the dedicated clinical readiness meeting that is scheduled in the fall semester of the second year, prior to DPT 751:

- Student is prepared to enter full time clinical experience.
- Student is prepared but should meet with the DCE/ADCE prior to the experience to discuss a factor identified as a potential area of concern during the meeting.
- Student is prepared but should be monitored early during the clinical experience due to an area of concern.
- Student is not prepared and will need a remediation plan designed to address the areas of concern that were identified by the faculty. All remediation plans will be developed on an individual basis under the direction of the DCE/ADCE with faculty input. The DCE/ADCE will be responsible for notifying the student of the need for remediation and may seek the input of the student in the development of the remediation plan.

Ongoing clinical readiness will be reassessed based on successful completion of prior clinical experiences, achieving a score of 100% on a Clinical Education Manual quiz, and with faculty input during additional core faculty meetings to determine changes in status regarding each student’s eligibility to engage in clinical education based on the previously outlined criteria in this section. Meetings will occur in the Spring semester of the second year to determine eligibility for DPT 752, as well as at the end of the Fall semester of the third year to determine eligibility for DPT 754. Eligibility for DPT 753 will be determined by the DCE and ADCE based on the student’s performance during DPT 752.

Information Shared with Facility

The DCE/ADCE and student, utilizing a third-party tracking and verification online company, will accumulate and distribute to the clinical site the following information 1 to 2 months prior to each student's clinical affiliation:

- Course syllabus specific to rotation with sample learning objectives
- General student information to include the following:
 - Background check (if required according to the Affiliation Agreement)
 - Emergency contact information
 - Proof of health and liability insurance
 - CPR certification
 - TB skin tests, vaccination records

The DCE/ADCE will assist the student in determining what materials are requested or required, but the student will ultimately be responsible for sharing requested criminal background check, drug screen, and immunization materials with the clinical site prior to starting the clinical rotations if required by facilities. Lack of attention to onboarding activities may result in a delay or cancellation of a clinical experience.

Prior to attending the Clinical Education experience, students sign a Site Placement Agreement (APPENDIX: B) that enables the DCE or ADCE to provide the above information when a facility requires these materials to satisfy a time-sensitive clinic audit.

If any student protected information other than the information listed above, needs to be sent to the clinical site, the DCE/ADCE and Program will obtain a signed release of information form from the student, or if the student is not available to provide a signed release, verbal consent will be obtained.

Information sent to clinical sites may include personal health information that would be limited to the following information provided by students to the program: immunization records, results of tuberculosis test (PPD), CPR training records, results of WKU ordered background checks and drug screens.

Students are required to sign an "Assumption of Risk" form prior to each clinical experience. No student shall be permitted to attend their clinical experience without agreeing to the terms contained in this form. (Appendix J)

Clinical Education Remediation Plan

If a clinical education problem is brought forth by a student or clinical instructor during a clinical experience, the following problem-solving intervention/plan is to be followed. The first step in the process is to have the student and CI discuss the issue together, keeping the DCE/ADCE informed of the situation. If the student, CI or DCE/ADCE do not feel a satisfactory outcome results from the initial discussion, the DCE/ADCE will facilitate more formal discussions with all parties and make suggestions to resolve the issue within the clinic environment. Following these discussions and implementation of suggestions from the DCE/ADCE, if the student, CI or DCE/ADCE determine the issue has not been resolved, the DCE/ADCE will provide an overview of the situation to the Program Director that includes a summary of actions taken to date. The DCE/ADCE will make additional recommendations as appropriate to resolve the problem, keeping all parties informed, including the student, CI, SCCE, and Program Director.

One option at this point is to place the student on Clinical Education Remediation which is designed to address the specific areas of concern with input from the DCE/ADCE, student and CI. Clinical remediation may result in various outcomes, depending upon the issue at hand. Broadly, these outcomes include remaining in the clinic with the issuance of a learning contract or being removed from the clinical site. The DCE/ADCE will notify the ARC and the Program Director of any student who requires remediation that occurs beyond the expected dates of clinical experience or if the remediation plan developed by the DCE/ADCE results in a deceleration in clinical education curricular series.

If the student remains in the clinical site, the experience may be completed on schedule, or extended if the CI and DCE/ADCE agree that the student can be remediated under the guidance of a learning plan in a limited amount of time that will not impact progression in other areas of the curriculum. Extended time in the clinical experience either at the same site, or at another site in the same practice setting if appropriate, will result in the issuance of an “Incomplete” grade if the extended experience is not completed in the appropriate time frame as outlined by the university timelines for issuing grades.

If the student is removed from the clinical site because the remediation activities require a longer period to complete, the student may be issued an “incomplete” grade and repeat the entire experience at another clinical site upon completion of remediation plan agreed upon by the student, DCE, and ADCE. If the remediation plan is not expected to be satisfied prior to the university deadline for completion, then the student may be advised to withdraw from the clinical course and re-register after the remediation plan has been satisfied. In the event of an incomplete grade due to required lengthy remediation period, the Academic Review Committee (ARC) will be notified (Student Manual, See “Academic Review Section”).

The Program Director will be informed of all actions concerning the student’s performance and remediation, whether the student remains in the clinical experience or not. Should the student be issued an incomplete or be required to repeat the experience in its entirety at a different site, the student will not be allowed to advance to the next clinical education course or in the Program until the remediated clinical education course is satisfactorily completed. A student who does not satisfactorily complete the prescribed remediation plan within the university timeline (by week 10 of the ensuing regular semester), may be subjected to receiving a grade of “F.” See paragraph below for the process.

The student could be given an “Incomplete” grade that is not based on inadequate clinical performance or poor professional abilities, rather it is based on student, CI, or clinic circumstances, (i.e.--family or medical situations) that resulted in the student not being able to complete the clinical rotation. In these situations, the DCE/ADCE will make recommendations to the Department Head/Director and/or ARC without the requirement of entering a formal “Clinical Education Remediation Plan.”

A student who is removed from a clinical education site due to a major violation of expected professional behavior policy or due to gross negligence that puts the facility or patients at risk will receive a grade of “F” for the clinical rotation. The seriousness of any infraction will be determined based on consultation with the student, the CI, the DCE, the ADCE and the Program Director.

Communication between all parties is emphasized and encouraged during all clinical experiences. The DCE/ADCE is expected to establish a relationship with student/CI/ SCCE that fosters open communication between all parties. The DCE/ADCE will be responsive to all communication, email, and phone, between parties to address issues as efficiently as possible before they progress to larger concerns.

Receiving a grade of “Fail” in any Clinical Education rotation will result in a referral to the DPT Department Head with a recommendation for dismissal from the Program. Refer to the Progression and Reapplication Policy in the WKU DPT Student Manual for full details (page 41).

Clinical Education Course Syllabi

DPT 751

**Western Kentucky University
Department of Physical Therapy
Doctor of Physical Therapy Program**

Course Number:	DPT 751
Course Title:	Supervised Clinical Education I
Credit Hours:	4
Clock Hours:	240 hours (5;0)
Lecture Hours:	N/A
Weekly Schedule:	Monday – Friday, 40 hours/week (6 weeks)
Office Hours:	Variable, as needed by phone conference or site visit
Location:	On-site
Instructor:	To be Determined

Course Description:

This full-time first clinical education experience provides students the opportunity to actively engage in experiential learning and develop introductory clinical competence. Students are responsible for transportation to and from off-campus experiences. Prerequisite: Open only to graduate physical therapy students.

Course Objectives:

At the completion of the course content, the student will be able to:

1. Adhere to the Standards of Practice of the APTA and the Code of Ethics as well as state and federal laws as they relate to physical therapy and confidentiality; practice as a student according to the specific policies and procedures of the clinical facility, demonstrating respect for licensure of the clinical instructor. (7D1) (7D4) (7D5) (7D28)
2. Demonstrate professional caring, integrity, and sensitivity to the needs of the patients and staff. (7D5)
3. Participate as an active learning partner in the clinical education environment by proactive engagement in self-study outside the clinic in order to prepare for patient care specific to the practice setting. (7D4) (7D5)
4. Demonstrate flexibility and willingness to accept changes in the clinical education experience as needed, based on effective communication and CI formative evaluation, as well as student self-assessment. (7D12) (7D5)
5. Communicate with clinical Instructor as directed, and additionally if needed, to monitor progression of skills during the clinical education experience. (7D7)
6. Synthesize the impact of social, economic, legislative, cultural, geographical, and demographic factors on the delivery of physical therapy services. (7D8) (7D14)
7. Perform a physical therapy patient examination using appropriate screening, history, systems review, tests, and measures. (7D17) (7D18) (7D19)
8. Evaluate examination data to determine a diagnosis and prognosis for future patient management. (7D22) (7D23)
9. Safely and efficiently examine a patient using appropriate tests and measures in order to determine a physical therapy diagnosis that guides future patient/client management under the direct supervision of the clinical instructor. (7D22)
10. Competently perform physical therapy interventions to achieve patient/client goals and outcomes. (7D27, a-i)

11. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (7D18) (7D20)
12. Establish measurable and functional goals and expected outcomes within available resources, under the direct supervision of the clinical instructor. (7D23)
13. Considering the goals of the patient, family members, payers, and other medical health team members, safely and effectively implement a physical therapy plan of care under the direct supervision of a clinical instructor. (7D24)
14. Design a therapeutic exercise program appropriate to the practice setting. (7D27i)
15. Monitor and adjust the plan of care in response to patient/client status. (7D30)
16. Articulate clinical reasoning for all decisions made within patient/client management process that reflects best practice and evidence-based medicine. (7D9) (7D10)
17. Document all aspects of the patient/client management process in a manner that is consistent with state practice acts, the practice setting and other regulatory agencies. This includes initial patient encounters, reassessments, and daily episodes of care. (7D32)
18. Discuss and, if necessary, demonstrate ability to respond effectively and appropriately to emergency situations in the practice setting. (7D33)
19. Educate others (such as patients, caregivers, staff, physical therapist assistants, other health care providers) using relevant and effective, individualized teaching methods in a culturally competent manner and at a level that is commensurate with the needs of the learner. (7D12) (7D25) (7D29)
20. Demonstrate communication to the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) that reflects awareness of differences in teaching and learning styles in order to facilitate beneficial learning experience. (7D4) (7D5) (7D15)
21. Present an evidence-based in-service education program for the clinical center staff on a topic of mutual interest for an appropriate patient population. (7D9) (7D10) (7D11)

Evaluation Methods:

1. Clinical Performance Instrument (CPI)

Students will be evaluated by their clinical instructors using the online CPI developed by the APTA with Academic Management Systems and adopted by the Doctor of Physical Therapy Program at WKU. This assessment will be completed by both clinical instructor and student at the mid-term (end of week 3) and conclusion of the clinical rotation. Open discussion of student performance, strengths, and weaknesses should occur on a weekly basis between the CI and the student. To facilitate this communication, the student and CI will be required to complete the Weekly Planning Form. The weekly discussions occurring in conjunction with the completion of the Planning Form should help facilitate and determine teaching and learning methods to optimize the clinical learning experience.

CPI Performance

Students will be evaluated on all 12 performance criteria of the CPI, with the goal of achieving the following ratings.

- Criteria 1-5 (Professionalism and Interpersonal): Intermediate
- Criteria 6-9 (Technical/Procedural): Advanced Beginner
- Criteria 10-12 (Business): Beginning Performance

2. Weekly Planning Form

This form will be used to facilitate effective communication between the student and clinical instructor to promote weekly reflection, communication, and planning. These forms are to be sent by the end of the day on Friday each week to the assigned clinical faculty member (DCE or ADCE) for review.

3. In-service: Students are to complete an evidenced-based in-service presentation or project, subject being relevant to and agreed upon by the student's CI/SCCE. Electronic copies of the presentation, outline, or materials used for this presentation must be placed in the appropriate BlackBoard Submission portal at the completion of the clinical rotation. In addition to the presentation notes, a reference list must be included to verify the requirement that the presentation is evidence based, with at least one reference being within the past 5 years. The date on which the in-service or project was presented must also be included in the BlackBoard submission.

4. Completion of Required Paperwork and Forms

Students are required to complete, in a timely fashion, additional paperwork and forms before, during, and at the completion of the clinical rotation. This includes the items such as: introductory letter to CI, emergency contact and profile form, facility required documentation, additional items requested by the DCE, and the Student Evaluation of Clinical Experience and Clinical Instruction form. All forms and paperwork must be provided to the DCE within 5 working days of the completion of the clinical rotation unless instructed otherwise by the DCE. If paperwork is not completed in a timely manner, you will receive an incomplete for the course, which can affect your ability to progress in the program. See Clinical Education Manual for further details.

Grading

This clinical experience is graded on a pass/fail basis. The DCE will comprehensively consider CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

Additional Student Responsibilities:

1. All students are expected to conduct themselves in a professional manner in the clinical environment adhering to the standards, ethics, procedural and legal requirements pertaining to physical therapists. Students are expected to complete all assignments in an efficient and effective manner and to increase their level of clinical competence in an escalating manner during the affiliation. Please see item #3 Clinical Center Responsibilities below for further information.
2. Each student is expected to participate in Blackboard activities. Please refer to the Clinical Education Manual and to Blackboard for additional details.
3. Students are expected to check their WKU email at least once a day during their clinical experience.

Clinical Center Responsibilities:

The clinical instructor is expected to meet with the student on a regular basis no less than weekly and to assist the student in establishing specific goals and objectives for the affiliation. Online CPI evaluation of the student's performance is to be completed at the completion of the affiliation. Written evaluations may be developed at other intervals depending on the center's policies and procedures or if a student is not progressing at a rate which will result in accomplishment of the objectives of this affiliation. All evaluations are to be reviewed with the student. The final CPI evaluation from the CI and the student's self-evaluation should be completed online by the final day of the affiliation.

1. It is expected that the learning nature of the affiliation will take precedence over productivity. This is the student's first affiliation, and they are not expected to carry the load of a staff physical therapist.
2. If a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the DCE immediately and steps to handle the situation will be discussed on a case-by-case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.
3. If a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the DCE immediately and steps to handle the situation will be discussed on a case-by-case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.

Course Policies

1. Refer to WKU DPT Student Manual for the following items:

- a. Student Responsibilities
- b. Student Disability Services
- c. Copyright
- d. Academic Misconduct
- e. Religious Holidays Notification
- f. WKU Writing Center

- g. Missed Class(es)/Student
- h. Professional Behaviors

2. Refer to WKU DPT Clinical Education Manual for the following items:

- a. Attendance Policy
- b. Dress Code and Appearance
- c. Cell Phone Use
- d. Ethical Behavior
- e. Student Grievance Procedures

3. Student Professional Responsibilities and Relationships

As a Doctor of Physical (DPT) student and future physical therapist, you have chosen to pursue a profession which requires personal integrity, compassion, and a constant awareness of the commitment made. Exhibiting personal behaviors consistent with a respect for this profession and having pride in your work are central tenets of professionalism. You are expected to incorporate them into your daily life. To demonstrate commitment to these responsibilities while enrolled in clinical education courses, you will be held to the professional standards in the Student Manual and are expected to:

- a. Seek and accept feedback and constructive instruction from clinical education faculty in order to continually improve your educational experience, knowledge, and clinical skills.
- b. Commit to the highest standards of competence.
- c. Be mindful of your demeanor, language, and appearance in all areas of the clinic and facility.
- d. Be accountable to all members of the healthcare team including fellow students, clinical instructor, and clinic support staff.
- e. Admit to and assume responsibility for mistakes in a mature and honest manner and develop productive strategies for correcting them.
- f. Be considerate and respectful of others' (patients, clinical instructor, clinic support staff, other health care providers) time, rights, values, religious, ethnic, and socioeconomic backgrounds,
- g. lifestyles, opinions, and choices, even when they differ from your own. In other words, treat them with dignity and respect.
- h. Meet the expectations for participation and timeliness.
- i. Recognize limitations and seek help when expertise, knowledge, or level of experience is inadequate to handle a situation in the clinical setting.
- j. Maintain appropriate relationships with clinical education faculty, clinic staff, and other healthcare providers.
- k. Treat all members of the clinical team with respect, compassion, and dignity.
- l. Be mindful to avoid intentionally embarrassing or disparaging others.
- m. Actively work to create an atmosphere in clinical settings that is conducive to optimal, interactive learning.

