

**DOCTOR
OF
PHYSICAL THERAPY
PROGRAM**

Clinical Education Handbook



**ANGELO STATE UNIVERSITY
Archer College of Health and Human
Services
Doctor of Physical Therapy Program
(Revised June 2022)**

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Angelo State University
Archer College of Health and Human Services
Doctor of Physical Therapy Program

SECTION I: ACADEMIC/CLINICAL EDUCATION PROGRAM

Academic Program

Vision Statement

The Department of Physical Therapy DPT Program at Angelo State University will be a leader in evidence-based, research-focused, practice-oriented preparation of physical therapists.

Program Mission

The mission of the physical therapy program at Angelo State University is to prepare autonomous practitioners, contribute to the knowledge of the field, and provide valuable service to meet the needs of the community.

Clinical Education

The clinical education portion of the curriculum supports the mission and vision of the program by striving to meet the following goals:

- Provide hands-on experiences with “real patients and situations” under the supervision of a licensed physical therapist or another appropriate professional in a variety of settings and locations. These experiences are designed to challenge students to master skills and techniques while developing professional behaviors and attributes that satisfy essential criteria necessary for successful entry into the profession of physical therapy upon graduation. These skills and techniques are taught in the classroom and practiced in the laboratory prior to applying them to clinical situations with clients.
- Obtain mastery of clinical skills and professional behaviors that will prepare the student for entry into the profession of physical therapy upon graduation.

CURRICULUM

Building on the study of normal structure and function, the systems-based lock-step curriculum presents the clinical art and science of physical therapy in an integrated manner organized around four primary body systems (cardiopulmonary, integumentary, musculoskeletal and neurosensory). Concepts between and within each course are cumulative and continued enrollment depends upon mastery and use of previous concepts. Practical clinical experiences are integrated into the academic program at the successful completion of major areas of study. **Students cannot progress to each full-time clinical internship without achieving mastery of the previous didactic portions of the curriculum.**

A. Year 1

1st Term – Summer

	Credits
PT 7311 Clinical Exercise Physiology	3
PT 7710 Clinical Anatomy	7
Total	<hr/> 10

2nd Term - Fall

PT 7240 Evidence-based Practice in Physical Therapy	2
PT 7320 Foundation in Clinical Pathology	3
PT 7330 Functional Biomechanical Relationships	3
PT 7331 Motor Control & Clinical Application	3
PT 7550 Fundamentals of Physical Therapist Examination	5
Total	<hr/> 16

3rd Term – Spring

PT 7221 Cardiopulmonary Pathology	2
PT 7232 Foundation for Systems Review	2
PT 7241 Clinical Research for Physical Therapy	2
PT 7322 Musculoskeletal Pathology	3
PT 7651 Acute Care Management	6
PT 7212 Intro to Neuroscience	2
Total	<hr/> 17

B. Year 2

4th Term – Summer

PT 7234 Education & Communication for Physical Therapy	2
PT 7260 Introduction to Clinical Education and Professionalism	2
PT 7152 Introduction to Therapeutic Exercise	2
Total	<hr/> 6

B. Year 2 (continued)

5th Term Fall		Credits
PT 7261	Acute Care Practicum	2
PT 7242	Evidence-based Practice Seminar I	2
PT 7353	Musculoskeletal Examination and Management I	3
PT 7224	Neuropathology I	2
	Total	<hr/> 9

6th Term – Spring		
PT 7325	Neuromuscular Pathology II	3
PT 7336	Management of Physical Therapy	3
PT 7556	Musculoskeletal Examination and Management II	5
PT 7235	Disability Studies	2
	Total	<hr/> 13

C. Year 3

7th Term – Summer		
PT 7220	Advanced Topics in Physical Therapy (<i>Elective</i>)	(2)
PT 7233	Health Care Issues for Physical Therapists	2
PT 7462	Musculoskeletal Practicum	4
	Total	<hr/> 6

8th Term – Fall		
PT 7243	Evidence-based practice Seminar II	2
PT 7337	Operational Management of Physical Therapy	3
PT 7354	Essentials of Rehabilitation Practice	3
PT 7655	Neuromuscular Examination and Management	6
	Total	<hr/> 14

9th Term - Spring		
PT 7663	Neuromuscular Practicum	6
PT 7344	Evidence-based Practice Seminar III	3
	Total	<hr/> 9
	Total Credits	<hr/> 100 <hr/>

Introduction to Clinical Practice

Students must enroll in and pass PT 7260 Introduction to Clinical Education and Professionalism and PT 7234 Education and Communication for the Physical Therapist as part of the orientation to the clinical education portion of the curriculum. Courses are designed to introduce the student to issues and problems, other than direct patient care, that are a part of the clinical experience. The topics covered in this course include, but are not limited to:

- Clinical instructor training
- The Clinical Internship Evaluation Tool (CIET)
- Written assignments in the clinic
- Communication
- Teaching and learning
- Supervision and delegation
- The health care team and team conferences
- Cultural competence
- Values and Ethics
- Professional behavior
- Sexual harassment, domestic violence and inappropriate patient sexual behavior
- Stress and time management
- Occupational Health and Safety Act and safety

Evaluation of the Clinical Education Program

Student Performance

Clinical Internship Evaluation Tool (CIET)

The instrument used for evaluation of student performance in the clinic is the Clinical Internship Evaluation Tool (CIET) (**Appendix 1**).

Grading Criteria

The Acute Care Practicum, Musculoskeletal Practicum, and Neuromuscular Practicum will be graded on a pass/fail basis. The Director of Clinical Education (DCE) has the ultimate responsibility for assigning grades. The following requirements must be met for successful completion of the course (passing grade):

- Meets expectations on the CIET that are listed in the course syllabus.
- Completes all clinical assignments in a satisfactory manner and on time according to the course syllabus.
- No problems with Significant Concerns at Final Evaluation.

Students who fail to submit required assignments or who submit assignments late are in danger of failing the practicum and may not be eligible to attend class upon return to campus.

Clinical Instruction and Clinical Site

Clinical instructors are evaluated using the Clinical Instructor Evaluation Form (Appendix 9) by the DCE annually in each year that they supervise a student physical therapist. This form was developed using *A Normative Model of Physical Therapist Professional Education: Version 2004* and ASU's *Clinical Education Handbook*. Information on each Clinical Instructor is collected from the Clinical Instructor Details provided by students in Exxat (clinical management system), the facility's Clinical Site Information Form (CSIF) (Appendix 2), Student Mid-term and Final PTSE (Physical Therapist Student Evaluation - from APTA Clinical Experience and Clinical Instruction Evaluation) 1 & PTSE 2 (Appendix 3), Mid-term Faculty Site Visit Evaluation form (Appendix 4), clinical debriefing sessions/questionnaires with students and faculty, and other communication with the Clinical Instructor, Site Coordinator of

Clinical Education (SCCE) and the student physical therapist.

Results are compiled, analyzed, summarized, and discussed by the DCE with the faculty and Department Chair. Data is used to determine appropriateness of clinical faculty and sites for continuing student placement.

The clinical education experiences of the students are evaluated yearly in multiple ways. The number and variety of clinical sites are determined from the following: pre-placement visits by the DCE, student midterm and final site evaluations (PTSEs), and available sites confirmed from March mailer. Sites are classified by primary and secondary services, and patient/client populations are available for student placement in a variety of settings over the continuum of care. Exxat is used to track the types and number of clinical sites established and those in process.

There is an assessment of the clinical education program as a whole to determine the adequacy of the program in meeting the needs of the students, as well as fulfillment of the mission and philosophy of the DPT program by using an electronic survey of the Clinical Practicum Course Outcomes form (**Appendix 5**). The students quantitatively evaluate the clinical experience at midterm and again at the end of the experience using an electronic adaptation of the PTSE 1 and PTSE 2 forms (**Appendix 3**) available in Exxat and qualitatively with an oral and/or written debriefing session after each practicum. All data are analyzed, summarized, and provided to core DPT faculty.

Problem Resolution (Program and Clinical)

Complaints and/or problems which arise within the Department of Physical Therapy should be brought to the attention of the Department Chair and be resolved expediently with respect for all parties involved. All activities and records regarding problem resolution shall be kept confidential, as applicable to institutional policy and Texas state law. The faculty member (e.g., Course Coordinator, Academic Advisor, Department Chair, etc.) is responsible for recording the concern and establishing a plan of resolution. *Complaints and grievances outside the university due process will be managed according to departmental policy on the matter (**Appendix 11a**).*

The following procedure is recommended to resolve issues which may arise using the Problem Resolution Form (**Appendix 11**).

1. Problem resolution begins with open and confidential discussion between the parties involved as soon as the problem is identified.
2. The DCE will be notified by either or all parties. If the problem requires intervention, and/or if not resolved after Step 1, the completed Problem Resolution form shall be forwarded to the Department Chair.
3. The complainant will be advised to follow the steps outlined above if the complainant brings the problem directly to the Department Chair.
4. The Department Chair will investigate each incident fairly and confidentially.
5. The Department Chair will offer suggestions and strategies for resolution of the problem to the complainant.
6. The Problem Resolution Form shall be labeled "confidential" and kept on file in the Physical Therapy Program for five years in a locked file cabinet in a locked office.
7. As needed, the Department Chair may in turn refer the incident to the Office of Student Affairs and Enrollment Management as indicated. The Department of Physical Therapy aligns itself with

Angelo State University procedures under the Angelo State University Student Handbook and Code of Conduct located at <http://www.angelo.edu/student-handbook/> .

SECTION II: CLINICAL SITES

Criteria for Clinical Sites

Selection of a Clinical Site

The DCE is responsible for selecting, establishing, developing and evaluating appropriate clinical sites. The primary consideration is the desire of the facility to be involved in the education of future physical therapists. The administrative and professional staff of the clinical facility must support this desire.

Sites are selected based on the following minimum criteria:

- The clinical facility's philosophy and objectives for patient/client care and education are similar to and compatible with those of the physical therapy educational program.
- Clinical staff members meet the legal requirements to practice in their setting and maintain ethical standards of practice.
- The programs for the clinical experience reflect the objectives of the individual student, the educational program, and the clinical facility.
- The clinical staff evaluates and reports on the performance of the student as well as provides consistent and constructive feedback to the student throughout the clinical experience.
- The clinical facility has a variety of learning experiences available during the clinical experience.
- The clinical facility has an open, stimulating, learning environment that is appropriate for the learning needs of the student.
- The roles of the various types of physical therapy personnel at the clinical facility are clearly defined and distinguished from one another.
- The clinical facility is willing to sign a legal agreement (STUDENT CLINICAL EXPERIENCE PROGRAM AGREEMENT / INSTITUTIONAL AFFILIATION AGREEMENT **Appendix 6**) or facility generated document with Angelo State University.
- The clinical facility maintains approval from the proper local, state and federal government agencies as well as from the appropriate national accreditation agency(s).
- Out of state sites are located in a participating member state of the State Authorization Reciprocity Agreement (SARA).

Establishment of a Clinical Site

When a potential site has been identified, the DCE, clinical education or program office coordinator will contact the facility regarding its potential to become a clinical site for students.

- A fully executed Student Clinical Experience Program Agreement/Institutional Affiliation Agreement (**Appendix 6**) or Facility Contract that outlines the responsibilities of all parties in the agreement must be received and on file prior to student placement in the facility. The process for an Angelo State University contract is as follows:
 - The DCE, Clinical Education Office Coordinator, or representative from Angelo State University's Office of Materials Management sends the contract electronically or by regular mail to the site.
 - Contract negotiations are handled by Angelo State University's Office of Materials Management under the advice of Texas Tech University System's legal counsel.
 - All contract negotiations are resolved before the contract is submitted to the university administration for approval.

- Administration approval includes the Department Chair of Physical Therapy.
 - An executed contract electronic copy is housed in a password protected (Exxat) clinical management software and a copy is distributed to the Office of Materials Management.
 - The facility may choose to use its own contract. In this case, the procedure for approval is as follows:
 - The contract is submitted to Angelo State University's Office of Material Management for review to ensure that all necessary elements are included to minimize risk to the university.
 - Any amendments are negotiated with the advice of Texas Tech System's legal counsel.
 - Administration approval includes the Department Chair of Physical Therapy.
 - An executed contract electronic copy is housed in a password protected (Exxat) clinical management software and a copy is distributed to the Office of Materials Management.
 - The Physical Therapy Department maintains a clinical education management software (Exxat) that allows for tracking of contracts that are in need of renewal. The renewal process is handled as outlined above.
- Inter-state Clinical Education Agreements
 - Angelo State University is a member of the State Authorization Reciprocity Agreement (SARA).
 - When establishing a new clinical affiliation agreement, the DCE will determine if the clinical site is in a state that is a member of SARA. If the state is a member, no additional authorization is required from the state for the student's clinical practicum.
 - Clinical sites that are not in states that are members of SARA will not be available for student placement.
 - A list of approved practicum states is located in the office of the DCE and Department of Materials Management.
 - No student will be allowed to participate in an inter-state practicum without proper state approval.

Benefits of Participation

Through cooperation, the University and the Clinical Facility will promote and develop excellence in patient care and education. Further, it is acknowledged that the educational program at Angelo State University will be enhanced through the use of the staff, resources, and facilities at the Clinical Facility and that the Clinical Facility will benefit through the stimulus of association with the University, its faculty members, resources, facilities, and its students. The University provides continuing education courses at a discounted rate for Clinical Facilities that accommodate students. Faculty members serve as resources to Clinical Facilities when searching for evidence-based practice methods. The University is receptive and encourages research collaboration between Faculty, Students, and Clinical Facilities.

Adjunct Faculty

Adjunct faculty are local clinical personnel who teach portions of the curriculum or regularly accept ASU students for clinical practicums, observation, and integration experiences. A listing of

adjunct faculty may be found in the Angelo State University Catalog.

Evaluation of a Clinical Site

A clinical site is evaluated continuously by the DCE with assistance from other faculty members, students and the clinical staff (**Appendix 3, Appendix 4, Appendix 9**). Results of the evaluation may be used to determine the continued use of a site for the education of the students. Information for the evaluation is gathered from several sources including:

- Student feedback given at the mid-term site/phone visit and during debriefing after practicum completion.
- The student evaluation of the facility that is completed at the end PTSE 2 (**Appendix 3**) of each student experience.
- The review of the facility and staff that occurs with each on-site or phone visit by the DCE or a faculty member, will be logged in Exxat under the site assessment.
- Feedback from supervisory personnel including the SCCE and/or the Clinical Site's Program Director.

The areas addressed in these sources will include evaluation of communication skills of the clinical faculty member, the appropriateness of supervision and learning experiences offered by the clinical faculty member, and the ability to evaluate each student's performance thoughtfully and accurately.

The assessment form (**Appendix 9**) for clinical faculty is based on resources from the American Physical Therapy Association including the Normative Model Version 2004.

The information gathered from all sources will be used to identify topics for clinical faculty development activities coordinated by the DCE.

Renewal of a Clinical Site

The continued use of a clinical site is a mutual decision between the university and the facility. The "STUDENT CLINICAL EXPERIENCE PROGRAM AGREEMENT/INSTITUTIONAL AFFILIATION AGREEMENT" initiated by Angelo State University with an initial term of one year and then may be automatically renewed on an annual basis, not to exceed four one-year renewals, or unless terminated by either party. Facility generated contracts are renewed according to the specifications in the agreement.

Key Personnel

Clinical Advisory Board

The Clinical Advisory Board (**Appendix 10**) is composed of local clinical personnel from a variety of clinical sites who have agreed to act as consultants for the DCE. Their duties are as follows:

1. Provide current news and information from their site and the local medical community.
2. Provide feedback to the core faculty regarding the strengths and weaknesses of the preparation of the students and the administration of the clinical education program.
3. Offer suggestions for improvement of all aspects of the clinical education program.
4. Provide current information about the impact of current issues facing clinicians including pending and current state and federal regulations, reimbursement, etc.
5. Evaluate and respond to ideas of the core faculty to improve the quality of the clinical education program.

6. Offer suggestions for topics for training sessions and other means that the core faculty can use to prepare and support the clinical education faculty and local clinicians.