Title IX Statement:

Western Kentucky University (WKU) is committed to supporting faculty, staff and students by upholding WKU's [Sex and Gender-Based Discrimination, Harassment, and Retaliation](#) (#0.070) and [Discrimination and Harassment Policy](#) (#0.2040). Under these policies, discrimination, harassment and/or sexual misconduct based on sex/gender are prohibited. If you experience an incident of sex/gender-based discrimination, harassment and/or sexual misconduct, you are encouraged to report it to the Executive Director, Office of Institutional Equity/Title IX Coordinator, Ena Demir, 270-745-6867 or Title IX Investigators or Michael Crowe, 270-745-5429. Please note that while you may report an incident of sex/gender based discrimination, harassment and/or sexual misconduct to a faculty member, WKU faculty are "Responsible Employees" of the University and MUST report what you share to WKU's Title IX Coordinator or Title IX Investigator. If you would like to speak with someone who may be able to afford you confidentiality, you may contact WKU's [Counseling and Testing Center](#) at 270-745-3159.

In compliance with University policy, students with disabilities who require academic and/or auxiliary accommodations for this course must contact the Student Accessibility Resource Center located in Downing Student Union, 1074. SARC can be reached by phone number at 270-745-5004 [270-745-3030 TTY] or via email at sarc.connect@wku.edu. Please do not request accommodations directly from the professor or instructor without a Faculty Notification Letter (FNL) from The Student Accessibility Resource Center.

The instructor reserves the right to make changes in the course schedule as needed to accommodate guest lecturers or to alter course content.

DPT 752

**Western Kentucky University
Department of Physical Therapy
Doctor of Physical Therapy Program**

Course Number:	DPT 752
Course Title:	Supervised Clinical Education II
Credit Hours:	5
Clock Hours:	240 hours (5;0)
Lecture Hours:	N/A
Weekly Schedule:	Monday – Friday, 40 hours/week (7 weeks)
Office Hours:	Variable, as needed by phone conference or site visit
Location:	On-site
Instructors at WKU:	To Be Determined

Course Description:

This full-time second clinical education experience provides students additional opportunities for experiential learning and further development of clinical competence. Students are responsible for transportation to and from off-campus experiences. Prerequisites: DPT 751.

Course Objectives:

At the completion of the course content, the student will be able to:

1. Adhere to the Standards of Practice of the APTA and the Code of Ethics as well as state and federal laws as they relate to physical therapy and confidentiality; practice as a student according to the specific policies and procedures of the clinical facility, demonstrating respect for licensure of the clinical instructor. (7D1) (7D4) (7D5) (7D28)
2. Demonstrate professional caring, integrity, and sensitivity to the needs of the patients and staff. (7D5)
3. Participate as an active learning partner in the clinical education environment by proactive engagement in self-study outside the clinic in order to prepare for patient care specific to the practice setting. (7D4) (7D5)
4. Demonstrate flexibility and willingness to accept changes in the clinical education experience as needed, based on effective communication and CI formative evaluation, as well as student self-assessment. (7D12) (7D5)
5. Communicate with clinical instructor as directed, and additionally if needed, to monitor progression of skills during the clinical education experience. (7D7)
6. Synthesize the impact of social, economic, legislative, cultural, geographical, and demographic factors on the delivery of physical therapy services. (7D8) (7D14) (7D23)
7. Perform a physical therapy patient examination using appropriate screening, history, systems review, tests, and measures. (7D17) (7D18) (7D19)

8. Evaluate examination data to determine a diagnosis and prognosis for future patient management. (7D22) (7D23)
9. Safely and efficiently examine a patient using appropriate tests and measures in order to determine a physical therapy diagnosis that guides future patient/client management under the direct supervision of the clinical instructor. (7D22)
10. Competently perform physical therapy interventions to achieve patient/client goals and outcomes. (7D27, a-i)
11. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (7D18) (7D20)
12. Establish measurable and functional goals and expected outcomes within available resources, under the direct supervision of the clinical instructor. (7D23)
13. Considering the goals of the patient, family members, payers, and other medical health team members, safely and effectively implement a physical therapy plan of care under the direct supervision of a clinical instructor. (7D24)
14. Design a therapeutic exercise program appropriate to the practice setting. (7D27i)
15. Monitor and adjust the plan of care in response to patient/client status. (7D30)
16. Articulate clinical reasoning for all decisions made within patient/client management process that reflects best practice and evidence-based medicine. (7D9) (7D10)
17. Document all aspects of the patient/client management process in a manner that is consistent with state practice acts, the practice setting and other regulatory agencies. This includes initial patient encounters, reassessments, and daily episodes of care. (7D32)
18. Discuss and, if necessary, demonstrate ability to respond effectively and appropriately to emergency situations in the practice setting. (7D33)
19. Educate, delegate, and supervise others (such as patients, caregivers, staff, physical therapist assistants, other health care providers) using relevant and effective, individualized teaching methods in a culturally competent manner and at a level that is commensurate with the needs of the learner. (7D12) (7D25) (7D29)
20. Educate others (such as patients, caregivers, staff, students, physical therapist assistants, other health care providers) using relevant and effective teaching methods in a culturally competent manner. (7D12) (7D25) (7D29)
21. Delegate and supervise supportive personnel, such as physical therapist assistants, and assess the impact delegate n has on quality patient care. (7D25) (7D29)
22. Demonstrate communication to the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) that reflects awareness of differences in teaching and learning styles in order to facilitate beneficial learning experience. (7D4) (7D5) (7D15)
23. Present an evidence-based in-service education program for the clinical center staff on a topic of mutual interest for an appropriate patient population. (7D9) (7D10) (7D11)
24. Determine with each patient the need for further examination or consultation by a physical therapist or referral to another health care professional with the assistance and under the direct supervision of a clinical instructor. (7D16) (7D39)
25. Demonstrate understanding of professional roles and obligations through discussion of and/or participation in delivery of pro bono services and promoting health and wellness activities. (7D5) (7D13) (7D34)
26. Display commitment to professional growth by seeking learning experiences outside of direct patient care and demonstrating professional behavior in all patient care experiences. (7D13)
27. Re-evaluate and determine the efficacy/outcomes of treatment intervention under the direct supervision of a clinical instructor; discuss modifications to the treatment plan as indicated. (7D30) (7D31)
 - a. Analyze results from outcomes measures to assess individual outcomes of the patient/client. (7D20)
 - b. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (7D10) (7D11) (7D19) (7D20) (7D21)
28. Educate patients/caregivers in functional training for self-care and home management as well as reintegration into the community and workforce. (7D24) (7D27d, h)
29. Demonstrate knowledge of and sensitivity to the needs for accountability, cost effectiveness of services provided, and the efficiency and efficacy of various treatment interventions. (7D23)

- a. Participate in billing and reimbursement activities as required by the clinical facility. (7D1) (7D42)
- 30. Effectively utilize on-line resources to critically reflect on patient-related topics and participate in online threaded discussion. (7D40)
- 31. Participate in the case management process as appropriate for the practice setting. (7D36)
- 32. Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. (7D15)
- 33. Assist the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) in designing a beneficial learning experience addressing the specific needs of the student. (7D4) (7D5) (7D7)
- 34. Effectively communicate with Clinical Instructor, colleagues, Physical Therapist Assistants, other healthcare practitioners, professional staff, patients, and families to coordinate efficient and effective patient care. (7D8) (7D19) (7D39) (7D29) (7D25)

Evaluation Methods:

1. Clinical Performance Instrument (CPI)

Students will be evaluated by their clinical instructors using the online CPI developed by the APTA with Academic Management Systems and adopted by the Doctor of Physical Therapy Program at WKU. This assessment will be completed by both clinical instructor and student at the mid-term (end of week 4) and conclusion of the clinical rotation. Open discussion of student performance, strengths, and weaknesses should occur on a weekly basis between the CI and the student. To facilitate this communication, the student and CI will be required to complete the Weekly Planning Form. The weekly discussions occurring in conjunction with the completion of the Planning Form should help facilitate and determine teaching and learning methods to optimize the clinical learning experience.

CPI Performance Expectations

Students will be evaluated on all 12 performance criteria of the CPI, with the goal of achieving the following ratings.

- Criteria 1-5 (Professionalism and Interpersonal): Intermediate
- Criteria 6-9 (Technical/Procedural): Intermediate
- Criteria 10-12 (Business): Advanced Beginner Performance

2. Weekly Planning Form

This form will be used to facilitate effective communication between the student and clinical instructor to promote weekly reflection, communication, and planning. These forms are to be sent by the end of the day on Friday each week to the assigned clinical faculty member (DCE or ADCE) for review.

3. In-service

Students are to complete an evidenced-based in-service presentation or project, subject being relevant to and agreed upon by the student's CI/SCCE. Electronic copies of the presentation, outline, or materials used for this presentation must be placed in the appropriate BlackBoard Submission portal at the completion of the clinical rotation. In addition to the presentation notes, a reference list must be included to verify the requirement that the presentation is evidence based. At least one reference must be within the last 5 years. The date on which the in-service or project was presented must also be included in the BlackBoard submission.

4. Completion of Required Paperwork and Forms

Students are required to complete, in a timely fashion, additional paperwork and forms before, during, and at the completion of the clinical rotation. This includes the items such as: introductory letter to CI, emergency contact and profile form, facility-required documentation, additional items requested by the DCE or ADCE, and the Student Evaluation of Clinical Experience and Clinical Instruction form. All forms and paperwork must be provided to the DCE or ADCE within 5 working days of the completion of the clinical rotation unless instructed otherwise by the DCE or ADCE. If paperwork is not completed in a timely manner, you will receive an incomplete for the course, which can affect your ability to progress in the program. See Clinical Education Manual for further details.

Grading

This clinical experience is graded on a pass/fail basis. The DCE and ADCE will comprehensively consider final CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

Additional Student Responsibilities:

1. All students are expected to conduct themselves in a professional manner in the clinical environment adhering to the standards, ethics, procedural and legal requirements pertaining to physical therapists. Students are expected to complete all assignments in an efficient and effective manner and to increase their level of clinical competence in an escalating manner during the affiliation.
2. Each student is expected to participate in Blackboard. Please refer to the Clinical Education Manual and to Blackboard for additional details.
3. Each student is expected to monitor their WKU email at least once per day to receive updates and information from clinical education faculty.

Clinical Center Responsibilities:

The clinical instructor is expected to meet with the student on a regular basis no less than weekly and to assist the student in establishing specific goals and objectives for the affiliation. Written evaluations of the student's performance are to be completed at mid-term and at the completion of the affiliation. Written evaluations may be developed at other intervals depending on the center's policies and procedures or in the event that a student is not progressing at a rate which will result in accomplishment of the objectives of this affiliation. All evaluations are to be reviewed with the student. These include weekly planning forms. The mid-term CPI from the CI and the student's self-evaluation should be completed online by the end of week 3 and the final evaluation should be completed online by the final day of the affiliation.

1. It is expected that the learning nature of the affiliation will take precedence over productivity. This is the student's second affiliation, and he/she may be expected to carry up to 50% of a patient load of a new graduate staff physical therapist by the end of the affiliation.
2. In the event that a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the DCE or ADCE immediately and steps to handle the situation will be discussed on a case-by-case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.

Course Policies

1. **Refer to WKU DPT Student Manual for the following items:**
 - a. Student Responsibilities
 - b. Student Disability Services
 - c. Copyright
 - d. Academic Misconduct
 - e. Religious Holidays Notification
 - f. WKU Writing Center
 - g. Missed Class(es)/Student
 - h. Professional Behaviors
2. **Refer to WKU DPT Clinical Education Manual for the following items:**
 - a. Attendance Policy
 - b. Dress Code and Appearance
 - c. h. Cell Phone Use
 - d. Ethical Behavior
 - e. Student Grievance Procedures
3. **Student Professional Responsibilities and Relationships**

As a Doctor of Physical (DPT) student and future physical therapist, you have chosen to pursue a profession which requires personal integrity, compassion, and a constant awareness of the commitment made. Exhibiting personal behaviors consistent with a respect for this profession and having pride in your work are central tenets of professionalism. You are expected to incorporate them into your daily life. To demonstrate commitment to these responsibilities while enrolled in clinical education courses, you will be held to the professional standards in the Student Manual and are expected to:

- a. Seek and accept feedback and constructive instruction from clinical education faculty in order to continually improve your educational experience, knowledge, and clinical skills.
- b. Commit to the highest standards of competence.
- c. Be mindful of your demeanor, language, and appearance in all areas of the clinic and facility.
- d. Be accountable to all members of the healthcare team including fellow students, clinical instructor, and clinic support staff.
- e. Admit to and assume responsibility for mistakes in a mature and honest manner and develop productive strategies for correcting them.
- f. Be considerate and respectful of others' (patients, clinical instructor, clinic support staff, other health care providers) time, rights, values, religious, ethnic, and socioeconomic backgrounds, lifestyles, opinions, and choices, even when they differ from your own. In other words, treat them with dignity and respect.
- g. Meet the expectations for participation and timeliness.
- h. Recognize limitations and seek help when expertise, knowledge, or level of experience is inadequate to handle a situation in the clinical setting.
- i. Maintain appropriate relationships with clinical education faculty, clinic staff, and other healthcare providers.
- j. Treat all members of the clinical team with respect, compassion, and dignity.
- k. Be mindful to avoid intentionally embarrassing or disparaging others.
- l. Actively work to create an atmosphere in clinical settings that is conducive to optimal, interactive learning.

Title IX Statement:

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Student Accessibility Resource Center

In compliance with University policy, students with disabilities who require academic and/or auxiliary accommodations for this course must contact the Student Accessibility Resource Center located in Downing Student Union, 1074. SARC can be reached by phone number at 270-745-5004 [270-745-3030 TTY] or via email at sarc.connect@wku.edu. Please do not request accommodations directly from the professor or instructor without a Faculty Notification Letter (FNL) from The Student Accessibility Resource Center.

The instructor reserves the right to make changes in the course schedule as needed to accommodate make up days or other unforeseen circumstances that may arise.

**Western Kentucky University
Department of Physical Therapy
Doctor of Physical Therapy Program**

Course Number:	DPT 753
Course Title:	Supervised Clinical Education III
Credit Hours:	7
Clock Hours:	320 hours (7;0)
Lecture Hours:	N/A
Weekly Schedule:	Monday – Friday, 40 hours/week (10 weeks)
Office Hours:	Variable, as needed by phone conference or site visit
Location:	On-site
Instructors:	To Be Determined

Course Description:

The third full-time clinical education experience provides students opportunities for refinement of their professional behaviors and examination skills, and development of intervention techniques. Students are responsible for transportation to and from off-campus experiences. Prerequisites: DPT 752.