Site Coordinator of Clinical Education (SCCE)

The facility is responsible for designating a person who will act as the liaison between the school and the facility. Requirements for the SCCE are designated from the Guidelines to Promote Excellence in Clinical Education Partnerships HOD G06-19-62-59 and are as follows:

The SCCE is encouraged to be a member of the American Physical Therapy Association (APTA) if eligible, and is active in professional activities.

- The SCCE has specific qualifications and is responsible for coordinating the assignments and activities of students at the clinical education site.
- The SCCE demonstrates effective communication and interpersonal skills.
- The SCCE demonstrates effective instructional skills.
- The SCCE demonstrates effective supervisory skills.
- The SCCE demonstrates effective performance evaluation skills.
- The SCCE demonstrates effective administrative and managerial skills.

The SCCE seeks opportunities to engage in continuing education related to the roles of supervisor, educator, and/or manager

Clinical Instructor (CI)

- This person is a licensed physical therapist employed by the clinical center, who is designated by the Site Coordinator of Clinical Education (SCCE) to supervise and evaluate the activities of the student physical therapist(s) assigned by the SCCE.
- The CI will be required to have a minimum of one year full-time experience in clinical practice, demonstrate a willingness to be involved in the clinical education program, understand the goals and philosophy of the physical therapy program, evaluate each student's progress with attention to accuracy and supervise each student appropriately, and this is the person to whom the student is directly responsible. In smaller facilities, the SCCE and the CI may be the same person. It is desirable for the CI to have completed a basic CI Credentialing Course through the APTA or another agency, i.e., a consortium. The CI is responsible for maintaining communication with the Director of Clinical Education (DCE), Site Coordinator of Clinical Education (SCCE) and the assigned student during the Practicum (i.e., notification of student progress and problems). See policy regarding problem resolution (page 17) and **Appendix 11** for Problem Resolution Form.

Requirements for the CI are designated from the Guidelines to Promote Excellence in Clinical Education Partnerships HOD G06-19-62-59 and are as follows:

- The CI is encouraged to be a member of APTA and is active in professional activities.
The CI demonstrates clinical competence and legal and ethical behavior that meet or exceed the expectations of members of the physical therapy profession.
- The CI demonstrates effective communication skills.
- The CI demonstrates effective behavior, conduct, and skill in interpersonal relationships.
- The CI demonstrates effective instructional skills.
- The CI demonstrates effective supervisory skills.
- The CI demonstrates effective performance evaluation skills.

- The CI seeks opportunities to engage in continuing education related to the role of an educator.

Evaluation of CI:

- The CI's overall performance is rated on a Likert scale from 1-5. One representing poor performance and 5 excellent performances. The program requires a mean of ≥ 3 (good) for continued assignment of students to the CI.
- The CI's performance is scored by calculating a mean on the 10 categories on the Clinical Instructor Evaluation Form (Appendix 9) and categories 5-10 and 12-21 on Section II of the final PTSE (**Appendix 3**).
- The CI's rating and qualifying comments are stored in Exxat.

Information Provided to Clinical Site

The information provided to the clinical site is governed by the Federal Family Education Rights and Privacy Act of 1974 (FERPA). All clinical sites receive the information listed below. This information is transmitted electronically to the SCCE four to six weeks prior to the start of the clinical rotation.

Information Provided by the DCE:

1. Clinical Education Handbook (on-line at Program website). [Angelo State University](#)
2. Qualifications and responsibilities of the CI
3. Instructions on how to access the Clinical Internship Evaluation Tool (CIET)
4. CIET anchor definitions
5. Syllabus with the course objectives for the specific clinical experience. The program of study and syllabi from completed academic courses will be provided as needed or upon request of the site.
6. Student and University liability insurance information.
7. Health and insurance information as required by the clinical site.
8. Current CPR certification

Information Provided by the Assigned Student:

1. Student profile completed in Exxat including introductory statement, self-assessment, emergency contact information.
2. Criminal Background Check if requested by the clinical site.
3. Drug screen if requested by the site.
4. Additional compliance documentation designated by the clinical site.

From time to time, the DCE may share information about the performance of a specific student with the SCCE in order to assist the clinical site in planning and delivering appropriate learning experiences.

At mid-term and conclusion of the clinical assignment, the student will complete the electronic version of the student evaluation of the clinical experience PTSE (**Appendix 3**). The mid-term and final evaluation will be shared with the Clinical Instructor. The student will also send a thank-you letter to the clinical instructor after completion of the clinical experience.

Responsibilities of a Clinical Site

Legal

The legal responsibilities of the clinical site are delineated in the legal agreement (e.g., STUDENT CLINICAL EXPERIENCE PROGRAM AGREEMENT / INSTITUTIONAL AFFILIATION AGREEMENT, **Appendix 6**). Additional responsibilities include but are not limited to:

- Orienting the student to the appropriate policies and procedures.
- Providing learning experiences appropriate to the learner's level of knowledge.
- Evaluating the student's performance.
- Providing appropriate facilities for student learning.
- Providing adequate time for conferences between the student and the Clinical Instructor (CI).
- Participating in face to face and/or phone conferences with the DCE.

Evaluation of Student Performance

The program has chosen to use the Clinical Internship Evaluation Tool (CIET) to evaluate student performance in the clinical setting. All users of this document including students, CI's, SCCE's, and the DCE must complete an on-line training provided through video. The CI is the person responsible for evaluating the student's performance in the clinical education facility and completing this document. These performance assessments include both formative and summative evaluations. Formative evaluations are in the form of written and/or verbal feedback. It is highly recommended that feedback be given frequently to help the student improve performance on specific skills that the student is attempting to master. See **Appendix 14** for guidelines on "Giving and Receiving Feedback." Summative evaluations are written summaries of the student's progress to that point. These are completed (at a minimum) at the middle and the end of the clinical experience, but may be given and/or be required more frequently as warranted by the student's performance. Students are also expected to evaluate their performance through self-assessment using the CIET.

SECTION III: STUDENT PHYSICAL THERAPIST

Requirements for Participation in Clinical Education

General Requirements

Program:

Students must meet the following requirements to participate in each sequence of Clinical Education:

- Purchase of Exxat Approve annually for compliance documentation management and tracking
– Incoming cohorts must purchase this package in April of incoming year.
- Each subsequent year, students must purchase this package in May of each year.

A. Program Entry Requirements

1. Health Requirements
 - TB Test (annual)
 - MMR (Measles, Mumps, Rubella)
 - Poliomyelitis
 - Hepatitis B or a signed statement of declination of the vaccination
 - Varicella
 - Tdap (Tetanus/Diphtheria/Pertussis)
 - Meningitis (if new to ASU) unless 22 years of age or older
2. 10-panel drug screen
3. Criminal Background Check
4. Current health insurance
5. Meets all requirements of the College of Graduate Studies.

B. Additional Program Requirements throughout the program: (see program requirement sheet)

1. Health Requirements
 - Influenza (annual)
 - COVID -19 Vaccination (if required by clinical site)
2. CPR Certification
3. Malpractice Insurance – The department will obtain malpractice insurance coverage in the amount of \$1,000,000/\$5,000,000 for each student. The insurance covers the student for activities that are part of the curriculum until graduation.

The student must understand that some clinical facilities may have **other health and/or safety**

requirements that the student will be required to meet at the student's expense. Students may be requested to secure a physician's medical clearance for certain program activities due to a medical condition that may limit or restrict participation in didactic or clinical aspects of the DPT program.

- Professional Behaviors Assessment (**Appendix 15**)
- Mastery level in all didactic course work preceding each clinical internship including a "pass" on all Practical Examinations and Integration Experiences during Exam & Management Courses

Students may receive the required immunizations and/or titers from the Health Department or their own private physician. The students are responsible for any fee charged. Current evidence of immunizations is required annually throughout enrollment in the physical therapy program.

Documentation must be uploaded into Exxat for review by Director of Clinical Education (DCE). Evidence of current immunizations must be presented to each clinical site prior to student's arrival at the site, so students are responsible for making sure the information is current. **Failure to keep documents uploaded can result in disciplinary tracking form.**

The student must understand that some clinical facilities may have **other health and/or safety requirements** that the student will be required to meet at the student's expense. This includes extra vaccinations, titers, background checks, and drug tests (10 panel, 12 panel).

Malpractice Insurance

The program purchases liability insurance for each student in the amount of \$1,000,000/\$5,000,000. The insurance covers the student for all activities in the clinical site that are a part of the curriculum until the student graduates and/or is no longer enrolled in the program. This policy is a "student blanket" policy.

Professional Behavior

Students are expected to exhibit professional behavior at all times while in the clinic. Clinical site faculty evaluates the student's professional behavior through the Clinical Performance Instrument.

No tobacco use is permitted in any clinical facility. The illicit use of drugs and/or alcohol will result in immediate dismissal from the program. Please refer to the section titled "Immediate Removal from the Clinical Experience" on page 17 of this handbook.

Dress Code/Hygiene

All students and faculty members are required to project a professional image. Students are expected to dress in a professional manner when in the clinic. Appearance reflects not only upon the individual, but also upon the Angelo State University's Doctor of Physical Therapy Program and the physical therapy profession. If a student appears at a clinical site inappropriately attired, the clinical instructor or site's representative has the authority to require the student to correct the situation.

Students should follow these guidelines for appropriate clinical attire unless the agency specifies alternative attire.

- ◆ **Accepted Clinical Facility Attire with ASU nametag** (issued by the ASU DPT program) should be worn at each off-campus assignment.
- ◆ **Personal Hygiene** - Students should maintain a high level of personal hygiene, be neatly dressed, be well groomed and avoid "stylish" modes of attire during all clinical internships.

This includes daily bathing. Hair, including facial hair, should be clean and neatly groomed. Long hair should be tied back to not interfere with patient/client treatment. Fingernails should be kept clean and trimmed short. Makeup should be light and tasteful. Students are advised to use unscented or very lightly scented soap, deodorant, and shaving and hair products to avoid causing problems for patients/clients who are allergic to fragrances. Students should never use heavy perfumes and colognes.

- ◆ **Closed-Toe Shoes** – Shoes should be kept clean. No sandals, mules, clogs, flip-flops or high heels should be worn. Shoes should always be worn with socks or stockings.
- ◆ **No Jeans, T-shirts, Tank Tops or short skirts** – All clothing should present a professional appearance. Button down shirts, polo shirts, blouses and dress slacks are preferred. Shirts or blouses should be tucked in at all times.
- ◆ **Jewelry** - Simple earrings, plain neck-chains and wedding bands are permitted. Avoid large or costume jewelry, as it is a safety hazard. Any jewelry that the student chooses to wear should be kept to a minimum and tasteful.

Attendance

Online: Clinical Practicum courses are asynchronous, meaning you do not have to be on-line at a certain time. There are readings which you will have to complete to be able to adequately participate in individual and group assignments. In order to complete this course successfully, you do have to participate in all course activities i.e. discussion boards, course projects, reflective logs, etc. Students are expected to engage in course activities and submit work by due dates and times. The hope is that students will make substantive contributions which reflect integration of assigned materials as well as any outside readings as appropriate. Scholarly contribution is an expectation. For planning purposes, this class will probably require a minimum of 6-9 study hours per week on average.

In Clinic: Students are expected to attend clinic every day it is scheduled. When in the clinic, students are expected to follow the holiday policy of the clinic, not the University. **Illness and personal emergencies are the only excused absences after contacting the CI and the DCE.** Absences for other reasons are considered unexcused. The first unexcused absence will place a student on First Clinical Probation. See Clinical Probation Policy, Clinical Education Handbook.

Students are required to follow the clinical facility policy regarding their return to work after an illness. Students are required to make up all absences in excess of two working days. Absences less than two days will be handled on an individual basis. Students are required to make up all missed assignments due to any absence from the clinic.

Students are expected to arrive at the clinical site on time and prepared for the day. Tardiness will not be tolerated. A second unexcused tardiness will place the student on first clinical probation, Clinical Probation Policy, Clinical Education Handbook. Examples of excused tardiness include: congested traffic due to an accident, mechanical failure of vehicle, and a personal emergency that requires immediate attention. **In the event of potential late arrival to the clinic, the CI and DCE should be contacted by phone or other established means of communication.**

Accident/Incident Reporting

Any student involved in an accident/incident (e.g. fall) must notify the DCE, clinical instructor and/or Program Director immediately. Information will then be provided on appropriate action to take.

Reporting of any incident must be done immediately for the safety of all persons involved. A Student Accident/Incident Report (**Appendix 30**) available on the Environmental Health, Safety and Risk Management website at [20847-student-accident-report \(angelo.edu\)](http://20847-student-accident-report(angelo.edu)) **must** be completed no matter how

insignificant the incident may appear. Facility incident report may also be required.

Travel/Living Expenses

Students are responsible for providing their own transportation and lodging for all learning experiences associated with the clinical education component of the curriculum. Students should anticipate a total additional cost of \$6,000 to \$7,000 for all full-time clinical experiences. The total cost may vary significantly from student to student and from clinical to clinical depending on the cost of living and travel expenses.

ADA Accommodations in the Clinic

ASU is committed to the principle that no qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the university, or be subjected to discrimination by the university, as provided by the Americans with Disabilities Act of 1990 (ADA), the Americans with Disabilities Act Amendments Act of 2008 (ADAAA), and subsequent legislation.

Student Affairs is the designated campus department charged with the responsibility of reviewing and authorizing requests for reasonable accommodations based on a disability, and **it is the student's responsibility** to initiate such a request by emailing ADA@angelo.edu, or by contacting:

Mrs. Dallas Swafford
Director of Student Disability Services
Office of Student Affairs
University Center, Suite 112
325-942-2047 Office
325-942-2211 FAX
Dallas.Swafford@angelo.edu

When a student states he or she could meet the program's technical standards with accommodation(s), the Office of Student Affairs will confirm that the stated condition qualifies as a disability under applicable laws. If the condition qualifies as a disability, the University will determine if it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review of whether or not the accommodation requested is reasonable, taking into account whether or not the accommodation would jeopardize clinician/patient safety or the educational process of the student or the institution, including all course work, clinical educational experiences and internships deemed essential to graduation. Students are required to read and sign the DPT program's technical standards (DPT Program Student Handbook **Appendix 19**) form and to update their responses on this form if their health status changes.

A student who requires accommodation to meet the technical standards must obtain verification by the Office of Student Affairs that proper reasonable accommodation is available for the student to meet the standard. The program will not provide accommodation without such written verification. Accommodations that affect the student's clinical education are subject to approval by the clinical site.

Requests for accommodations for injuries or illnesses that occur during the clinical rotation must be received by the DCE within 48 hours of the discovery of the disability. These requests will be handled through the Problem Resolution Process (**Appendix 11 Clinical Education Handbook**).

The Clinical Education Experience

Student Input into Selection of a Clinical Site

Students will complete a minimum of three (3) rotations at a variety of sites across the United States.

These rotations include an eight (8) week acute care practicum, a ten (10) week outpatient musculoskeletal practicum and a twelve (12) week rehabilitation practicum (in-patient or outpatient). At least six (6) months prior to each full-time clinical experience, the DCE will ask for geographical input for cities/regions where the student prefers placement. Geographical input should be submitted by the deadline established by the DCE.

Due to the competitiveness of clinical placements throughout the established DPT programs in the United States, placements will be assigned using slots gathered from the March Mailer first and any remaining placements will occur at appropriate sites with an established clinical affiliation agreement. Students will be notified after placement has been finalized with the clinical site. The program cannot guarantee that all needs will be met at all times. Placements may be changed in the event that the clinical site notifies the DCE of a change in available staffing or ability to accommodate a student. Student requests to change clinical sites may only be considered in emergent situations. The academic needs of the student represent the first priority in the final decision for clinical placement. Sites will be assigned by the DCE using the process for Clinical Site Selection (**Appendix 20**).

The DCE makes the decision for student placement.