Course Objectives:

At the completion of the course content, the student will be able to:

1. Adhere to the Standards of Practice of the APTA and the Code of Ethics as well as state and federal laws as they relate to physical therapy and confidentiality; practice as a student according to the specific policies and procedures of the clinical facility, demonstrating respect for licensure of the clinical instructor. (7D1) (7D4) (7D5) (7D28)
2. Demonstrate professional caring, integrity, and sensitivity to the needs of the patients and staff. (7D5)
3. Participate as an active learning partner in the clinical education environment by proactive engagement in self-study outside the clinic in order to prepare for patient care specific to the practice setting. (7D4) (7D5)
4. Demonstrate flexibility and willingness to accept changes in the clinical education experience as needed, based on effective communication and CI formative evaluation, as well as student self-assessment. (7D12) (7D5)
5. Communicate with clinical instructor as directed, and additionally if needed, to monitor progression of skills during the clinical education experience. (7D7)
6. Synthesize the impact of social, economic, legislative, cultural, geographical, and demographic factors on the delivery of physical therapy services. (7D8) (7D14) (7D23)
7. Perform a physical therapy patient examination using appropriate screening, history, systems review, tests, and measures. (7D17) (7D18) (7D19)
8. Evaluate examination data to determine a diagnosis and prognosis for future patient management. (7D22) (7D23)

9. Safely and efficiently examine a patient using appropriate tests and measures in order to determine a physical therapy diagnosis that guides future patient/client management under the direct supervision of the clinical instructor. (7D22)
10. Competently perform physical therapy interventions to achieve patient/client goals and outcomes. (7D27, a-i)
11. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (7D18) (7D20)
12. Establish measurable and functional goals and expected outcomes within available resources, under the direct supervision of the clinical instructor. (7D23)
13. Considering the goals of the patient, family members, payers, and other medical health team members, safely and effectively implement a physical therapy plan of care under the direct supervision of a clinical instructor. (7D24)
14. Design a therapeutic exercise program appropriate to the practice setting. (7D27i)
15. Monitor and adjust the plan of care in response to patient/client status. (7D30)
16. Articulate clinical reasoning for all decisions made within patient/client management process that reflects best practice and evidence-based medicine. (7D9) (7D10)
17. Document all aspects of the patient/client management process in a manner that is consistent with state practice acts, the practice setting and other regulatory agencies. This includes initial patient encounters, reassessments, and daily episodes of care. (7D32)
18. Discuss and, if necessary, demonstrate ability to respond effectively and appropriately to emergency situations in the practice setting. (7D33)
19. Educate, delegate, and supervise others (such as patients, caregivers, staff, physical therapist assistants, other health care providers) using relevant and effective, individualized teaching methods in a culturally competent manner and at a level that is commensurate with the needs of the learner. (7D12) (7D25) (7D29)
20. Educate others (such as patients, caregivers, staff, students, physical therapist assistants, other health care providers) using relevant and effective teaching methods in a culturally competent manner. (7D12) (7D25) (7D29)
21. Delegate and supervise supportive personnel, such as physical therapist assistants, and assess the impact delegation has on quality patient care. (7D25) (7D29)
22. Demonstrate communication to the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) that reflects awareness of differences in teaching and learning styles in order to facilitate beneficial learning experience. (7D4) (7D5) (7D15)
23. Present an evidence-based in-service education program for the clinical center staff on a topic of mutual interest for an appropriate patient population. (7D9) (7D10) (7D11)
24. Determine with each patient the need for further examination or consultation by a physical therapist or referral to another health care professional with the assistance and under the direct supervision of a clinical instructor. (7D16) (7D39)
25. Demonstrate understanding of professional roles and obligations through discussion of and/or participation in delivery of pro bono services and promoting health and wellness activities. (7D5) (7D13) (7D34)
26. Display commitment to professional growth by seeking learning experiences outside of direct patient care and demonstrating professional behavior in all patient care experiences. (7D13)
27. Re-evaluate and determine the efficacy/outcomes of treatment intervention under the direct supervision of a clinical instructor; discuss modifications to the treatment plan as indicated. (7D30) (7D31)
 - a. Analyze results from outcomes measures to assess individual outcomes of the patient/client. (7D20)
 - b. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (7D10) (7D11) (7D19) (7D20) (7D21)
28. Educate patients/caregivers in functional training for self-care and home management as well as reintegration into the community and workforce. (7D24) (7D27d, h)
29. Demonstrate knowledge of and sensitivity to the needs for accountability, cost effectiveness of services provided, and the efficiency and efficacy of various treatment interventions. (7D23)
 - a. Participate in billing and reimbursement activities as required by the clinical facility. (7D1) (7D42)

30. Effectively utilize on-line resources to critically reflect on patient-related topics and participate in online threaded discussion. (7D40)
31. Participate in the case management process as appropriate for the practice setting. (7D36)
32. Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. (7D15)
33. Assist the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) in designing a beneficial learning experience addressing the specific needs of the student. (7D4) (7D5) (7D7)
34. Effectively communicate with Clinical Instructor, colleagues, Physical Therapist Assistants, other healthcare practitioners, professional staff, patients, and families to coordinate efficient and effective patient care. (7D8) (7D10) (7D39) (7D29) (7D25)

Evaluation Methods:

1.Clinical Performance Instrument (CPI)

Students will be evaluated by their clinical instructors using the online CPI developed by the APTA with Academic Management Systems and adopted by the Doctor of Physical Therapy Program at WKU. This assessment will be completed by both clinical instructor and student at the mid-term (end of week 4) and conclusion of the clinical rotation. Open discussion of student performance, strengths, and weaknesses should occur on a weekly basis between the CI and the student. To facilitate this communication, the student and CI will be required to complete the Weekly Planning Form. The weekly discussions occurring in conjunction with the completion of the Planning Form should help facilitate and determine teaching and learning methods to optimize the clinical learning experience.

CPI Performance:

Students will be evaluated on all 12 performance criteria of the CPI, with the goal of achieving the following ratings.

- Criteria 1-5 (Professionalism and Interpersonal): Advanced Intermediate
- Criteria 6-9 (Technical/Procedural): Advanced Intermediate
- Criteria 10-12 (Business): Advanced Intermediate

2.Weekly Planning Forms

A weekly planning form summarizing the completed week's activities, with goals for the coming week must be submitted in BlackBoard by the end of the business day each Friday for the first half of the clinical rotation. There is no required form due the week of the mid-term CPI, and continuation of this form beyond the midterm will be at the discretion of the CI, DCE or student on an as-needed basis. In the event that this form cannot be completed by Friday, the assigned clinical faculty member (DCE or ADCE) must be notified with the reason and an expected date when the form may be submitted in BlackBoard.

3. In-service

Students are to complete an evidenced-based in-service presentation or project, subject being relevant to and agreed upon by the student's CI/SCCE. Electronic copies of the presentation, outline, or materials used for this presentation must be placed in the appropriate BlackBoard Submission portal at the completion of the clinical rotation. In addition to the presentation notes, a reference list must be included to verify the requirement that the presentation is evidence based. At least one reference must be within the last 5 years. The date on which the in-service or project was presented must also be included in the BlackBoard submission.

4. Completion of Required Paperwork and Forms

Students are required to complete, in a timely fashion, additional paperwork and forms before, during, and at the completion of the clinical rotation. This includes the items such as: introductory letter to CI, emergency contact and profile form, facility-required documentation, additional items requested by the DCE, and the Student Evaluation of Clinical Experience and Clinical Instruction form. All forms and paperwork must be provided to the DCE within 3 working days of the completion of the clinical rotation unless instructed otherwise by the DCE. If paperwork is not completed in a

timely manner, you will receive an incomplete for the course, which can affect your ability to progress in the program. See Clinical Education Manual for further details.

Grading

This clinical experience is graded on a pass/fail basis. The DCE will comprehensively consider CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

Additional Student Responsibilities:

1. All students are expected to conduct themselves in a professional manner in the clinical environment adhering to the standards, ethics, procedural and legal requirements pertaining to physical therapists. Students are expected to complete all assignments in an efficient and effective manner and to increase their level of clinical competence in an escalating manner during the affiliation.
2. Each student is expected to participate in Blackboard. There will be a portal to submit the weekly planning forms, evidence of an in-service or project, a case study as well as a weekly discussion board to interact with peers on rotation. Please refer to the Clinical Education Manual and to Blackboard for additional details.
3. Students are expected to check their WKU email at least once a day during their clinical experiences.

Clinical Center Responsibilities:

The clinical instructor is expected to meet with the student on a regular basis no less than weekly and to assist the student in establishing specific goals and objectives for the affiliation. Written evaluations of the student's performance are to be completed at mid-term and at the completion of the affiliation. Written evaluations may be developed at other intervals depending on the center's policies and procedures or in the event that a student is not progressing at a rate which will result in accomplishment of the objectives of this affiliation. All evaluations are to be reviewed with the student. The mid-term CPI from the CI and the student's self-evaluation should be completed online by the end of week 5 and the final evaluation should be completed online by the final day of the affiliation.

1. It is expected that the learning nature of the affiliation will take precedence over productivity. This is the student's third affiliation, and he/she may be expected to carry up to 75% of a patient load of a new graduate staff physical therapist by the end of the affiliation.
2. In the event that a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the DCE immediately and steps to handle the situation will be discussed on a case-by-case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.

Course Policies

1. Refer to WKU DPT Student Manual for the following items:

- a. Student Responsibilities
- b. Student Accessibility Services Resource
- c. Copyright
- d. Academic Misconduct
- e. Religious Holidays Notification
- f. WKU Writing Center
- g. Missed Class(es)/Student
- h. Professional Behaviors

2. Refer to WKU DPT Clinical Education Manual for the following items:

- a. Attendance Policy

- b. Dress Code and Appearance
- c. Cell Phone Use
- d. Ethical Behavior
- e. Student Grievance Procedures

3. Student Professional Responsibilities and Relationships

As a Doctor of Physical (DPT) student and future physical therapist, you have chosen to pursue a profession which requires personal integrity, compassion, and a constant awareness of the commitment made. Exhibiting personal behaviors consistent with a respect for this profession and having pride in your work are central tenets of professionalism. You are expected to incorporate them into your daily life. To demonstrate commitment to these responsibilities while enrolled in clinical education courses, you will be held to the professional standards in the Student Manual and are expected to:

- a. Seek and accept feedback and constructive instruction from clinical education faculty in order to continually improve your educational experience, knowledge, and clinical skills.
- b. Commit to the highest standards of competence.
- c. Be mindful of your demeanor, language, and appearance in all areas of the clinic and facility.
- d. Be accountable to all members of the healthcare team including fellow students, clinical instructor, and clinic support staff.
- e. Admit to and assume responsibility for mistakes in a mature and honest manner and develop productive strategies for correcting them.
- f. Be considerate and respectful of others' (patients, clinical instructor, clinic support staff, other health care providers) time, rights, values, religious, ethnic, and socioeconomic backgrounds, lifestyles, opinions, and choices, even when they differ from your own. In other words, treat them with dignity and respect.
- g. Meet the expectations for participation and timeliness.
- h. Recognize limitations and seek help when expertise, knowledge, or level of experience is inadequate to handle a situation in the clinical setting.
- i. Maintain appropriate relationships with clinical education faculty, clinic staff, and other healthcare providers.
- j. Treat all members of the clinical team with respect, compassion, and dignity.
- k. Be mindful to avoid intentionally embarrassing or disparaging others.
- l. Actively work to create an atmosphere in clinical settings that is conducive to optimal, interactive learning.

Title IX Statement:

Western Kentucky University (WKU) is committed to supporting faculty, staff and students by upholding WKU's [Sex and Gender-Based Discrimination, Harassment, and Retaliation](#) (#0.070) and [Discrimination and Harassment Policy](#) (#0.2040). Under these policies, discrimination, harassment and/or sexual misconduct based on sex/gender are prohibited. If you experience an incident of sex/gender-based discrimination, harassment and/or sexual misconduct, you are encouraged to report it to the Executive Director, Office of Institutional Equity/Title IX Coordinator, Ena Demir, 270-745-6867 or Title IX Investigators or Michael Crowe, 270-745-5429. Please note that while you may report an incident of sex/gender-based discrimination, harassment and/or sexual misconduct to a faculty member, WKU faculty are "Responsible Employees" of the University and MUST report what you share to WKU's Title IX Coordinator or Title IX Investigator. If you would like to speak with someone who may be able to afford you confidentiality, you may contact WKU's [Counseling and Testing Center](#) at 270-745-3159.

Student Accessibility Resource Center

In compliance with University policy, students with disabilities who require academic and/or auxiliary accommodations for this course must contact the Student Accessibility Resource Center located in Downing Student Union, 1074. SARC can be reached by phone number at 270-745-5004 [270-745-3030 TTY] or via email at sarc.connect@wku.edu. Please do not request accommodations directly from the professor or instructor without a Faculty Notification Letter (FNL) from The [Student Accessibility Resource Center](#).

The instructor reserves the right to make changes in the course schedule as needed to accommodate guest lecturers or to alter course content.

DPT 754

**Western Kentucky University
Department of Physical Therapy
Doctor of Physical Therapy Program**

Course Number:	DPT 754
Course Title:	Supervised Clinical Education IV
Credit Hours:	9
Clock Hours:	520 hours (9;0)
Lecture Hours:	N/A
Weekly Schedule:	Monday – Friday, 40 hours/week (13 weeks)
Office Hours:	Variable, as needed by phone conference or site visit
Location:	On-site
Instructors:	To be Determined

Course Description:

The fourth full-time clinical education experience provides students opportunity to further develop skills and display clinical competence as an autonomous physical therapist. Students are responsible for transportation to and from off-campus experiences. Prerequisites: DPT 753.

Course Objectives:

At the completion of the course content, the student will be able to:

1. Adhere to the Standards of Practice of the APTA and the Code of Ethics as well as state and federal laws as they relate to physical therapy and confidentiality; practice as a student according to the specific policies and procedures of the clinical facility, demonstrating respect for licensure of the clinical instructor. (7D1) (7D4) (7D5) (7D28)
2. Demonstrate professional caring, integrity, and sensitivity to the needs of the patients and staff. (7D5)
3. Participate as an active learning partner in the clinical education environment by proactive engagement in self-study outside the clinic in order to prepare for patient care specific to the practice setting. (7D4) (7D5)
4. Demonstrate flexibility and willingness to accept changes in the clinical education experience as needed, based on effective communication and CI formative evaluation, as well as student self-assessment. (7D12) (7D5)
5. Communicate with clinical instructor as directed, and additionally if needed, to monitor progression of skills during the clinical education experience. (7D7)
6. Synthesize the impact of social, economic, legislative, cultural, geographical, and demographic factors on the delivery of physical therapy services. (7D8) (7D14) (7D23)
7. Perform a physical therapy patient examination using appropriate screening, history, systems review, tests, and measures. (7D17) (7D18) (7D19)
8. Evaluate examination data to determine a diagnosis and prognosis for future patient management. (7D22) (7D23)