Student Preparation for the Clinical Experience

Each student is responsible for his/her preparation for the clinical experience. Preparation includes but is not limited to:

- ✓ Completing a review of all information about the site including location, health requirements, dress code, hours of operation, directions, etc.
- ✓ Completing the student profile section in Exxat at least 6 weeks prior to the start date of the practicum experience.
- ✓ Arranging for housing well in advance of the clinical internship start date. Be certain of what household items you will need, safety of the house, utility expectations, etc.
- ✓ Completing health requirements, current CPR certification, and current health insurance coverage.
- ✓ Taking necessary dress code items. Also, you must take and wear your Angelo State University nametag.
- ✓ Assembling textbooks, notebooks, Clinical Education Handbook (available online), Clinical Journal and weekly logs/envelopes to take to clinic.
- ✓ Assuring necessary transportation needs will be met for the clinical experience, including timely arrival/departure for the assigned hours; necessary transportation for special experiences and home health visits, if necessary.

Student Responsibilities in the Clinic

Students are expected to exhibit professional behavior at all times in the clinic. In addition, students will:

- Dress according to the facility's dress code or ASU's dress code if the facility does not

- indicate a preference.
- Follow the attendance policy established by the clinic.
- Contribute to each facility through an educational presentation or project. Acceptable presentations are in-services (**Appendix 21**), evidence based patient outline presentations (**Appendix 22**) or special projects (**Appendix 23**). Examples of special projects are a brochure or pamphlet, an article for hospital newsletter, a slide show, a video, an exercise protocol, etc. The student is expected to do an in-service on the first clinical experience, a case presentation on the second experience and a special project on the third rotation. The student must obtain approval for in-service topics, case study subjects, and special projects from the clinical instructor and/or the SCCE and the DCE prior to the presentation. A copy of the in-service, case study presentation or special project and an outline that includes the required information must be submitted to the DCE before a grade for the clinical experience will be issued.
- Participate in professional activities at the site as requested by the clinical instructor (e.g. facility and/or Program orientation, staff meetings, team meetings, committee meetings, training of new and/or non-professional staff, etc.).
- Follow the applicable local, state and federal laws, including but not limited to HIPAA, state licensure laws and rules, Medicare/Medicaid regulations, etc.
- Follow the rules and regulations, policies and procedures of the clinical site and the Program/area to which the student is assigned. These may include, but are not limited to, policies about patient rights, protected health information, obtaining and using images, clinical protocols, etc.
- Participate in the evaluation of his/her mastery of the physical therapy competencies. Please see **Appendix 14** for guidelines on “Giving and Receiving Feedback.” “Participation” includes, but is not limited to completion and discussion of the following assessments:
 - Clinical Internship Evaluation Tool (**Appendix 1**)
 - Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (**Appendix 3**)
 - Student Self-Assessment of Competency (**Appendix 13**)
- Complete the weekly activity logs (**Appendix 24**), guidelines for reflective practice (journal or evidence based patient outline, (**Appendix 25**), special projects and other assignments including but not limited to Reflective Question postings and midterm and final reflections (**Appendix 25**) from the DCE.
- Evaluate the effectiveness of the clinical internship and discuss with the facility (**Appendix 3**). This evaluation must be turned in to the DCE by the completion of the clinical experience. Failure to submit **Appendix 3**, The Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction will result in a failing grade for the practicum.

Problem Resolution:

Problems that arise in the clinical setting shall be resolved expediently with respect for all parties involved.

Effort will be made to maximize the learning potential in each situation. All activities and records regarding problem resolution shall be kept confidential according to the applicable institutional policies and Texas state laws.

The following procedure is recommended to students, faculty, clinical personnel and/or other outside parties to resolve issues that may arise. The Problem Resolution Form (**Appendix 11**) will be used to document the situation.

1. Problem resolution begins with open and confidential discussion between the parties involved as soon as the problem is identified. (e.g. between the student and the Clinical Instructor)
2. Either or both parties should consult the Site Coordinator of Clinical Education (SCCE) if the problem requires intervention and/or if not resolved after Step 1.
3. The SCCE or CI, as appropriate, should contact the Director of Clinical Education (DCE) when the problem is brought to their attention.
4. The student may bring the problem to the DCE after following steps 1 and 2.
5. The DCE will conduct a fair and confidential investigation.
6. The DCE will offer suggestions for resolution of the problem to the student and the SCCE/CI.
7. The DCE, SCCE/CI and/or student may contact the Program Director if the problem is not solved after step 6. If the problem is not resolved at the Program level, the process continues as outlined in the Student Handbook for the Physical Therapy Program.
8. The DCE will document all "Problems" using the "Problem Resolution" form (**Appendix 11**). This form shall be labeled "confidential" and kept in the Doctor of Physical Therapy Program's Coordinator's office for five (5) years.

Breach of Program Policy(s)

Clinical Probation

A student will be placed on clinical probation at midterm for any one of the following reasons:

1. A "No" box is checked on the CIET indicating the student is not performing at a level that is satisfactory for his/her level of current education,
and/or
2. A student's CIET rating falls below expected level per practicum syllabus at mid-term, and/or the clinical instructor's comments indicate that the student has not reached mastery level of expectations

Students may be placed on probation for the following at any point during the practicum experience.

1. A student has one (1) unexcused absence.
and/or
- 2. A student has two (2) unexcused tardy arrivals to clinic.**

The Director of Clinical Education will issue a probation letter signed by the Department Chair detailing the conditions of probation and expeditiously deliver it to the student.

Probation Conditions

The conditions of probation may include but are not limited to:

1. Established meetings between the DCE, SCCE, CI and/or student.
2. Weekly review of progress with DCE.

3. Written learning contract between the CI and the student.
 4. Bi-weekly evaluations by the CI.
 5. Additional clinical experience to remediate the areas of concern.
 6. Counseling.
 7. Didactic remediation.
 8. Make-up of missed time and assignments from unexcused absence.
- A student's status during probation will be documented on the Clinical Probation Tracking Form (**Appendix 27**).

Termination of Clinical Probation

Probation will terminate upon successful completion of the conditions defined in the probation letter.

Failure to Meet Probation Conditions

The consequences of unsuccessful completion of the probation conditions are:

1. A failing grade for the clinical practicum.
2. Review of the student's status by the Academic Committee. (The Academic Committee consists of all core physical therapy faculty assigned to the Doctor of Physical Therapy Program, in consultation, as applicable with supportive or adjunct physical therapy faculty.)
3. Possible recommendation to the Dean of the College of Graduate Studies for dismissal from the program.

Please see "Probation Policies" in the Student Handbook of the Doctor of Physical Therapy Program. Students have the right to appeal any decision of the Academic Committee.

Failure of the Clinical Internship

A student may fail a clinical experience when:

1. A student's CIET rating falls below expected mastery level per practicum syllabus at the final evaluation in any section of the grading tool and/or the clinical instructor's comments indicate that the student has not reached mastery for that clinical setting,
and/or
2. A "No" box is checked on the CIET indicating the student is not performing at a level that is satisfactory for his/her level of current education at the final evaluation of the student's performance,
and/or
3. A student fails to meet the probation conditions in the probation letter,
and/or
4. A student has two (2) unexcused absences or three (3) unexcused tardy arrivals

A student who fails a clinical experience is subject to automatic review by the Academic Committee.

Immediate Removal from the Clinical Experience

The student physical therapist will be immediately removed from the clinical experience, receive a grade of "F" in the course, and may be permanently dismissed from the physical therapy program for any behavior that is inconsistent with the professional physical therapist and/or the Texas Physical Therapy Practice Act, Rule 322.4: Practicing in a Manner Detrimental to the Public Health and Welfare (**Appendix 28**).

Some specific examples of misconduct for which students may be subject to disciplinary action include, but are not limited to:

1. Unprofessional, unsafe or unethical behavior on the part of the student.
2. Failure on the part of the student to meet any necessary academic requirements.
3. Arrest for a felony or crime involving moral turpitude or theft.
4. Use of alcohol, drugs, or other toxic or foreign agents.

Evaluation of the Clinical Education Program

Student Evaluation

Students interviewed at mid-term and at the completion of clinical internships will provide feedback about the variety of learning experiences offered, the level of supervision provided, the appropriateness of the site for their level of expertise, and the clarity of understanding concerning student, program, and clinical faculty expectations for the clinical experience (**Appendix 3**). Students also participate in clinical debriefing where they are given the opportunity to comment on aspects of the clinical education program. Students complete a survey evaluation of the effectiveness of the DCE after the completion of each full-time clinical education portion of the curriculum.