9. Safely and efficiently examine a patient using appropriate tests and measures in order to determine a physical therapy diagnosis that guides future patient/client management under the direct supervision of the clinical instructor. (7D22)
10. Competently perform physical therapy interventions to achieve patient/client goals and outcomes. (7D27, a-i)
11. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments. (7D18) (7D20)
12. Establish measurable and functional goals and expected outcomes within available resources, under the direct supervision of the clinical instructor. (7D23)
13. Considering the goals of the patient, family members, payers, and other medical health team members, safely and effectively implement a physical therapy plan of care under the direct supervision of a clinical instructor. (7D24)
14. Design a therapeutic exercise program appropriate to the practice setting. (7D27i)
15. Monitor and adjust the plan of care in response to patient/client status. (7D30)
16. Articulate clinical reasoning for all decisions made within patient/client management process that reflects best practice and evidence-based medicine. (7D9) (7D10)
17. Document all aspects of the patient/client management process in a manner that is consistent with state practice acts, the practice setting and other regulatory agencies. This includes initial patient encounters, reassessments, and daily episodes of care. (7D32)
18. Discuss and, if necessary, demonstrate ability to respond effectively and appropriately to emergency situations in the practice setting. (7D33)
19. Educate, delegate, and supervise others (such as patients, caregivers, staff, physical therapist assistants, other health care providers) using relevant and effective, individualized teaching methods in a culturally competent manner and at a level that is commensurate with the needs of the learner. (7D12) (7D25) (7D29)
20. Educate others (such as patients, caregivers, staff, students, physical therapist assistants, other health care providers) using relevant and effective teaching methods in a culturally competent manner. (7D12) (7D25) (7D29)
21. Delegate and supervise supportive personnel, such as physical therapist assistants, and assess the impact delegation has on quality patient care. (7D25) (7D29)
22. Demonstrate communication to the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) that reflects awareness of differences in teaching and learning styles in order to facilitate beneficial learning experience. (7D4) (7D5) (7D15)
23. Present an evidence-based in-service education program for the clinical center staff on a topic of mutual interest for an appropriate patient population. (7D9) (7D10) (7D11)
24. Determine with each patient the need for further examination or consultation by a physical therapist or referral to another health care professional with the assistance and under the direct supervision of a clinical instructor. (7D16) (7D39)
25. Demonstrate understanding of professional roles and obligations through discussion of and/or participation in delivery of pro bono services and promoting health and wellness activities. (7D5) (7D13) (7D34)
26. Display commitment to professional growth by seeking learning experiences outside of direct patient care and demonstrating professional behavior in all patient care experiences. (7D13)
27. Re-evaluate and determine the efficacy/outcomes of treatment intervention under the direct supervision of a clinical instructor; discuss modifications to the treatment plan as indicated. (7D30) (7D31)
 - a. Analyze results from outcomes measures to assess individual outcomes of the patient/client. (7D20)
 - b. Collect and analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes. (7D10) (7D11) (7D19) (7D20) (7D21)
28. Educate patients/caregivers in functional training for self-care and home management as well as reintegration into the community and workforce. (7D24) (7D27d, h)
29. Demonstrate knowledge of and sensitivity to the needs for accountability, cost effectiveness of services provided, and the efficiency and efficacy of various treatment interventions. (7D23)
 - a. Participate in billing and reimbursement activities as required by the clinical facility. (7D1) (7D42)

30. Effectively utilize on-line resources to critically reflect on patient-related topics and participate in online threaded discussion. (7D40)
31. Participate in the case management process as appropriate for the practice setting. (7D36)
32. Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students. (7D15)
33. Assist the Site Coordinator of Clinical Education (SCCE) and/or Clinical Instructor (CI) in designing a beneficial learning experience addressing the specific needs of the student. (&d4) (7D5) (7D7)
34. Effectively communicate with Clinical Instructor, colleagues, Physical Therapist Assistants, other healthcare practitioners, professional staff, patients, and families to coordinate efficient and effective patient care. (7D8) (7D10) (7D29) (7D25)

Evaluation Methods:

1. Clinical Performance Instrument (CPI)

Students will be evaluated by their clinical instructors using the online CPI developed by the APTA with Academic Management Systems and adopted by the Doctor of Physical Therapy Program at WKU. This will be performed at mid-term and on the final day of the affiliation. Students will also be required to self-assess their performance using the online CPI for their mid-term and final performance. Open discussion of student performance, strengths, and weaknesses should occur on a weekly basis between the CI and the student. To facilitate this communication, the student and CI will be required to complete the Weekly Planning Form. The weekly discussions occurring in conjunction with the completion of the Planning Form should help facilitate and determine teaching and learning methods to optimize the clinical learning experience.

CPI Performance Expectations:

Students will be evaluated on all 12 performance criteria of the CPI, with the goal of achieving the following CPI ratings.

- Criteria 1-5 (Professionalism and Interpersonal): Entry Level
- Criteria 6-9 (Technical/Procedural): Entry Level
- Criteria 10-12 (Business): Entry Level

2. Weekly Planning Forms

A weekly planning form summarizing the completed week's activities, with goals for the coming week must be submitted in BlackBoard by the end of the business day each Friday for the first half of the clinical rotation. There is no required form due the week of the mid-term CPI, and continuation of this form beyond the midterm will be at the discretion of the CI, DCE or student on an as-needed basis. In the event that this form cannot be completed by Friday, the assigned clinical faculty member (DCE or ADCE) must be notified with the reason and an expected date when the form may be submitted in BlackBoard.

3. In-service

Students are to complete an evidenced-based in-service presentation or project, subject being relevant to and agreed upon by the student's CI/SCCE. Electronic copies of the presentation, outline, or materials used for this presentation must be placed in the appropriate BlackBoard Submission portal at the completion of the clinical rotation. In addition to the presentation notes, a reference list must be included to verify the requirement that the presentation is evidence based. At least one reference must be within the last 5 years. The date on which the in-service or project was presented must also be included in the BlackBoard submission.

4. Completion of Required Paperwork and Forms

Students are required to complete, in a timely fashion, additional paperwork and forms before, during, and at the completion of the clinical rotation. This includes the items such as: introductory letter to CI, emergency contact and profile form, facility-required documentation, additional items requested by the DCE, and the Student Evaluation of Clinical Experience and Clinical Instruction form. All forms and paperwork must be provided to the DCE within 3 working

days of the completion of the clinical rotation unless instructed otherwise by the DCE. If paperwork is not completed in a timely manner, you will receive an incomplete for the course, which can affect your ability to progress in the program. See Clinical Education Manual for further details.

Grading

This clinical experience is graded on a pass/fail basis. The DCE will comprehensively consider CPI ratings, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/CCCE, student, and faculty advisor when assigning student grades.

Additional Student Responsibilities:

1. All students are expected to conduct themselves in a professional manner in the clinical environment adhering to the standards, ethics, procedural and legal requirements pertaining to physical therapists. Students are expected to complete all assignments in an efficient and effective manner and to increase their level of clinical competence in an escalating manner during the affiliation.
2. Each student is expected to participate in Blackboard. There will be a portal to submit the weekly planning forms, evidence of an in-service or project, a case study as well as a weekly discussion board to interact with peers on rotation. Please refer to the Clinical Education Manual and to Blackboard for additional details.

Clinical Center Responsibilities:

The clinical instructor is expected to meet with the student on a regular basis no less than weekly and to assist the student in establishing specific goals and objectives for the affiliation. Written evaluations of the student's performance are to be completed at mid-term and at the completion of the affiliation. Written evaluations may be developed at other intervals depending on the center's policies and procedures or in the event that a student is not progressing at a rate which will result in accomplishment of the objectives of this affiliation. All evaluations are to be reviewed with the student. The mid-term CPI from the CI and the student's self-evaluation should be completed online by the end of week 7 and the final evaluation should be completed online by the final day of affiliation.

1. It is expected that the learning nature of the affiliation will take precedence over productivity. This is the student's third affiliation, and he/she may be expected to carry up to 75% of the patient load of a new graduate staff physical therapist by the end of the affiliation.
2. In the event that a student's performance is not deemed satisfactory at mid-term or any point thereafter the Clinical Instructor or Center Coordinator of Clinical Education is to notify the DCE immediately and steps to handle the situation will be discussed on a case-by-case basis utilizing the Action/Remediation Plan Forms in the Clinical Education Manual.

Course Policies

1. Refer to WKU DPT Student Manual for the following items:

- a. Student Responsibilities
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- g. Missed Class(es)/Student
- h. Professional Behaviors

2. Refer to WKU DPT Clinical Education Manual for the following items:

- a. Attendance Policy
- b. Dress Code and Appearance
- c. Cell Phone Use
- d. Ethical Behavior

e. Student Grievance Procedures

3. Student Professional Responsibilities and Relationships

As a Doctor of Physical (DPT) student and future physical therapist, you have chosen to pursue a profession which requires personal integrity, compassion, and a constant awareness of the commitment made. Exhibiting personal behaviors consistent with a respect for this profession and having pride in your work are central tenets of professionalism. You are expected to incorporate them into your daily life. To demonstrate commitment to these responsibilities while enrolled in clinical education courses, you will be held to the professional standards in the Student Manual and are expected to:

- a. Seek and accept feedback and constructive instruction from clinical education faculty in order to continually improve your educational experience, knowledge, and clinical skills.
- b. Commit to the highest standards of competence.
- c. Be mindful of your demeanor, language, and appearance in all areas of the clinic and facility.
- d. Be accountable to all members of the healthcare team including fellow students, clinical instructor, and clinic support staff.
- e. Admit to and assume responsibility for mistakes in a mature and honest manner and develop productive strategies for correcting them.
- f. Be considerate and respectful of others' (patients, clinical instructor, clinic support staff, other health care providers) time, rights, values, religious, ethnic, and socioeconomic backgrounds, lifestyles, opinions, and choices, even when they differ from your own. In other words, treat them with dignity and respect.
- g. Meet the expectations for participation and timeliness.
- h. Recognize limitations and seek help when expertise, knowledge, or level of experience is inadequate to handle a situation in the clinical setting.
- i. Maintain appropriate relationships with clinical education faculty, clinic staff, and other healthcare providers.
- j. Treat all members of the clinical team with respect, compassion, and dignity.
- k. Be mindful to avoid intentionally embarrassing or disparaging others.
- l. Actively work to create an atmosphere in clinical settings that is conducive to optimal, interactive learning.

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Student Accessibility Resource Center

In compliance with University policy, students with disabilities who require academic and/or auxiliary accommodations for this course must contact the Student Accessibility Resource Center located in Downing Student Union, 1074. SARC can be reached by phone number at 270-745-5004 [270-745-3030 TTY] or via email at sarc.connect@wku.edu. Please do not request accommodations directly from the professor or instructor without a Faculty Notification Letter (FNL) from The Student Accessibility Resource Center.

The instructor reserves the right to make changes in the course schedule as needed to accommodate guest lecturers or to alter course content.

Students Responsibilities, Requirements, & Rights

Professional Behaviors

The failure of students to exhibit Professional Behaviors at all times while in the clinic may lead towards disciplinary action. These disciplinary actions range from a remediation action plan, removal from clinical rotation, or dismissal from the Program. ([Refer to the Clinical Education Remediation Plan](#)). It is expected that students remain in contact with the program by checking email regularly (check daily), with reasonable response to any inquiries and requests that may come up.

Attendance

Attendance is mandatory for all clinical experiences. Students are expected to follow the schedule of their CI during clinical rotations. If a clinical instructor has a vacation day that falls within the course, it is expected that the student will engage in an alternate learning activity at the clinic, either through observation of another discipline or through transfer to another qualified clinician to serve as the CI during the period of absence. Students are allowed one sick day for the 6- and 7-week rotations, and two sick days for the 10- and 13-week rotations. These sick days are for **sickness or unforeseen emergency** and are not to be utilized as personal days off. Students must make all reasonable efforts to speak directly with the CI, prior to or immediately after working hours begin, to notify them of their absence. E-mail, text messages, and voice messages are NOT the preferred avenue to call in sick. **All student absences during the clinical rotation, regardless of the reason, must be reported to the DCE/ADCE via e-mail, phone, or text messages prior to the workday beginning. Absences are also to be reported in EXXAT within 24 hours of returning to the clinic. Failure to comply with the attendance policy will be considered a breach of professional behavior and may result in disciplinary action that includes possible removal from the clinic.**

Absence for travel and attendance at the APTA CSM annual conference that occurs during DPT 754 may be granted on a case-by-case basis in specific circumstances, and with the DCE/ADCE working in conjunction with the clinic at which the student is assigned to determine approval. Intention to attend this conference must be determined at least 2 weeks prior to the beginning of DPT 754 to allow time for communication between the DCE/ADCE and the clinical site (CI/SCCE) to discuss mechanisms to make up missed time from the clinic. Under no circumstances is the student to ask the CI/SCCE for permission/release to attend a conference.

In instances where the student has missed clinical days due to CSM attendance, illness, inclement weather or other unforeseen circumstances (see Attendance) students may have to extend their clinical rotation to ensure adequate progression of clinical performance (see Assessment Student Performance). Additionally, students may need to engage in professional activities upon returning from CSM at the discretion of the DCE/ADCE. These may include presenting to WKU peers or participating in a Discussion Board on BlackBoard.

Attendance at other continuing education activities that occur during business hours is restricted to those sponsored and approved by the clinic at which the student is currently placed.

For absence of any type, students may need to complete make up days, with determination made by the DCE/ADCE in consult with the clinic. If the clinic, CI or SCCE's schedules does not allow for makeup days, alternative learning experiences/assignment may be required. These alternative actions are at the discretion of the DCE/ADCE in consultation with the Program Director, and/or faculty. In cases where prolonged absences are required, the DCE/ADCE, Program Director, and/or faculty will assess these situations on a case-by-case basis to determine the appropriate course of action.

Buffer weeks prior to and/or immediately after the set clinical education dates for each rotation are incorporated into the schedule to allow for make-up days or extension of the experience if needed for any reason. It is expected that students will be available if the buffer week is needed to complete the requirements of the course in compliance with

the clinical education manual. If a student is not available and additional days are required, the student is at risk for receiving an incomplete for that rotation. This may result in deceleration of the progression through the program.

Holidays

Students are allowed to take/observe the same holidays as their clinical facility and CI, not the Holidays observed by WKU. In the event the student wishes to observe a personal or religious holiday not observed at their clinical site, the student must arrange holiday clinic release time with the DCE/ADCE at least 2 weeks prior to the holiday. Students may be required to make up these clinical hours that occur due to any holiday if missing these days has impacted clinical performance in any manner.

Absence due to Inclement Weather

As a rule, clinical experiences are not canceled because of inclement weather or local/regional emergencies. However, in those cases where student safety is a concern, students are expected to use sound judgment in determining whether they can safely get to/from their clinical education site. Should a student suspect they cannot safely attend their clinical day due to the above conditions, they must follow the established procedures to alert the CI and the DCE/ADCE of their absence. Absences due to weather or emergency conditions may be required to be made up to successfully complete the clinical rotation.

Other Attendance Issues

Additional absences in clinical education experiences may occur due to unforeseen circumstances. In these situations, it is essential the student and the DCE/ADCE communicate beforehand or as soon as the circumstances are evident to determine the best course of action. These unforeseen circumstances would be determined in consultation with the DCE/ADCE but an example may include an emergency family situation. Absences due to “other attendance issues” described in this section may be required to be made up to successfully complete the clinical rotation.

Dress Code & Appearance

The appearance and dress worn by students represents not only the students themselves, but the WKU DPT Program and WKU. Students are expected to maintain a professional appearance while attending clinical experiences that complies with the facility dress code or expectations for each clinical site. Appropriate footwear is also required for safety. Open -toes shoes, sandals, flip flops, clogs and high heel shoes are not permitted. The clinical site has ultimate authority to impose additional requirements for dress code, appearance, and hygiene.

ID Badge

Students are required to wear an ID badge, either WKU or facility generated, identifying them as a student physical therapist at all times, regardless of facility ID badge requirements.

Cell Phone Use

Any use of smart phone technology to facilitate the clinical education experience is allowed solely according to facility policy and CI discretion. Other than facility- mandated circumstances, students are not to use cell phones, for calls or texting during patient care times, in patient care areas, or in any other manner that would interfere with patient care or clinical education activities.

Ethical Behavior

Students are expected to practice in a manner consistent with the APTA’s professional Code of Ethics (Appendix D). Students suspected of or engaging in unethical behavior will be subject to disciplinary actions according to the Clinical Education Remediation Plan. Students questioning or suspecting unethical behaviors occurring at the clinical site are instructed to contact the DCE/ADCE immediately. The DCE/ADCE and/or Program Director will respond to the student in a timely fashion regarding how to address the issue.

Student Requirements

During DPT 705 Orientation to Clinical Education in Physical Therapy, students will be required to provide proof of current Healthcare Provider CPR certification and evidence of personal health insurance coverage to the Program. Additionally, students will be required to upload proof of immunization records, and other health related documents (as required by individual affiliation agreements) to a third-party tracking and verification online company (Verified Credentials, Inc –VCI). This will provide students an easy way to monitor, track, update, and forward required information to their future clinical affiliations. Evidence of an annual flu shot (or declination form), as well as an annual 2-step (with Risk Assessment Form) TB skin test or approved blood test will also be tracked by the program and all documentation will be entered into the third-party tracking/verification company. Students will be informed if these documents are not provided, submitted, and accepted by the verification company, they may not be allowed to participate in the required clinical education component of the Program.