Faculty Evaluation

Faculty mid-term site visits will offer insight into the appropriateness of the site, the variety of learning experiences that are available, the communication between student and faculty staff (See **Appendix 4**, Mid-Term Site Visit Evaluation Form). Faculty will also be expected to offer feedback on the administration and effectiveness of the clinical education program at mid-term site visits or any other time such feedback is necessary. (See Clinical Site Update Form **Appendix 29**)

Clinical faculty are evaluated each year that they supervise a student using the Clinical Instructor Evaluation (**Appendix 9**).

Clinical practicum course outcomes are measured after each clinical practicum using the Clinical Practicum Course Outcome form (**Appendix 5**). The form is provided electronically in Exxat.

The information gathered from these sources will be used to plan improvements to the clinical education program and the DPT program's curriculum so that it will continue to meet the needs of the student physical therapists while advancing the mission and objectives of the DPT program.

Student Name: _____ Indicate Midterm or Final: _____

Clinical Internship Evaluation Tool (CIET)

Part 1. Standards for Professional Behaviors

Professional Behaviors: SAFETY

1. Follows health and safety precautions (e.g., universal standard precautions).
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
2. Takes appropriate measures to minimize risk of injury to self (e.g., appropriate body mechanics).
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
3. Takes appropriate measures to minimize risk of injury to patient (e.g., choose correct level of assist).
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always

COMMENTS:

Professional Behaviors: PROFESSIONAL ETHICS

1. Demonstrates compliance with all regulations regarding patient privacy, confidentiality, and security (e.g., HIPAA, DOH, State Practice Act).
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
2. Demonstrates positive regard for patients/peers during interactions.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
3. Demonstrates cultural competence (e.g., shows tolerance of and sensitivity to individual differences).
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
4. Adheres to ethical and legal standards of practice, including Practice Act and APTA Code of Ethics.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
5. Maintains appropriate appearance and attire in accordance with the facility's dress code.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
6. Maintains appropriate professional conduct and demeanor as per the Code of Professional Conduct.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
7. Demonstrates awareness of patients' rights and responsibilities.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always

COMMENTS:

Professional Behaviors: INITIATIVE

1. Recognizes and maximizes opportunity for learning.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
2. Implements constructive criticism.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
3. Utilizes available resources for problem solving.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always

Student Name: _____ Indicate Midterm or Final: _____

4. Is a positive contributor to the efficient operation of the clinic through the demonstration of teamwork and flexibility.
___Never___Rarely___Sometimes___Most of the time___Always

COMMENTS:

Professional Behaviors: COMMUNICATION SKILLS

1. Communicates verbally with precise and appropriate terminology and in a timely manner with patients and families/caregivers.
___Never___Rarely___Sometimes___Most of the time ___Always
2. Communicates verbally with precise and appropriate terminology and in a timely manner with health care professionals (e.g., MD's, nurses, insurance carriers, OT, SLT, etc.).
___Never___Rarely___Sometimes___Most of the time ___Always
3. Communicates in writing with precise and appropriate terminology and in a timely manner when completing patient documentation.
___Never___Rarely___Sometimes___Most of the time ___Always
4. Communicates in writing with precise and appropriate terminology and in a timely manner when completing documentation to professionals (e.g., plans of care, physician letters, etc.).
___Never___Rarely___Sometimes___Most of the time ___Always
5. Communicates in writing with precise and appropriate terminology and in a timely manner with patients and families/caregivers when creating home programs, patient instructions, etc.
___Never___Rarely___Sometimes___Most of the time ___Always

COMMENTS:

Part 2. Standards for Patient Management

Patient Management: EXAMINATION

1. Obtains an accurate history of current problem.
___Well below ___Below___At that level for familiar patients ___At that level for all patients ___Above
2. Identifies problems related to activity limitations and participation restrictions using standardized outcomes instruments when available.
___Well below ___Below___At that level for familiar patients ___At that level for all patients ___Above
3. Performs systems review and incorporates relevant past medical history.
___Well below ___Below___At that level for familiar patients ___At that level for all patients ___Above
4. Generates an initial hypothesis.
___Well below ___Below___At that level for familiar patients ___At that level for all patients ___Above
5. Generates alternative hypotheses (i.e., list of differential diagnosis).
___Well below ___Below___At that level for familiar patients ___At that level for all patients ___Above
6. Selects evidence-based tests and measures to confirm or disconfirm hypotheses.
___Well below ___Below___At that level for familiar patients ___At that level for all patients ___Above

Student Name: _____ Indicate Midterm or Final: _____

7. Recognizes contraindications for further tests and measures.
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**
8. Demonstrates appropriate psychomotor skills when performing tests and measures.
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**

COMMENTS:

Patient Management: EVALUATION

1. Makes correct clinical decisions based on the data gathered in the examination (i.e., confirmed/disconfirms initial and alternative hypotheses).
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**
2. Identifies impairments in body structure and function (i.e., activity limitations, participation restrictions).
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**
3. Administers further tests and measures as needed for appropriate clinical decision making.
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**

COMMENTS:

Patient Management: DIAGNOSIS/PROGNOSIS

1. Determines a diagnosis for physical therapy management of the patient.
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**
2. Determines expected outcomes (using standardized indices of activity limitations and participation restrictions where applicable) of physical therapy interventions (goals).
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**
3. Selects appropriate physical therapy interventions or makes appropriate consultations or referrals.
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**
4. Determines appropriate duration and frequency of intervention (e.g., considers cost effectiveness).
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**
5. Determines criteria for discharge.
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**

COMMENTS:

Patient Management: INTERVENTION

1. Adheres to evidence during treatment selection.
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**
2. Applied effective treatment using appropriate psychomotor skills.
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**
3. Incorporates patient/family education into treatment.
___ **Well below** ___ **Below** ___ **At that level for familiar patients** ___ **At that level for all patients** ___ **Above**

Student Name: _____ Indicate Midterm or Final: _____

4. Incorporates discharge planning into treatment.
___ *Well below* ___ *Below* ___ *At that level for familiar patients* ___ *At that level for all patients* ___ *Above*
5. Assesses progress of patient using appropriate measures.
___ *Well below* ___ *Below* ___ *At that level for familiar patients* ___ *At that level for all patients* ___ *Above*
6. Modifies intervention according to patient/client's response to treatment.
___ *Well below* ___ *Below* ___ *At that level for familiar patients* ___ *At that level for all patients* ___ *Above*
7. Recognizes when expected outcome has been reached & makes appropriate recommendations.
___ *Well below* ___ *Below* ___ *At that level for familiar patients* ___ *At that level for all patients* ___ *Above*
8. Recognizes psychosocial influences on patient management.
___ *Well below* ___ *Below* ___ *At that level for familiar patients* ___ *At that level for all patients* ___ *Above*

COMMENTS:

Please comment here on the specific areas of concern or areas of strength.
Examination:
Evaluation:

Student Name: _____ Indicate Midterm or Final: _____

Diagnosis/Prognosis:

Intervention:

Part 3. Global Rating of Student Clinical Competence

On a scale from 0-10, how does the student compare to a competent clinician who is able to skillfully manage patients in an efficient manner to achieve effective patient/client outcomes?

0 = Well below a competent clinician □ 5 = Competent Clinician w/familiar pts □ 10 = Above a competent clinician

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10

COMMENTS:

Is the student practicing at a level satisfactory for his/her current level of education?

_____ Yes _____ No

If no, please explain:

Student Name: _____ Indicate Midterm or Final: _____

Angelo State University Department of Physical Therapy Neuromuscular Practicum (CP 3) Grading Expectations

Part 1. Professional Behaviors Expectations

Safety, Professional Ethics, and Initiative

Frequency of appropriate behavior rating	Definition	ASU Expectations
Never	0%	Contact ASU
Rarely	<25% Frequent Cues Needed	Contact ASU
Sometimes	50% Intermittent Cues Needed	Contact ASU
Most of the time	75% Cues Rarely Needed	At or above at Midterm
Always	95%	Final Expectation

Communication

Frequency of appropriate behavior rating	Definition	ASU Expectations
Never	0%	Contact ASU
Rarely	<25% Frequent Cues Needed	Contact ASU
Sometimes	50% Intermittent Cues Needed	Contact ASU
Most of the time	75% Cues Rarely Needed	At or above at Midterm
Always	95%	Final Expectation
Not observed		

Part 2. Patient Management Scoring Guidelines

Patient Management Scoring	Overall Rating 0-10	Performance Description	ASU Expectations
Well Below	0	Student requires <u>guidance</u> from CI to complete an item for <u>all</u> patients	Contact ASU
Below	2	Student requires <u>supervision</u> and/or has difficulty with time management for <u>all</u> patients, and/or	
Below	3	Student requires <u>guidance</u> for more complex presentations, while needing <u>supervision with familiar</u> patient presentations	
	4	Progressing to independently managing familiar patients	At or above at Midterm

Student Name: _____ Indicate Midterm or Final: _____

At That Level for Familiar Patients	5	Independently managing <u>familiar</u> patients = <u>At Level</u> of a competent clinician with <u>familiar</u> patient presentations	At or above at Final
	6	<u>Supervision</u> needed to manage patients with <u>complex</u> presentations = <u>Below level</u> of a competent clinician for <u>complex</u> (all) patients	
	7	Progressing to independently managing familiar and complex patients	
At That Level for All Patients	8	Independently managing <u>familiar and complex</u> patient presentations	
	9	Carries appropriate caseload for your clinic and achieves effective outcomes = <u>At Level</u> of a competent clinician of <u>all</u> patients in your setting	
Above	10	Performs <u>above</u> a competent clinician in your clinic. Highly effective. Carrying a higher caseload than expected. Seeks out learning opportunities independently. Mentors other students. Provides resources to other staff.	

Part 3. Global Rating Scale Score Guidelines

CIET Global Rating Scale Score	Definition	Program Specific Expectations per Practicum Level
0-3	Well below expected performance and carrying <50% of the caseload	Expected performance by midterm of CP 1 (1-3) Contact program if 0
4	On track and carrying at least 50% of the caseload	Expected performance by end of CP 1/ Expected performance by midterm of CP 2
5	On track and carrying 50%–75% of the caseload	Expected performance by end of CP 2/ Expected performance by Midterm of CP 3
6	On track and carrying 75%–95% of the caseload	
7	95% caseload; skillfully manage patients in an efficient manner while achieving an effective outcome, unique to setting and population; competent	Expected performance by end of CP 3
8-10	Exceptional performance and carrying 100% of caseload while also completing tasks beyond entry-level	

**PHYSICAL THERAPIST STUDENT
EVALUATION:

CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION**

June 12, 2003



**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 (CCCEs), 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 clinical faculty, 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, Corrie 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 for clinical instructor qualifications for students supervised in this academic program. I understand that my personal information will not be available to students in our 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.

- Name of Clinical Education Site _____
Address _____ City _____ State _____
- Clinical Experience Number _____
- 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

- Did you receive information from the clinical facility prior to your arrival? Yes No
- Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No
- 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

- 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.

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

- 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.

Components Of Care	Rating	Components Of Care	Rating
Examination		Diagnosis	0
• Screening	0	Prognosis	0
• History taking	0	Plan of Care	0
• Systems review	0	Interventions	0
• Tests and measures	0	Outcomes Assessment	0
Evaluation	0		

9. During this experience, how frequently did staff (ie, CI, CCCE, 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.	0
Providing effective role models for problem solving, communication, and teamwork.	0
Demonstrating high morale and harmonious working relationships.	0
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	0
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	0
Using evidence to support clinical practice.	0
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	0
Being involved in district, state, regional, and/or national professional activities.	0

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
 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. _____

Overall 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.	0	0
The clinical education site had written objectives for this learning experience.	0	0
The clinical education site's objectives for this learning experience were clearly communicated.	0	0
There was an opportunity for student input into the objectives for this learning experience.	0	0
The CI provided constructive feedback on student performance.	0	0
The CI provided timely feedback on student performance.	0	0
The CI demonstrated skill in active listening.	0	0
The CI provided clear and concise communication.	0	0
The CI communicated in an open and non-threatening manner.	0	0
The CI taught in an interactive manner that encouraged problem solving.	0	0
There was a clear understanding to whom you were directly responsible and accountable.	0	0
The supervising CI was accessible when needed.	0	0
The CI clearly explained your student responsibilities.	0	0
The CI provided responsibilities that were within your scope of knowledge and skills.	0	0
The CI facilitated patient-therapist and therapist-student relationships.	0	0
Time was available with the CI to discuss patient/client management.	0	0
The CI served as a positive role model in physical therapy practice.	0	0
The CI skillfully used the clinical environment for planned and unplanned learning experiences.	0	0
The CI integrated knowledge of various learning styles into student clinical teaching.	0	0
The CI made the formal evaluation process constructive.	0	0
The CI encouraged the student to self-assess.	0	0

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.

ANGELO STATE UNIVERSITY
Archer College of Health and Human Services
Doctor of Physical Therapy Program

Clinical Practicum Mid-Term Site Visit Evaluation Form

Visit Date: _____ Type: Phone _____ Site _____

Student: _____

Practicum: I II III Practicum Dates: _____

Facility: _____ Practice Type: _____

Clinical Instructor: _____

SCCE: _____

Days Absent: _____ Days Made Up: _____

CPI Review Complete: Student: Y N Clinical Instructor: Y N

Does CI need assistance with CPI? _____

Recommendations: _____

Student Comments: (General Impression, Special Experiences, Supervision, Feedback)

Clinical Instructor/Facility Positive Attributes:

Clinical Instructor/Facility Areas for Improvement:

Other Comments: Does CI need additional resources from DPT program?

CI Comments: (General Student Impression, Behavior, Attitude, Communication, Documentation, Problem Solving, Selection of Eval Procedures, Performance, Patient Progression, Implementing Solutions)

Student Positive Attributes:

Student Areas for Improvement:

Other Comments: (Inservice, Management Skills)

ACCE/Faculty Comments:

ANGELO STATE UNIVERSITY
 Doctor of Physical Therapy Program
 Clinical Practicum: Course Outcomes

Class _____ Dates of Practicum _____

1. Facility Type: (Please check only one) Acute Care/Hospital Ambulatory Care/Outpatient ECF/Nursing Home/SNF Federal/State/county Health Home Health Care Rehab/Subacute Rehab School/Preschool Program Wellness/Prevention Program Other (Please specify _____)
2. (Please check one) Are you the Clinical Instructor Center Coordinator of Clinical Education Both
3. Was this a split rotation? Yes No If yes, were you the first or second clinical instructor for the student? First Second
4. Please check the response that best describes the **VALUE** you, the clinical instructor, place in each of the following categories:
5. Please check the response that best describes the **LEVEL OF ACADEMIC PREPARATION** in each of the categories:

		High	Mode- rate	No Value
1	Oral/Written Communication Skills			
2	Critical Thinking Skills			
3	Problem Solving Skills			
4	Interpersonal Skills			
5	Professional Behavior			
6	Safety Awareness			
7	Professional Development			
8	Ethical/legal Practice			
9	Supervisory Administrative Skills			
10	Teaching Skills			
11	Individual and Cultural Differences			
12	Screening Skills			
13	Examination/Evaluation Skills for Basic Musculoskeletal and/or Cardiopulmonary Problems			
14	Diagnosis/Prognosis/ Plan of Care Skills for Basic Musculoskeletal and/or Cardiopulmonary Problems			
15	Physical Therapist Clinical Skills for Basic Musculoskeletal and/or Cardiopulmonary Problems			
16	Consultation Skills			
17	Prevention/Wellness Skills			
18	Management of Resources			
19	Outcomes Measurement/Evaluation			
20	Assessment of Quality of Service			

Well Above Average	Above Average	Average	Below Average	Well Below Average

Please turn the page over to complete the survey. =>

6. Please circle your response to the following statement:

“The academic preparation of this Angelo State University DPT student compares favorably with DPT students from other academic programs on their clinical experience.”

Strongly Agree Agree Disagree Strongly Disagree No Opinion/Experience

Additional Comments:

Please complete the following.