Some clinics/facilities have more stringent requirements than others. This may result in additional requirements, such as proof of immunity (blood titer) instead of proof of immunization (immunization record), onboarding fees, or more stringent drug/background screening. Students will be notified of these exceptions as early as possible and will be responsible for any costs incurred.

Liability and Property Insurance

The DPT Program will provide a Student Blanket Liability Insurance Policy, with a minimum coverage amount of \$2,000,000 / \$5,000,000, covering students during recognized clinical education and educational activities. Property or additional car insurance may be required by select clinical agreements. Students will be responsible for any additional insurance requirements other than the Blanket Liability Insurance Policy.

Health Insurance

Students are required to have personal health insurance. A copy shall be kept on file in a secure location within the WKU DPT Department in the event of a future audit.

CPR Certification

Students are required to have evidence of current BLS Healthcare Provider CPR certification through the American Heart Association during the final 20 months (covering all clinical rotations) of the program. Evidence of this will be required during DPT 705 Orientation to Clinical Education in Physical Therapy, prior to the start of the first rotation. Attainment is at the expense of the student, and no student will be permitted to attend their rotation without evidence of current certification. If a student has CPR certification that will expire prior to the completion of the final rotation, early re-certification will be required in order to cover all clinical rotations.

Tetanus-Diphtheria-Pertussis (Tdap)

Students are required to have evidence of a current Tdap vaccination and/or titer.

Measles-Mumps-Rubella (MMR)

Students are required to have evidence of a current MMR vaccination and/or titer.

Varicella (Chicken Pox)

Students are required to have evidence of a current Varicella vaccination and/or titer.

Hepatitis B

Students are required to have evidence of a current Hepatitis B Vaccination and/or titer.

Influenza

Students are required to have evidence of an annual flu shot that covers clinical experiences that occur between September 1 and May 30.

TB skin test

Students are required to have evidence of a negative, **current 2-step TB skin test (Mantoux tuberculin skin test (TST))** **INCLUDING annual risk assessment form**, or FDA-approved TB blood test (interferon-gamma release assays or IGRA) to be updated annually at student expense. A negative chest x-ray with risk assessment form is acceptable in the event of a previous positive TB skin or blood test. This is in accordance with contractual obligations of clinical partners, Kentucky laws and CDC recommendations for all states. NOTE: A 2-step TB skin test consists of two 1-step tests that occur 1-3 weeks apart. The following is taken directly from the CDC website and serves as a guide for students. (<https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>).

Step 1: Consists of completion of the risk assessment form and administration of the first Tuberculosis Skin Test (TST 1). As part of Step 1, return to healthcare provider between 48 to 72 hours from administration to examine the skin for a reaction. If positive, consider TB infected and evaluate for active disease (Chest X-ray). No further TST testing can be completed as it will be positive.

Step 2: If TST 1 is negative, repeat step 2 listed above after 1-3 weeks (TST re-administered and reviewed 48-72 hours later). If TST 2 is positive, consider TB infected and evaluate for active disease (Chest X-Ray)

Results of Risk Assessment should be documented on the form provided in Appendix L and submitted into the third-party medical records tracking company. Test results for the skin tests/blood test/negative Chest X-ray need to be signed by the healthcare provider to be valid.

Criminal Background Check and Drug Screen

The WKU DPT Program uses an independent, third-party company, Verified Credentials Incorporated (VCI) to manage all background and drug screening at various points during the program. Following verification by VCI, student release information to the program for review and potential use in a future audit conducted by the clinic. Students may be required to pay for initial background and drug screenings, as well as all subsequent and additional screenings that may be required by clinics. Occasionally, the requirements of an individual site may exceed the drug screen and background check required by the program. The student is responsible to pay for additional screening that may be required in this instance.

Students will be required to complete a background check and drug screen through VCI prior to beginning their first clinical rotation and again one year later (annual screening) to fulfill clinical education contractual requirements. The DCE/ADCE will review the final report provided by the company conducting the background check and drug screen. The DCE/ADCE will review completed background check and drug screening and attest to negative findings upon request from the clinic. If a copy of results is required for onboarding, the student will provide the individual clinical sites with results. The information provided will be limited only to clinics at which the student is scheduled to be placed for clinical experiences. Any discrepancies will be reported to the clinic by the student under the direction of the DCE/ADCE.

Students with drug screen/background check findings that may hinder clinical placement will be required to personally notify the SCCE and/or CI to assist with verifying the willingness of the clinic to accept the student based on the findings reported by VCI. If a student is unable to secure an affiliation in a specific setting due to their background check and/or drug screen, the student may not be able to complete requirements for the DPT Program.

A positive drug test or a DUI committed during a clinical rotation will result in failure of that rotation and dismissal from the Program. See Student Manual "Criminal Background Check and Recreational Drug Screen" section for further details.

NOTE:

The cost of all minimally required VCI services as outlined above is the responsibility of the student and not the WKU DPT Program. Clinical Sites reserve the right to require additional medical records, immunization records, insurance requirements, specific HIPAA or OSHA training, and more stringent background, alcohol, and drug testing beyond what is

conducted annually. The cost for these additional requirements is also the responsibility of the individual student and not the WKU DPT Program.

Technical Standards

Physical therapy is an intellectually, physically, and psychologically demanding profession. Students acquire the foundation of knowledge, attitudes, skills, and behaviors needed throughout a physical therapist's career. Those abilities that physical therapists must possess to practice safely are reflected in the Program's Technical Standards. These abilities fall in the following categories: Observation, Communication, Motor/Psychomotor, Intellectual, and Behavioral/Social. **For successful completion of degree requirements, students must be able to meet these minimum technical standards with or without reasonable accommodation.** Refer to the Technical Standards section of the WKU DPT Student Manual for definitions and discussions of these standards. Students are expected to notify the DCE/ACDCE should there be a change in their ability to complete the technical standards as outlined in the "Technical Standards for Admission, Promotion and Graduation" section of the Student Manual.

Student Grievance Procedures

Student Grievance Procedures are detailed in the WKU DPT Student Manual. These procedures are defined in detail in the WKU Graduate Catalog and summarized as follows:

Steps within the College

A written grievance must **first be submitted to the faculty member involved**. If the grievance is not resolved to the student's satisfaction after this initial submission, the grievance may be submitted in a stepwise fashion through the following administrative channels:

1. Head/Director
2. College Dean
3. College Complaint Committee
4. University Complaint Committee (Steps External to College)

SCCE & CI Roles, Responsibilities, & Rights Roles

The Clinical Instructor who educates and supervises the WKU DPT students are integral members of the educational process. The CI and SCCE collaborate with the WKU DPT Program in the delivery of the clinical education portion of the Program and provide feedback to the Program, both formal and informal, regarding all aspects of clinical education and academic preparation.

Role of the Site Coordinator of Clinical Education (SCCE)

The SCCE is the staff member at the facility, not always a physical therapist, responsible for the development, coordination, and management of the clinical education at the clinical site. The SCCE is the primary point of communication between the clinical setting and the Program and is responsible for matching CI's and students.

Role of the Clinical Instructor (CI)

The CI is the licensed physical therapist with a minimum of one-year experience as a licensed and practicing physical therapist. The primary responsibility of the CI is to provide direct supervision and clinical instruction to the student. The CI must be willing to work with students and be able to develop an appropriate learning environment for the student.

Responsibilities

The primary responsibilities of the SCCE include to:

- Serve as the key contact person for the Program DCE/ADCE for all clinical education matters.
- Facilitate and assist with the completion of the Affiliation Agreement.
- Provide the Program with current student prerequisite information, i.e., required immunizations, laboratory tests, certifications, background checks, screenings, etc.
- Select/Assign CI's to supervise and educate physical therapy students based on the Program's criteria and delegate clinical supervision of students to approved CI's

- Provide, arrange, or request for CI education and training in conjunction with the DCE/ADCE.
- Oversee the orientation of the student to the clinical facility.
- Act as a liaison between the student and CI.
- Supervise the CI's performance assessment of the student, midterm and final CPI evaluations completed at a minimum.
- In conjunction with the DCE/ADCE, evaluate the effectiveness of the CI and the overall clinical education program provided by the site.
- Demonstrate effective communication skills and conduct in interpersonal relationships.
- Demonstrate appropriate organization skills by maintaining/completing proper documentation requested by the Program.

The primary responsibilities of the CI include to:

- Develop and provide, (with input from SCCE, DCE/ADCE, and student) appropriate individual learning objectives for each student.
- Plan appropriate learning experiences for each student.
- Alter learning experiences based on the student's knowledge base, interests, and experience.
- Provide appropriate student supervision (on an individual basis) to ensure patient safety and facilitate optimal learning by the student.
- Provide different levels of feedback, (formal and informal) on a regular basis, to improve the student's understanding and clinical competence.
- Assess student performance, by using the CPI for midterm and final assessments.
- Practice in a legal and ethical manner, thus serving as a role model for the student.
- Demonstrate effective instructional, communication, and interpersonal skills.
- Communicate effectively with the SCCE and DCE/ADCE regarding student performance.

Rights & Privileges

The Associated Rights and Privileges afforded to Clinical Instructor and Site Coordinator of Clinical Education include to:

- Be treated in a fair and equitable manner, with dignity, and without discrimination by all parties affiliated with the WKU DPT Program.
- Receive required and requested information from the Program in a timely manner.
- Receive clinical assignments and associated student information in a timely manner.
- Request information, resources, and training materials regarding clinical education topics.
- Request program assistance (DCE/ADCE) in dealing with student issues or other clinical education situations/concerns.
- Attend future clinical education courses sponsored by the Program at reduced rates.
- Discuss clinical research topics with Program Faculty and possibly collaborate as a member of the research team.
- Cancel or refuse a student clinical placement without undo sanctions or repercussions from the Program.
- Terminate or dismiss a student from continuing their clinical rotation if they feel it is not in their and the student's best interest, without undo sanctions or repercussions from the Program.
- Expect confidentiality of all business-communication between them and the Program.
- Provide comments and feedback to the DCE/ADCE/Program Director regarding Program curriculum and student performance.

The Clinical Instructor and Site Coordinator of Clinical Education will also have opportunities to be involved with other aspects of the Program. Curricular review, including clinical education, Program committees, assisting with Admissions procedures, Program advisory board, etc. are all areas that Clinical Instructors and Site Coordinators of Clinical Education can be involved with the Program.

Additional Clinical Education Policies and Procedures

Health Risks

During clinical rotations, students may be exposed to people with infectious diseases (including COVID-19), chronic and degenerative diseases, and mental illness. Student will be informed of these health risks and will be provided with information regarding safety and protection as instructed in DPT 705. Students will sign the Assumption of Risk Form (Appendix J) prior to each clinical experience. No student will be permitted to start a clinical experience without signing this form.

Universal and Standard Precautions

Procedure for Exposure to Injury or Infection While Engaged in Clinical Experience:

Students are educated about workplace precautions to prevent injury or exposure to pathogens upon entering the program and again prior to entering the first full-time clinical experience (DPT 751). Competency is established through achieving a minimum score of 80% on a test given following training. The process for management in the event of exposure includes: Students are to report the exposure in accordance with established protocols at the clinic at which they are attending, as well as to the program by submitting a description of the exposure or work-related incident to the DCE/ADCE for program records. Students are responsible to follow up with their personal physician for any potentially needed medical care. All students are required to have personal medical insurance to cover any cost for medical care and agree to be responsible for any out-of-pocket costs related to healthcare needs that may arise during a clinical experience. Students are made aware of the risks associated with clinical education at key points of orientation throughout the program, first at the initial orientation when they enter and again in DPT 705 Orientation to Clinical Education in Physical Therapy prior to commencing full time clinical experiences.

It is the responsibility of the student and CI to review facility specific policy and procedures regarding Universal/Standard Precautions and Blood Borne Pathogens. Additional training may be required as part of the orientation or onboarding for select clinics if required.

Patient Information and HIPAA

Prior to clinical education rotations, students will receive training on HIPAA, (Health Insurance Portability and Accountability Act), PHI (Protected Health Information) and Confidentiality. This will occur in conjunction with DPT 705 Orientation to Clinical Education in Physical Therapy, DPT 713 Principles of Physical Assessments, DPT 715 Patient Care Techniques, and DPT 782 Research II. The discussions of these topics in the above courses will provide students with the necessary knowledge to prevent violation of patient's privacy rights. Students will also be instructed to use discretion when discussing patient/client information with other appropriate individuals to assure that the nature of the discussions remains professional, pertains only to information clinically relevant, and cannot easily be overheard by those not involved in the patient's care.

Any other information available at the clinic, particularly that which could be considered proprietary, (e.g., treatment protocols, administrative information, etc.) is only to be used with the express consent of the facility. Violations of this policy may result in disciplinary action and may result in removal from the clinical rotation.

Emergency Procedures

The availability and access to Emergency Medical services is discussed in the standard WKU Affiliation Agreement. The clinical site is not responsible for providing or paying for medical treatment. All health care services (emergency or otherwise) that a student received while participating in clinical education rotations will be at the expense of the individual involved.

Patient Right to Refuse Treatment

Students are required to wear an ID badge that signifies that they are a student physical therapist. Furthermore, students are required to introduce themselves to patients as a student physical therapist. Patients have the right to refuse treatment from a student or refuse to participate in student training.

Incident Reports/ Procedures

In the event of an accident resulting in patient injury during a clinical experience, the student should immediately notify the CI of the accident and follow the policies of the facility, including completing the appropriate incident report/documentation the student/CI must submit to the school related to the incident.

Procedure for Filing a Complaint

When there is a specific complaint about a student, faculty member, or the Program in general, it should be documented and submitted in writing to the Program Director. The Program Director or designee should respond to the complainant within 2 weeks or receiving the complaint. When appropriate, the Program Director or designee may consult with other University offices and personnel in addressing the complaint. In the event the Program Director is not available or if it is inappropriate for the Program Director to handle the complaint, the complaint will be forwarded to the Associate Dean of the College of Health and Human Services. All documentation regarding the complaint and any actions taken are maintained by the Program Director.

Filing a Complaint to CAPTE

Physical therapy education programs in the United States are accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), which works in conjunction with the American Physical Therapy Association (APTA) to maintain the standards of the profession. Students, parents, patients, faculty, and other stakeholders may lodge a complaint regarding the DPT Program to the APTA to report a wrongdoing or a concern that directly involves student rights and privileges, patient/client rights, and privileges, and public safety. To contact CAPTE call (703)706-3242 or (703)683-6748 (TDD) or email accreditation@apta.org. You may contact sandrawise@apta.org or ellenprice@apta.org. All complaints should be followed up by a written letter of complaint that is signed and dated. Mail should be sent to Dr. Sandra Wise, Senior Director of Education, CAPTE 1111 N. Fairfax St. Alexandria, VA 22314.

Assessment Student Performance

Student Clinical Performance is assessed by the CI as well as the student according to the guidelines in the course syllabi. Student clinical performance will be assessed using the Online Clinical Performance Instrument. The Physical Therapy Clinical Performance Indicator (CPI 3.0) is a standard tool used by clinical instructors to assess student performance during clinical experiences across multiple domains including professional practice and patient management. The CPI is a copyrighted instrument of the American Physical Therapy Association (APTA). Posting this document in public areas is not permitted. Please refer to the following website for further information: <https://www.apta.org/PTCPI/>. The CPI will be completed by both the student and the supervising CI at the midterm and completion of all clinical rotations. Weekly or periodic planning forms will also be utilized during the initial few weeks of each rotation to ensure CI-student communication and feedback occurs, as well as information the DCE/ADCE of student performance. Ratings on all 12 performance criteria along with written comments will be completed. Students are also required to provide an in-service to Clinical Instructor while at the clinical site. Additionally, students will be expected to complete all requested paperwork and forms along with participating in online activities as directed by the DCE/ADCE.

It is the responsibility of the DCE/ADCE to assign the **pass/fail** grades for all clinical education courses. The DCE/ADCE will consider CPI rating, comments from the CPI, completion and performance of the required in-service, timely completion of the associated required paperwork, online discussions, and forms, and input from the CI/SCCE, and student when assigning student grades.

Expectations for grading are included on syllabi for each course in the clinical education curriculum. By the end of the terminal experience, students are expected to have achieved entry level performance on all CPI items between the final two clinical experiences.

Clinical Experience/Clinical Instruction Assessment

Students will complete the APTA developed Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Assessment ([Appendix E](#)) at the end of each clinical experience. The information obtained from these

assessments will be tracked by the DCE for assessment of the clinical experience and instruction. Information about the clinical experience (not the clinical instruction) will be available for review by future students to engage in ranking preferences for assignment.

Director of Clinical Education/Associate Director of Clinical Education Assessment

The DCE/ADCE will be assessed by multiple individuals participating in the educational process. Following the second and fourth Clinical Education rotation, the respective individuals will complete the following assessment forms:

- CI and/or SCCE will complete the DCE Performance Assessment CI and SCCE Survey ([Appendix F](#) – modified for online survey distribution)
- Students will complete the DCE Performance Assessment Student Survey ([Appendix G](#) – modified for online survey distribution)

On an annual basis, the respective individuals will complete the following assessment forms:

- Core faculty will complete the DCE Performance Assessment Faculty Survey ([Appendix H](#) – modified for online survey distribution)
- Program Director will complete the DCE Performance Assessment DCE Self-Assessment and Academic Administration Surveys ([Appendix I](#) – modified for online survey distribution). The DCE will also complete this self-assessment on an annual basis.

APPENDICES

[Appendix A](#)

[Appendix B](#)

[Appendix C](#)

[Appendix D](#)

[Appendix E](#)

[Appendix F](#)

[Appendix G](#)

[Appendix H](#)

[Appendix I](#)

Appendix J

Appendix K

Appendix L

WKU Unified Contract Template

Student Site Placement Agreement

Professional Behaviors

APTA Code of Ethics

APTA Student Evaluation: Clinical Experience
and Clinical Instruction Form

CI & SCCE Assessment of DCE Form

Student Assessment of DCE Form

Faculty Assessment of DCE Form

Program Director and DCE Self-Assessment Form

Assumption of Risk Form (Spring 2023 updates)

International Placement Agreement Form (Spring 2023 updates)

TB Risk/Symptom Assessment Form

APPENDIX A: WKU Unified Affiliation Agreement/Contract

MEMORANDUM OF AGREEMENT
BETWEEN
College of Health and Human Services, all divisions
And
Kentucky Emergency Medical Services Academy
Entities of

WESTERN KENTUCKY UNIVERSITY

AND

AFFILIATING SITE
ADDRESS

THIS AGREEMENT, by and between WESTERN KENTUCKY UNIVERSITY (WKU) and AFFILIATING SITE, signifies that both parties are desirous of cooperating in a plan to furnish education to College of Health & Human Services (CHHS) students enrolled at WESTERN KENTUCKY UNIVERSITY, and students in the Kentucky Emergency Medical Services Academy (KEMSA) of WESTERN KENTUCKY UNIVERSITY. The period of performance for this Agreement shall begin on or about and shall continue through.

WHEREAS, WESTERN KENTUCKY UNIVERSITY has Associate, Bachelor's, Graduate, and Certificate programs in the College of Health & Human Services of WKU and which require planned learning experiences for students; and

WHEREAS, AFFILIATING SITE herein after referred to as Facility, has facilities, services, and personnel to provide experiences essential for quality education through the curriculum at WESTERN KENTUCKY UNIVERSITY; and

WHEREAS, WESTERN KENTUCKY UNIVERSITY and, AFFILIATING SITE will benefit from cooperating to ensure a future supply of health and human services professionals;

THEREFORE, in consideration of the mutual covenants and conditions herein contained it is agreed, as written hereon that:

Agreement between WKU and

A. AFFILIATING SITE:

1. Will make available to CHHS students of WKU facilities to be used for educational purposes under the guidance and supervision of a qualified preceptor or faculty member. Said facility will be available upon a schedule agreeable to both parties.

2. Will conduct an orientation for WESTERN KENTUCKY UNIVERSITY students to ensure a working knowledge of the facility and its regulations.

2.1 For Health Information Management students, the orientation will include facility orientation and instructions on safety and security policies related to parking and facility access. Orientation must explicitly address to whom the student would report incidents, including harassment, behavioral issues, and threats to personal safety.

3. Will be responsible for the organization, administration, staffing, operating, and financing of its services, and the maintenance of accepted standards for efficient management, patient care and/or client services, and will operate in accordance with acceptable health care standards.
4. Will provide personnel who are capable and qualified in those divisions in which students are placed.
5. The Facility will provide first aid, with appropriate calls to emergency medical services or referral to a physician to students and faculty in case of an accident or illness (including accidental needle sticks) while engaged in learning experiences. All health care (emergency or otherwise) that a student or University faculty member receives will be at the expense of the individual involved.
6. When applicable, Facility will follow all federal and state mandates regarding standard precautions, to include blood borne pathogens.
7. Will comply with The Family Educational Rights and Privacy Act (FERPA) of 1974, also known as the Buckley Amendment, which affords certain rights to students concerning educational records, and will consult with the University as appropriate concerning same. FERPA coverage includes records, files, documents, and data directly related to students.

B. WESTERN KENTUCKY UNIVERSITY

1. Will be responsible for the administration of educational programs and determining the final grade.
2. Will assume responsibility for providing competent faculty who shall be well qualified, meeting state licensure guidelines in the appropriate discipline, when applicable.
3. When applicable, will assume responsibility for maintaining records of students and correspondence relating to the program.
4. When applicable, will comply with the standards, licensing, and regulatory requirements of appropriate accrediting agency(ies) insofar as they pertain to the activities of the students and instructors in their placement at the facility.

Agreement between WKU and

5. Will provide faculty who will (a) identify student experiential needs, and (b) confer with facility personnel about the prescribed student experience as it relates to the course(s) in which each student is enrolled.
6. Faculty will work collaboratively with facility personnel who are ultimately responsible for patient/client care, as applicable by discipline.
7. Will direct and instruct that students are to act only within the scope of their assigned and supervised activities and are not to act independently of such supervision or instruction.
8. Will assure the affiliating agency that all students studying in the facility will have in effect current individual professional liability coverage in the amount of \$1,000,000/\$3,000,000. All students must have on file in their respective Department a photocopy of the current individual insurance policy (not applicable to Public Health, Healthcare Administration, and EMT-B).
9. As appropriate, will maintain a student/faculty ratio (excluding observational experiences) not to exceed the maximum prescribed by the Kentucky Board of Nursing or any other discipline specific accrediting agencies.

10. The University will require students to either be vaccinated for Hepatitis B or sign a release if declining that vaccination and complete all other immunizations/health examinations required by the Facility.

10.1. The Program will assure the affiliating agency that all nursing students have on file in the department of nursing a current RN license (if applicable), as well as a current medical history, medical examination report, a negative drug screen, and evidence of current immunizations against diphtheria, tetanus, and measles. Results of the following diagnostic studies must also be on file: Tuberculin skin test and Rubella Titer or proof of immunizations. All students in the nursing program will be vaccinated with Hepatitis B vaccine or they must sign the declination statement.

11. Will require students participating in educational experiences to provide results of criminal background check to the facility upon request.

11.1. All students will be required to complete a criminal background check. The Nursing Department will maintain the results of the policy checks confidentially and securely. Affiliating agencies requiring the police checks will be advised of any students with reported felony or misdemeanor information and may reserve the right to determine the student's appropriateness for clinical practice within their agency.

C. AFFILIATING SITE AND WESTERN KENTUCKY UNIVERSITY

1. Will cooperate in planning and evaluating clinical, administrative, or other learning experiences which will ensure student progress and competency.

2. Will have mutually acceptable standards for the behavior of the students acceptable to both the facility staff and to the University faculty.

3. Will review this agreement as needed, at which time mutually agreeable revisions or modifications may be made in writing.

4. Will agree that the withdrawal of a student from an assignment may be affected by either party. The party causing such withdrawal shall notify the other party, and the withdrawal shall be upon the terms and conditions agreed to by WKU and the facility. However, the facility retains the right at all times to safeguard the health, safety, and welfare of its patients/clients and employees by removing a student from an assignment, at any time, for any reason not prohibited by law.

5. Will agree to the desires of either party to terminate this agreement. Either party shall serve written notice thereof on the other party. Termination shall thereupon be effective 30 days after the date of service of such notice. Terminations shall not become effective as to students already enrolled and participating in the program until they shall have had an opportunity to fully complete their scheduled program.

6. Will not discriminate against any student in the nomination, selection, and training of individuals because of race, color, creed, sex, disability, or national origin.

7. WKU faculty, staff, or students shall not be deemed to be employees of the facility for any purpose, including but not limited to, compensation or fringe benefits, worker's compensation, unemployment compensation, minimum wage laws, OSHA regulations or for any other purpose, due to their participation in the educational program. This provision shall not be deemed to prohibit the employment of any such participant by the facility under a separate employment agreement.

8. SCHOOL agrees to provide participating instructors, advisors, and students with training on the security and privacy standards of the Health Insurance Portability and Accountability Act ("HIPAA") and regulations promulgated thereunder. For purposes of HIPAA, CHHS at WKU AND FACILITY acknowledge that Students are part of Facility's "workforce", as

defined in the HIPAA Privacy Regulations at 45 C.F.R. 160.103, and as such, no Business Associate agreement is required between CHHS at WKU AND FACILITY.

D. MODIFICATION OF AGREEMENT

This agreement may be modified only by written amendment executed by all parties hereto.

E. INSURANCE / LIABILITY

WESTERN KENTUCKY UNIVERSITY, as an agency and instrumentality of the Commonwealth of Kentucky, is vested with sovereign immunity and does not carry general liability for itself, agents, officers, employees, or students. Any claim brought against WKU for negligence is governed by the Kentucky Board of Claims Act, KRS 44.070 et.seq. and/or as requested by WKU legal council: The University is a state agency that cannot enter into indemnification agreements, therefore, any indemnification by the University are hereby deleted.

F. BINDING EFFECT / CHOICE OF LAW

1. This agreement shall not be binding upon the parties until it is approved by a Western Kentucky University Authorized Representative of the College of Health & Human Services and by the Authorized Representative of the facility.
2. This agreement shall be governed in all respects by the laws of the Commonwealth of Kentucky.

Agreement between WKU and

G. SIGNED BY:

CHHS, WKU Authorized Representative
Dr. Danita Kelley, Associate Dean
College of Health and Human Services
Phone: (270) 745-8912
FAX: (270) 745-7073
E-Mail: danita.kelley@wku.edu

Date

Facility/Hospital - Authorized Representative
Name:
Title:
Agency Name:
Address:
Phone:
Fax:
E-Mail:

Date

Facility/Hospital - Technical Representative
(If different from Authorized Representative)
Name:
Title:
Agency Name:
Address:
Phone:
Fax:
E-Mail:

Date

APPENDIX B: Student Site Placement Agreement

WESTERN KENTUCKY UNIVERSITY Department of Physical Therapy Student Site Placement Agreement

This Agreement ("Agreement") is entered into by and between Western Kentucky University Doctor of Physical Therapy Program, (WKU, Program) and _____ (Student Name).

BACKGROUND

- A. WKU and Student desire to cooperate in obtaining coordinated clinical placements for the Student, who has been admitted to the Doctor of Physical Therapy Program.
- B. WKU has the ability and resources to arrange for the necessary clinical experience for Student through an Affiliation Agreement between WKU and Assigned Clinical Rotation Sites throughout DPT 3-year program. (Referred to as "Site" in this agreement)
- C. The parties agree that the sole purpose of this Agreement is to confirm and memorialize Student's acceptance of the terms and conditions of the Site and Student's placement therein.

AGREEMENT

For and in the consideration stated above, the Student agrees as follows:

- 1. Student is requested and consents to be assigned for clinical experiences to the Sites.
- 2. Student acknowledged that s/he has read, reviewed, understands, and is aware of the requirement to abide by the existing rules, policies and/or regulations of the Sites, including any additional site-specific Code of Conduct or student education manuals and materials, and the wearing of proper dress and identification.
- 3. Student is required to respect the confidentiality of all patient/client information obtained while participating in the Program at the assigned Sites.
- 4. Student will meet Site employee standards for safety, health, and ethical behavior.
- 5. Student shall defend, indemnify, and hold harmless the Board of Regents, Western Kentucky University, its agents, officers, officials, employees, and volunteers from and against all claims, damages, losses, and expenses (including but not limited to attorney fees and court costs) arising from the acts, errors, mistakes, omissions, work, or service of the Student with regard to the Student's performance of this Agreement. The insurance requirements of this Agreement will not be construed as limiting the scope of this indemnification.
- 6. Student will be responsible for any charges generated for emergency or other care related to any occupational injury, environment hazard or infectious disease incurred in the line of duty while on a clinical rotation. The university will not cover any cost related to medical care for the student.
- 7. Students are responsible for having health insurance coverage and show documentation of such before going on any clinical rotation sites. Students may be required to acquire personal liability insurance at their own cost prior to starting any clinical experience.

8. Student agrees to allow the WKU Director or Associate Director of Clinical Education to send records to clinical sites upon request as proof of compliance with site contractual terms in the event of a facility audit. Records would be limited to evidence of immunization and CPR training, and results of background check and drug screening performed through Verified Credentials Incorporated.

_____ (WKU Authorized Official) Date: _____

_____ (Student) Date: _____

WKU I.D.# _____

The Spirit Makes the Master
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(UPDATED: 08.24.23_per DK/WKU General Counsel)

APPENDIX C: Professional Behaviors

Professional Behaviors

The program expects DPT students to develop and demonstrate 10 professional behaviors important to the practice of physical therapy. These are adopted from the work of Warren May, PT, and colleagues. “In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professional that a repertoire of behaviors is required for success in any given profession” (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoire of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary line (May et.al., 1991). Visualizing cognitive knowledge, psychomotor skills, and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success (May et.al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002).

1. Critical Thinking

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

- Raises relevant questions
- Understands and accepts scientific method.
- Thinks analytically.
- Uses information effectively.
- Formulates alternate hypotheses.
- Critique’s solutions
- Feels challenged to understand and solve problems.

2. Communication

The ability to communicate effectively (i.e., verbal, non-verbal, written, etc.)

- Demonstrates basic English skills.
- Presents verbal or written message with logical organization and sequencing.

3. Problem Solving

The ability to recognize and define problems, analyze data, develop, and implement solutions, and evaluate outcomes.

- Recognizes problems and prioritizes them.
- State’s problems clearly
- Can identify solutions to the problem or resources needed to develop solutions.

4. Interpersonal Skills

The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

- Maintains professional demeanor in all clinical and classroom interactions.
- Recognizes impact of verbal and non-verbal communication and modifies all communication to meet situational needs.
- Listens actively and uses appropriate body language.
- Assumes responsibility for mistakes, apologizes.
- Demonstrates interest and ability to work with peers in a group process/project.

5. Responsibility

The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community, and social responsibilities.

- Demonstrates dependability.
- Demonstrates punctuality.
- Fulfills commitments.
- Budgets time wisely.
- Accepts responsibility for actions and outcomes.
- Provides safe and secure environment for patients.

6. Professionalism

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

- Projects professional image
- Continuous positive regard for all
- Abides by APTA code of Ethics and standards of practice.
- Follows state licensure regulations.
- Abides by facility policies and procedures.
- Abides by university and department policies and procedures.
- Demonstrates involvement in and commitment to local and national chapters of the APTA.
- Contributing creatively to classroom and community projects on a regular basis
- Demonstrates leadership qualities.
- Demonstrates respect for others.

7. 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.

- Actively seeks feedback and help.
- Demonstrates a positive attitude towards feedback.
- Critiques own performance
- Integrates feedback for positive change in growth.

8. Effective Use of Time and Resources

The ability to manage time and resources effectively to obtain the maximum possible benefit.

- Meets external deadlines.
- Demonstrates flexibility and adaptability.
- Sets priorities.
- Sets realistic goals.
- Utilizing university library resources
- Utilizes time wisely outside of class and clinic.

9. 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.

10. 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."

- Reads articles critically and understands limits of application to professional practice.

- Demonstrates a positive attitude (motivation) towards learning.
- Monitors own progress.
- Takes a collaborative approach.
- Seeks assistance from professors or peers regarding difficult concepts.
- Demonstrates initiative towards learning.
- Demonstrates equal participation in progression and completion of group projects.

References: Adapted from: Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh,PT, PhD, MBA: Professional Behaviors for the 21st Century, 2009-2010

APPENDIX D: APTA Code of Ethics

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA).

The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient and client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive, nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. The APTA Guide for Professional Conduct and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

This Code of Ethics describes the desired behavior of physical therapists in their multiple roles (e.g., management of patients and clients, consultation, education, research, and administration), addresses multiple aspects of ethical action (individual, organizational, and societal), and reflects the core values of the physical therapist (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.

(Core Values: Compassion and Caring, Integrity)

- 1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.
- 2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient and client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.

(Core Values: Collaboration, Duty, Excellence, Integrity)

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient and client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

(Core Value: Integrity)

- 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.

(Core Values: Accountability, Duty, Social Responsibility)

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

(Core Value: Excellence)

- 6A. Physical therapists shall achieve and maintain professional competence.
- 6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
- 6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
- 6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society.

(Core Values: Integrity, Accountability)

- 7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
- 7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
- 7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
- 7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist services accurately reflect the nature and extent of the services provided.
- 7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients and clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

(Core Value: Social Responsibility)

- 8A. Physical therapists shall provide pro bono physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
- 8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapist services.
- 8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Last Updated: 8/12/2020

Contact: nationalgovernance@apta.org

<https://www.apta.org/apta-and-you/leadership-and-governance/policies/code-of-ethics-for-the-physical-therapist>

PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003
(updated 12/27/10)



**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent, and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential, and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (SCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinicians, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Carrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address City State

Clinical Experience Number Clinical Experience Dates

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature) Date

Primary Clinical Instructor Name (Print name) Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned
Highest degree earned Degree area
Years' experience as a CI
Years' experience as a clinician
Areas of expertise
Clinical Certification, specify area
APTA Credentialed CI Yes No
Other CI Credential State Yes No
Professional organization memberships APTA Other

Additional Clinical Instructor Name (Print name) Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned
Highest degree earned Degree area
Years' experience as a CI
Years' experience as a clinician
Areas of expertise
Clinical Certification, specify area
APTA Credentialed CI Yes No
Other CI Credential State Yes No
Professional organization memberships APTA Other

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site

Address City State

2. Clinical Experience Number

3. Specify the number of weeks for each applicable clinical experience/rotation.

Acute Care/Inpatient Hospital Facility Private Practice
 Ambulatory Care/Outpatient Rehabilitation/Sub-acute Rehabilitation
 ECF/Nursing Home/SNF School/Preschool Program
 Federal/State/County Health Wellness/Prevention/Fitness Program
 Industrial/Occupational Health Facility Other

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No

6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

<i>Diversity of Case Mix</i>	<i>Rating</i>	<i>Patient Lifespan</i>	<i>Rating</i>	<i>Continuum of Care</i>	<i>Rating</i>
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale.

<i>Components of Care</i>	<i>Rating</i>	<i>Components of Care</i>	<i>Rating</i>
Examination		Diagnosis	
• Screening		Prognosis	
• History taking		Plan of Care	
• Systems review		Interventions	
• Tests and measures		Outcomes Assessment	
Evaluation			

9. During this experience, how frequently did staff (i.e., CI, SCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (e.g., Medicare, HIPAA, informed consent, APTA Code of Ethics, etc.).	
Being sensitive to individual differences (i.e., race, age, ethnicity, etc.).	
Using evidence to support clinical practice.	
Being involved in professional development (e.g., degree and non-degree continuing education, in-services, journal clubs, etc.).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments (Please specify)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe

13. How did the clinical supervision ratio in Question #12 influence your learning experience?

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/educational programs.
- Presented an in-service.
- Attended special clinics.
- Attended team meetings/conferences/grand rounds.
- Directed and supervised physical therapist assistants and other support personnel
- Observed surgery.
- Participated in administrative and business practice management.
- Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)
- Participated in opportunities to provide consultation.
- Participated in service learning.
- Participated in wellness/health promotion/screening programs.
- Performed systematic data collection as part of an investigative study.
- Other; Please specify

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)

Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.

Time well spent; would recommend this clinical education site to another student.

Some good learning experiences: student program needs further development.

Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*?
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client management.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation Yes No Final Evaluation Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

Final Evaluation

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments

Final Comments

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments

Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

ACCE/DCE PERFORMANCE ASSESSMENT

CLINICAL INSTRUCTOR **and** **CENTER COORDINATOR OF CLINICAL** **EDUCATION SURVEYS**

May 2010

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
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Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)
4. For what time period are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)
5. Evaluator Role (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior
2 = Sometime exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Is exceptional in exhibiting behavior
IE = Insufficient evidence to rate behavior

For all of the Likert Scale items provided, please “click” on only ONE response (use the mouse).

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

1. promoting students' self-assessment of their clinical performance. **1 2 3 4 5 IE**
- 2 reinforcing expectations for demonstrating professionalism. **1 2 3 4 5 IE**
3. conferring with students to maximize learning during a clinical experience. **1 2 3 4 5 IE**
4. facilitating the development of individualized action plans to advance student performance. **1 2 3 4 5 IE**
5. monitoring the progression of individualized action plans. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

1. using a variety of feedback methods to assess clinical educators. **1 2 3 4 5 IE**
2. providing feedback to clinical educators to improve clinical teaching. **1 2 3 4 5 IE**
3. promoting development of clinical teaching and mentoring skills. **1 2 3 4 5 IE**
4. providing professional development opportunities to promote best practice in physical therapy. **1 2 3 4 5 IE**

5. facilitating development of SCCE s as managers of their clinical education programs. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (e.g., clinical education sites, policies, procedures, learning experiences, and curriculum) by...

1. implementing a plan to respond to the needs of clinical education sites based on feedback. **1 2 3 4 5 IE**
2. sharing changes about the clinical education program with feedback sources. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

SECTION D. MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

1. promoting adherence to current policies and procedures of the clinical education program. **1 2 3 4 5 IE**
2. informing students and clinical sites about legal and liability requirements prior to clinical placements. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

SECTION E. LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

1. facilitating reflective dialogue about advancements in the profession of physical therapy. **1 2 3 4 5 IE**
2. networking with individuals and groups at local, regional, and/or national levels to further clinical education. **1 2 3 4 5 IE**
3. building partnership(s) to strengthen the relationship between academic programs and clinical sites. **1 2 3 4 5 IE**
4. using technology to enhance clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F. COMMUNICATION

The ACCE's/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...

The ACCE/DCE...

1. providing timely communication. **1 2 3 4 5 IE**
2. soliciting comments, feedback, and concerns. **1 2 3 4 5 IE**
3. highlighting key academic program policy and procedures for clinical education. **1 2 3 4 5 IE**
4. clarifies federal and state regulations and professional positions, policies, and guidelines related to clinical education. **1 2 3 4 5 IE**
5. conducting clinical site visits/contacts. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

SECTION G. PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

1. fostering an atmosphere of mutual respect in clinical education. **1 2 3 4 5 IE**
2. displaying a positive attitude. **1 2 3 4 5 IE**
3. being approachable. **1 2 3 4 5 IE**
4. being accessible. **1 2 3 4 5 IE**
5. listening actively. **1 2 3 4 5 IE**
6. demonstrating effective time management. **1 2 3 4 5 IE**

7. demonstrating effective organizational skills. **1 2 3 4 5 IE**
8. demonstrating interpersonal skills that foster quality relationships. **1 2 3 4 5 IE**
9. demonstrating effective conflict resolution skills. **1 2 3 4 5 IE**
10. responding to unexpected situations using productive problem-solving skills. **1 2 3 4 5 IE**
11. displaying expertise in clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

Name of Clinical Site (Optional)

Would you like a follow up contact to discuss this assessment? Yes No

Contact Information: e-mail: Phone:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

Last Updated: 05/07/10
Contact: education@apta.org

ACCE/DCE PERFORMANCE ASSESSMENT

STUDENT SURVEY

May 2010

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**



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STUDENT ASSESSMENT OF DCE PERFORMANCE

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)
4. For what period of time are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)
5. What will be your highest earned physical therapy degree when you complete your program?

Associate Masters DPT (Professional)
6. Evaluator Role (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior

2 = Sometimes exhibits behavior

3 = Usually exhibits behavior

4 = Always exhibits behavior

5 = Is exceptional in exhibiting the behavior

IE = Insufficient evidence to rate behavior

For all of the Likert Scale items provided, please "click" on only ONE response (use the mouse).

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

1. promoting students' self-assessment of clinical performance across cognitive, psychomotor, and affective domains. **1 2 3 4 5 IE**
2. facilitating student reflection upon clinical education experiences. **1 2 3 4 5 IE**
3. instructing students on methods to provide constructive feedback to clinical educators. **1 2 3 4 5 IE**
4. reinforcing expectations for demonstrating professionalism. **1 2 3 4 5 IE**
5. conferring with students to maximize learning during a clinical experience. **1 2 3 4 5 IE**
6. facilitating the development of student action plans designed to advance student performance. **1 2 3 4 5 IE**
7. monitoring the progression of student action plans. **1 2 3 4 5 IE**
8. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY (This category is not applicable for students.)

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (e.g., clinical education sites, policies, procedures, learning experiences, and curriculum) by...

1. assessing the strengths and needs of the clinical education program using feedback from a variety of sources. **1 2 3 4 5 IE**
2. sharing changes about the clinical education program with feedback sources. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

SECTION D: MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

1. maintaining the number and variety of clinical sites to allow each student to meet clinical education program requirements. **1 2 3 4 5 IE**
2. managing information about clinical sites and clinical educators. **1 2 3 4 5 IE**
3. promoting adherence to current policies and procedures of the clinical education program. **1 2 3 4 5 IE**
4. informing students and clinical sites about legal and liability requirements prior to clinical placements. **1 2 3 4 5 IE**
5. implementing procedures for student clinical placements based on established program policies. **1 2 3 4 5 IE**
6. adhering to program policies and procedures regarding student's eligibility and progression through clinical education. **1 2 3 4 5 IE**
7. grading students' clinical education coursework based on clinical performance and academic program guidelines. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

SECTION E: LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by... facilitating 1. reflective dialogue about advancements in the profession of physical therapy. **1 2 3 4 5 IE**

2. networking with individuals and groups at local, regional, and/or national levels to further clinical education. **1 2 3 4 5 IE**
3. using technology to enhance clinical education. **1 2 3 4 5 IE**
4. facilitating academic faculty involvement in clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F: COMMUNICATION

The ACCE's/DCE's communication skills create and sustain an effective clinical education program by

1. providing timely communication. **1 2 3 4 5 IE**
2. soliciting comments, feedback, and concerns **1 2 3 4 5 IE**
3. highlighting key academic program policy and procedures for clinical education. **1 2 3 4 5 IE**
4. clarifying federal and state regulations and professional positions, policies, and guidelines related to clinical education. **1 2 3 4 5 IE**
5. conducting clinical site visits/contacts. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

SECTION G: PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

1. fostering an atmosphere of mutual respect in clinical education. **1 2 3 4 5 IE**
2. displaying a positive attitude. **1 2 3 4 5 IE**
3. being approachable. **1 2 3 4 5 IE**
4. being accessible. **1 2 3 4 5 IE** listening actively. **1 2 3 4 5 IE**
5. demonstrating effective time management. **1 2 3 4 5 IE**
6. demonstrating effective organizational skills. **1 2 3 4 5 IE**
7. demonstrating interpersonal skills that foster quality relationships. **1 2 3 4 5 IE**
8. demonstrating effective conflict resolution skills. **1 2 3 4 5 IE**
9. responding to unexpected situations using productive problem-solving skills. **1 2 3 4 5 IE**
10. displaying expertise in clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

Would you like a follow up contact to discuss this assessment? Yes No

Contact Information: e-mail: Phone:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

Last Updated: 05/07/10
Contact: education@apta.org

ACCE/DCE PERFORMANCE **ASSESSMENT**

FACULTY SURVEY

May 2010

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**



FACULTY ASSESSMENT OF DCE PERFORMANCE

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what period of time are you assessing the ACCE/DCE? (annually, biannually, every other year, upon request)
4. Evaluator Role (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

- 1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

- 4 = Always exhibits behavior
5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

For all of the Likert Scale items provided, please “click” on only ONE response (use the mouse).

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

1. promoting students' self-assessment of their clinical performance. **1 2 3 4 5 IE**
2. facilitating student reflection upon clinical education experiences. **1 2 3 4 5 IE**
3. reinforcing expectations for demonstrating professionalism. **1 2 3 4 5 IE**
4. conferring with students to maximize learning during a clinical experience. **1 2 3 4 5 IE**
5. facilitating the development of individualized action plans to advance student performance. **1 2 3 4 5 IE**
6. monitoring the progression of individualized action plans. **1 2 3 4 5 IE**
7. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

SECTION B: DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

1. using a variety of feedback methods to assess clinical educators. **1 2 3 4 5 IE**
2. promoting development of clinical teaching and mentoring skills. **1 2 3 4 5 IE**
3. providing professional development opportunities to promote best practice in physical therapy. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.

SECTION C: DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (e.g., clinical education sites, policies, procedures, learning experiences, and curriculum) by...

1. conducting ongoing review of clinical education policies and procedures. **1 2 3 4 5 IE**
2. assessing the strengths and needs of the clinical education program using feedback from a variety of sources. **1 2 3 4 5 IE**
3. implementing a plan to respond to the needs of clinical education sites based on feedback. **1 2 3 4 5 IE**
4. providing recommendations to the academic program based on the analysis of the feedback. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

SECTION D: MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

1. maintaining the number and variety of clinical sites to allow each student to meet clinical education program requirements **1 2 3 4 5 IE**
2. synthesizing clinical education data to prepare necessary reports including for CAPTE documentation. **1 2 3 4 5 IE**
3. promoting adherence to current policies and procedures of the clinical education program. **1 2 3 4 5 IE**
4. adhering to program policies and procedures regarding student's eligibility and progression through clinical education. **1 2 3 4 5 IE**
5. grading students' clinical education coursework based on clinical performance and academic program guidelines. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

SECTION E: LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

1. networking with individuals and groups at local, regional, and/or national levels to further clinical education. **1 2 3 4 5 IE**
2. building partnership(s) to strengthen the relationship between academic programs and clinical sites. **1 2 3 4 5 IE**
3. advising the program director and faculty of changing health care trends that affect student learning and programmatic issues. **1 2 3 4 5 IE**
4. advocating a vision for clinical education within the context of the academic program's mission and vision. **1 2 3 4 5 IE**
5. using technology to enhance clinical education. **1 2 3 4 5 IE**
6. facilitating academic faculty involvement in clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F: COMMUNICATION

The ACCE's/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...

1. providing timely communication. **1 2 3 4 5 IE**
2. soliciting comments, feedback, and concerns. **1 2 3 4 5 IE**
3. highlighting key academic program policy and procedures for clinical education. **1 2 3 4 5 IE**
4. conducting clinical site/visits. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

SECTION G: PROFESSIONAL BEHAVIORS

- The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...
1. displaying a positive attitude. **1 2 3 4 5 IE**
 2. being accessible. **1 2 3 4 5 IE**
 3. listening actively. **1 2 3 4 5 IE**
 4. demonstrating effective organizational skills. **1 2 3 4 5 IE**
 5. demonstrating interpersonal skills that foster quality relationships. **1 2 3 4 5 IE**
 6. demonstrating effective conflict resolution skills. **1 2 3 4 5 IE**
 7. responding to unexpected situations using productive problem-solving skills. **1 2 3 4 5 IE**
 8. displaying expertise in clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

Would you like a follow up contact to discuss this assessment? Yes No

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

APPENDIX I: Program Director and DCE Self-Assessment Form

ACCE/DCE PERFORMANCE ASSESSMENT

ACCE/DCE SELF-ASSESSMENT **and** **ACADEMIC ADMINISTRATOR SURVEYS**

May 2010

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**



SELF-ASSESSMENT AND ACADEMIC ADMINISTRATOR ASSESSMENT OF DCE PERFORMANCE

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what period of time are you assessing the ACCE/DCE? (annually, biannually, every other year, upon request)
4. Evaluator Role (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior

2 = Sometimes exhibits behavior

3 = Usually exhibits behavior

4 = Always exhibits behavior

5 = Is exceptional in exhibiting the behavior

IE = Insufficient evidence to rate behavior

For all of the Likert Scale items provided, please "click" on only ONE response (use the mouse).

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

1. promoting students' self-assessment of their clinical performance. **1 2 3 4 5 IE**
2. facilitating student reflection upon clinical education experiences. **1 2 3 4 5 IE**
3. instructing students on methods to provide constructive feedback to clinical educators. **1 2 3 4 5 IE**
- 4 reinforcing expectations for demonstrating professionalism. **1 2 3 4 5 IE**
5. conferring with students to maximize learning during a clinical experience. **1 2 3 4 5 IE**
6. facilitating the development of individualized action plans to advance student performance. **1 2 3 4 5 IE**
7. monitoring the progression of individualized action plans. **1 2 3 4 5 IE**
8. ensuring that students have the opportunities to acquire necessary clinical skills for entry-level practice. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

SECTION B: DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

1. using a variety of feedback methods to assess clinical educators. **1 2 3 4 5 IE**
2. providing feedback to clinical educators to improve clinical teaching. **1 2 3 4 5 IE**
3. promoting development of clinical teaching and mentoring skills. **1 2 3 4 5 IE**
4. providing professional development opportunities to promote best practice in physical therapy. **1 2 3 4 5 IE**
5. facilitating development of SCCEs as managers of their clinical education program. **1 2 3 4 5 IE**
6. measuring outcomes of professional development programs coordinated by the ACCE/DCE. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.

SECTION C: DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (e.g., clinical education sites, policies, procedures, learning experiences, and curriculum) by...

1. conducting ongoing review of clinical education policies and procedures. **1 2 3 4 5 IE**
2. assessing the strengths and needs of the clinical education program using feedback from a variety of sources. **1 2 3 4 5 IE**
3. implementing a plan to respond to the needs of clinical education sites based on feedback. **1 2 3 4 5 IE**
4. providing recommendations to the academic program based on the analysis of the feedback. **1 2 3 4 5 IE**
5. sharing changes about the clinical education program with feedback sources. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

SECTION D: MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

1. maintaining the number and variety of clinical sites to allow each student to meet clinical education requirements. **1 2 3 4 5 IE**
2. managing information about clinical sites and clinical educators. **1 2 3 4 5 IE**
3. synthesizing clinical education data to prepare necessary reports including CAPTE documentation. **1 2 3 4 5 IE**
4. promoting adherence to current policies and procedures of the clinical education program. **1 2 3 4 5 IE**
5. informing students and clinical sites about legal and liability requirements prior to clinical placements. **1 2 3 4 5 IE**
6. implementing procedures for student clinical placements based on established program policies. **1 2 3 4 5 IE**
7. adhering to program policies and procedures regarding student's eligibility and progression through clinical education. **1 2 3 4 5 IE**
8. grading students' clinical education coursework based on clinical performance and academic program guidelines. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

SECTION E: LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

1. facilitating reflective dialogue about advancements in the profession of physical therapy. **1 2 3 4 5 IE**
2. networking with individuals and groups at local, regional, and/or national levels to further clinical education. **1 2 3 4 5 IE**
3. building partnership(s) to strengthen the relationship between academic programs and clinical sites. **1 2 3 4 5 IE**
4. advising the program director and faculty of changing health care trends that affect student learning and programmatic issues. **1 2 3 4 5 IE**
5. advocating a vision for clinical education within the context of the academic program's mission and vision. **1 2 3 4 5 IE**
6. providing the program director with justification for clinical education budgetary needs. **1 2 3 4 5 IE**
7. using technology to enhance clinical education. **1 2 3 4 5 IE**
8. facilitating academic faculty involvement in clinical education. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F: COMMUNICATION

The ACCE's/DCE's communication skills create and sustain an effective clinical education program by...

1. providing timely communication. **1 2 3 4 5 IE**
2. soliciting comments, feedback, and concerns. **1 2 3 4 5 IE**
3. highlighting key academic program policy and procedures for clinical education. **1 2 3 4 5 IE**
4. clarifying federal and state regulations and professional positions, policies, and guidelines related to clinical education. **1 2 3 4 5 IE**
5. conducting clinical site visits/contacts. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

G: PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

1. fostering an atmosphere of mutual respect in clinical education. **1 2 3 4 5 IE**
2. displaying a positive attitude. **1 2 3 4 5 IE**
3. being approachable. **1 2 3 4 5 IE**
4. being accessible. **1 2 3 4 5 IE**
5. listening actively. **1 2 3 4 5 IE**
6. demonstrating effective time management. **1 2 3 4 5 IE**
7. demonstrating effective organizational skills. **1 2 3 4 5 IE**
8. demonstrating interpersonal skills that foster quality relationships. **1 2 3 4 5 IE**
9. demonstrating effective conflict resolution skills. **1 2 3 4 5 IE**
10. responding to unexpected situations using productive problem-solving skills. **1 2 3 4 5 IE**
11. displaying expertise in clinical education. **1 2 3 4 5 IE**
12. creating a professional development plan to advance own competence. **1 2 3 4 5 IE**

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS:

Areas of strengths:

Areas for improvement:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

Appendix J

Assumption of Risk

Clinical experiences are a required component of selected academic programs at Western Kentucky University College of Health and Human Services. These experiences allow students to practice skills and techniques learned in didactic and lab courses as well as develop critical thinking skills that are important for health care providers and human service professionals. Clinical experiences occur in hospitals, clinics, schools, community organizations, and other appropriate settings where students can interact with patients and clients. These interactions may be a source for transmission of infectious diseases to students who are completing their clinical experiences.

Sites selected for student clinical experiences are required to take reasonable and appropriate measures to protect student health and safety in the clinical setting. Each site will have their own infection control procedures. Students will be expected to follow both the university requirements and individual site requirements to decrease their risk of illness and/or injury while in the clinical setting. This may include obtaining relevant and/or required vaccinations prior to going to a clinical setting. Students have the responsibility to report any infectious disease exposures (either from the clinical setting or from the general community setting) to their WKU clinical faculty member (DCE or ADCE), as well as to the clinical instructor at the time of the exposure. It is expected that students will follow exposure management guidelines that are in place at the assigned clinic.

However, even with the use of PPE and reporting standards, there are risks inherent to clinical experiences. Potential risks of completing clinical experiences include, but are not limited to:

- Exposure to infectious diseases through blood or other body fluids via skin, mucus membranes or parenteral contact
- Exposure to infectious diseases through droplet or air-borne transmission
- Hazardous chemical exposure
- Radiation exposure
- Environmental hazards, including slippery floors and electrical hazards
- Physical injuries, including back injuries
- Psychosocial hazards
- Offensive, inappropriate, or dangerous conduct by patients or clients, including violence, harassment, and sexual harassment

These risks can lead to serious complications, trauma, bodily injury, emotional trauma, or death.

SPECIAL NOTICE REGARDING COVID-19

COVID-19, the disease caused by the coronavirus, is a highly contagious disease that causes symptoms that can range from mild (or no) symptoms to severe illness. COVID-19 can cause severe and lasting health complications, including death.

Doctor of Physical Therapy students may be assigned to provide care to patients who are known to have COVID-19 (or other infectious diseases), however, will only do so if equipped with appropriate PPE at the facility they are assigned. Additionally, there is the potential for exposure from persons who are unaware that they are infectious, including other students or staff, as well as patients who have previously tested negative.

Although anyone who contracts COVID-19 may experience severe complications, the Centers for Disease and Prevention (CDC) has found that individuals with certain underlying health conditions are at higher risk of developing severe complications from COVID-19. These medical conditions include: chronic lung disease, asthma, conditions that cause a person to be immunocompromised, obesity, diabetes, chronic kidney disease and liver disease. Participating in clinical experiences, even when wearing recommended PPE, may increase the risk of contracting COVID-19.

Vaccinations

Vaccinations for COVID are recommended by the CDC and may be required by individual clinical facilities. Students must meet the requirements for each facility before going to their clinical assignments. Progression in the Doctor of Physical Therapy Program is not possible without obtaining the required number of clinical hours, so students can expect that they will have to obtain appropriate vaccinations for COVID, as well as for influenza and other infectious diseases as required by individual clinics. In accordance with the WKU DPT Clinical Education Manual, additional sites will not be offered to any student who declines an assigned clinical placement

for any reason, including unwillingness to comply with vaccination protocols that may be in place at the assigned clinic. Alternative site options are not always available for student placements, and changes may delay or prevent the completion of the student's degree.

Please initial each statement and sign below.

_____ I am at least 18 years of age.

_____ I understand that I may be required to obtain a COVID vaccination prior to taking part in various clinical experiences.

_____ I understand that I may be required to present my COVID vaccination card as proof of vaccination.

_____ I understand that I may be at increased risk of exposure to infectious disease, including COVID-19, during classes, laboratory experiences and clinical experiences.

_____ I have accessed and reviewed the above linked resource information and I understand how to safely put on and take off PPE to prevent infectious diseases, including COVID-19.

_____ I understand and agree to use appropriate hand hygiene and PPE to decrease my risk of exposure to infectious disease during my learning experiences.

_____ I understand that I will be asked to leave the clinical setting if I am unable or unprepared to use appropriate PPE required by my clinical education site to decrease my risk of exposure to infectious disease during my learning experiences.

_____ If I become ill or if I am made aware that I have been exposed to an infectious disease, I agree to follow clinic guidelines for self-quarantine and contact my course clinical instructor AND WKU clinical faculty member (DCE or ADCE).

_____ I accept the potential increased risk of contracting infectious disease, including COVID-19, if I choose to participate in this academic program which includes clinical experiences.

_____ My participation in a clinical experience program is entirely voluntarily and I have carefully considered the attendant risks of such participation, up to and including illness or death.

_____ I agree to indemnify and hold harmless the Board of Regents, Western Kentucky University, and its employees, agents, officials, affiliates and successors, and the clinical site to which I am assigned of any exposure, illness, disability, or sequela if an illness or injury occurs.

_____ I understand that I, myself, am responsible for all costs and financial obligations associated with exposure, testing, and treatment for COVID-19, any other infectious disease or any injury that should occur during a clinical experience associated with my degree program.

If you agree to all above:

My signature below indicates my understanding of all the above as well as my intent to voluntarily continue in my degree program with participation in clinical experiences as required. I understand that this document will be in effect for all clinical experiences, unless this form is updated by the WKU DPT program in response to changes in infectious disease procedures, or if other risks are identified.

I understand that I may rescind this decision later by requesting a new form to update my agreement.

Student Signature

Date

Student (print name)

If you do not agree to all the above:

Please initial the statement below.

_____ I understand that I have the right to withdraw from clinical experiences, which may result in deceleration within the program.

My signature below indicates my intent not to continue my participation in clinical experiences currently.

Student Signature

Date

APPENDIX K

Student Communication Contract for International Placements:

This procedure is designed to ensure students meet the program goals for assigned clinical experiences, as well as to assist with DCE/ADCE ability to monitor student progress throughout the clinical placement. International clinical placements have multiple differences in communication needs and opportunity compared to domestic experiences. To account for these differences and in order to maintain the connection to the WKU DPT Program (DCE/ADCE), student communication will be scheduled to include:

1. Students must communicate travel itinerary and update with any changes as necessary. An emergency contact and permission to speak with the designated contact person must be in place.

2. Students must have an international phone service plan at their own expense and locate a reliable internet connection while in the host country for the purposes of submitting assignments in BlackBoard, checking email, and completing required video conference sessions.
3. Students must have an established electronic communication application that is compatible with clinical education faculty capability (ie- WhatsApp). This account will be used to connect with DCE and ADCE. Electronic communication as described, along with email will be the preferred methods to communicate with the WKU DPT Clinical Education team. All electronic and email accounts should be checked at a minimum of two times per day.
4. Check in to DCE or ADCE within 24 hours of arrival to host country through approved connection.
5. Video conference call after the first day in the clinic and again at the midterm between DCE/ADCE and student.
6. At least two additional Video conferences around week 2 and again around week 7, that includes both student and clinical instructor. Additional conference calls will be scheduled as needed.
7. Students will submit a WPF in BB each week for the first 4 weeks. Additional weeks may be required. The midterm CPI will occur around the end of week 5, and the final during the final week of the experience.
8. All other procedures included in the clinical education manual and syllabi for expected activities during a clinical experience will be followed, including attendance policy and grading expectations.
9. All procedures outlined in the WKU Student International Travel Policy, as well as the "Agency" contract will be followed.

Failure to adhere to these guidelines could result in a student being pulled from the clinical experience at their expense and current procedures for addressing breaches in professionalism will be followed per the student and clinical education manuals.

Student Name and Date of Signature

Name of Emergency Contact:

Phone Number of Emergency Contact:

Release:

I agree to allow the DCE and Associate DCE at WKU to contact _____ in the event of an emergency while I am engaged in an international clinical experience.

Student Name and Date of Signature

RISK/ABSENCE OF TUBERCULOSIS SYMPTOMS FORM

- | | | |
|--|-------------|---------|
| 1. Have you ever had a history of a positive Mantoux (PPD, TST)? | _____YES | _____NO |
| 2. Have you ever had a BCG Tuberculosis Vaccination? | _____YES | _____NO |
| 3. When was your last chest x-ray? | Date: _____ | |
| 4. Have you had a persistent cough for more than 3 weeks? | _____YES | _____NO |
| 5. Have you had any blood in your sputum? | _____YES | _____NO |
| 6. Do you have pain in your chest when you cough? | _____YES | _____NO |
| 7. Have you recently had a respiratory illness that did not respond to treatment? | _____YES | _____NO |
| 8. Have you had an unexplained fever in the past 3-6 weeks? | _____YES | _____NO |
| 9. Have you experienced any unintentional or unexplained weight loss? | _____YES | _____NO |
| 10. Have you experienced any night sweats? | _____YES | _____NO |
| 11. Have you experienced unexplained increased lethargy or fatigue? | _____YES | _____NO |
| 12. Have you experienced and unexplained loss of appetite? | _____YES | _____NO |
| 13. Have you been in close contact with an individual with known active tuberculosis? | _____YES | _____NO |
| 14. Have you traveled or worked in an environment that is known to have a high risk for TB infection within the last year? | _____YES | _____NO |

Comments (Explain any YES answers above)

Results:

_____ No signs or symptoms of tuberculosis present.

_____ Signs and symptoms of tuberculosis present. Follow-up with Primary Care Provider required.

Health Provider's Signature: _____

Title: _____ Date: _____

Clinic Address: _____ Clinic Name: _____

Student Name: _____

Exam Date: _____