Name of Facility _____

Clinical Instructor's name (please print) _____

Clinical Instructor's Signature _____ Date completed _____

Name of person completing this form if different from above (print) _____ Signature _____

Please accept our sincere appreciation for your input. If you have any questions, please feel free to contact the Academic Coordinator of Clinical Education (325-942-2394 or teresa.huckaby@angelo.edu)

**STUDENT CLINICAL EXPERIENCE:
PROGRAM AND INSTITUTIONAL AFFILIATION AGREEMENT**



Angelo State University
College or Department: _____
ASU Station # _____
San Angelo, Texas 76909-
Phone () / Fax ()

<i>For Department of Origin Use Only</i>	
Department of Origin:	_____
Department Approval:	_____
<i>For Contract Admin. Use Only</i>	
Contract Admin. Approval:	_____
Contract Number:	_____

<u>Description:</u>	
Facility: _____	Phone #: _____
Facility Representative: _____	Fax #: _____
Address: _____	Email: _____
Original Agreement Term: _____	Begin Date _____ End Date _____
Programs Covered:	DPT LVN-RN BSN MSN RNFA FNP

This agreement is made and entered by and between _____, hereinafter called "FACILITY" and ANGELO STATE UNIVERSITY, an institution of higher education of the State of Texas, and member, Texas Tech University System, *College of Health and Human Services, Department of Nursing and Rehabilitation Sciences, San Angelo, Texas*, hereinafter called "ASU".

WHEREAS, FACILITY operates accredited or licensed facilities at _____, and

WHEREAS, ASU operates an accredited College of Health and Human Services, and

WHEREAS, the Parties desire to advance health professional education and aid in meeting the ever increasing demand in the State and Nation for trained health professionals, and to make available better health service to patients, and

WHEREAS, it is deemed advisable and to the best interest of the parties to establish an affiliation for the purpose of carrying out these objectives,

NOW THEREFORE, for and in consideration of the foregoing and in further consideration of the mutual benefits, the Parties hereto agree as follows:

1. ORIGINAL TERM, RENEWAL, AND TERMINATION

The original term of this agreement starts _____ and ends _____.

Either party may terminate this agreement at any time, with or without cause, by giving the other party thirty (30) days written notice of its intent to terminate the agreement.

However, students assigned at FACILITY when termination notice is given shall be permitted to complete their current rotation at ASU's option.

2. RESPONSIBILITIES OF THE PARTIES

FACILITY will:

1. Allow the use of its facilities for the clinical experience requirement of ASU's students.
2. Provide clinical staff supervision by currently licensed professionals in the appropriate health field for ASU's students.
3. Provide access for faculty and students to patients and patient medical records at its facilities as part of the students' clinical experience requirement.
4. Periodically, review the specific programmatic efforts and number of students to participate at its facilities, both factors being subject to mutual agreement of both Parties prior to the beginning of the clinical experience.
5. Maintain responsibility for the policies, procedures, and administrative guidelines to be used in the operation of its facilities.
6. Encourage its staff to participate in the educational activities of ASU.
7. Participate, if requested by ASU, in any annual program review activities of ASU which are directed toward continuing program improvement.
8. Maintain authority and responsibility for care given to its patients.

ASU will:

1. Maintain the authority and responsibility for education programs for its students which may be conducted within FACILITY facilities.
2. Consider for clinical and/or adjunct faculty appointment those members of FACILITY's staff who contribute significantly to the academic program, subject to academic standards and rank used by ASU.
3. Inform its faculty and students of the requirement to comply with FACILITY's policies and procedures, when in attendance at FACILITY's facilities, and patient confidentiality requirements, only insofar as there is no conflict with the policies, rules and regulations of ASU or the laws and the Constitution of the State of Texas.
4. Provide faculty participation, if requested by FACILITY, and if available, on committees and task forces of FACILITY.
5. Maintain professional liability insurance (1,000,000 per occurrence/3,000,000 aggregate) for students during the term of this agreement and any extensions thereof.
6. Maintain evidence that each Student is drug-free and free from contagious disease and does not otherwise present a health hazard to patients, employees, volunteers or guests. Such evidence shall include documentation of a drug screen as well as a record of immunizations for MMR, Hepatitis B, PPD (TB test), Varicella, and Diphtheria-Tetanus. Both records shall be available to FACILITY upon request.
7. If required by Facility, University will use good faith efforts to direct Students to a third party vendor at Student cost for the purposes of performing drug testing, health care and criminal background checks. All results will be submitted by the vendor to the Facility without involvement by University.
8. Maintain evidence that each student has completed a current basic life support training course, and provide such evidence to FACILITY upon request.
9. Inform all students that they are not employees of FACILITY and have no claim against FACILITY for any employment benefits.

3. SEVERABILITY

If any term or provision of this agreement is held to be invalid for any reason, the invalidity of that section shall not affect the validity of any other section of this agreement provided that any invalid provision is not material to the overall purpose and operations of this agreement. The remaining provisions of this agreement shall continue in full force and effect and shall in no way be affected, impaired, or invalidated.

4. AMENDMENT

This agreement may be amended in writing to include any provisions that are agreed to by the contracting parties.

5. VENUE

This agreement shall be governed by and construed and enforced in accordance with the laws of the State of Texas. Venue will be in accordance with the Texas Civil Practice & Remedies Code and any amendments thereto.

6. ASSIGNMENT

Neither party shall have the right to assign or transfer their rights to any third parties under this agreement without the prior written consent of the other party.

7. INDEPENDENT CONTRACTOR STATUS

Nothing in this agreement is intended nor shall be construed to create an employer/employee relationship between contracting parties. The sole interest and responsibility of the parties is to ensure that the services covered by this agreement shall be performed and rendered in a competent, efficient, and satisfactory manner.

IN WITNESS WHEREOF, the undersigned parties do hereby bind themselves to the faithful performance of this contract.

ANGELO STATE UNIVERSITY

Facility Name

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date

Signature

Printed Name

Title

Date

EXHIBIT A

(List all facility-operated accredited or licensed locations)

CLINICAL AFFILIATION CONTRACT INITIATION

Information – 1st Telephone Contact

Initiator:

Facility: _____

Mailing Address: _____

Phone: _____ **Fax:** _____

Website: _____ **State of Incorporation:** _____

Physical Address (if different from above) same _____

Facility Contact: Name/Title: _____

Phone: _____ **E-mail:** _____

Address (if different from above) _____

Referral Source: Google _____

1. Has facility had students in the past? Yes No
 2. What type of patients are typically seen by physical therapy? _____
 3. Are they interested in developing a contract with a new program? Yes No Later
 4. Do they typically have an opening when we are looking at placing a student? Yes No
If so, what term _____
 5. Will they use ASU's contract or do they have a Facility Contract? ASU Facility
 6. If they use their own contract, how can we initiate the process? _____
 7. Who is the contact person for a contract? _____
Phone: _____ **Address (if different):** _____
- Other comments:** _____

Angelo State University
 Archer College of Health and Human Services
 Doctor of Physical Therapy Program
 Report of Onsite/Phone Visit

Clinical Center: _____

Site Representative: _____

City, State _____

Person completing visit: _____ Date _____

Type of visit: Site _____ Phone _____

Current Site Information

Date of most recent Clinical Site Information Form (CSIF) _____

Date of last contract renewal _____

Staff Interaction (Inter and Intra-departmental)

	Yes	No	N/A
In your opinion, is there a good working relationship between			
Physical therapists			
PT's and nursing			
PT's and occupational therapists			
PT's and speech pathologists			
PT's and social workers			
PT's and PTA's			
PT's and support staff			
PT's and physicians			

Comments:

Staff Development:

How often does your staff attend continuing education courses?

How does the facility support this?

Provides funds ___ Yes ___ No

Provides release time ___ Yes ___ No

Does your facility have a policy on in-service training? ___ Yes ___ No

If so, what is the policy?

Are students encouraged to

Attend in-service training? ___ Yes ___ No

Provide an in-service? ___ Yes ___ No

Does your administration support post-professional study?

Provides funds ___ Yes ___ No

Provides release time ___ Yes ___ No

Other (please specify) _____

What is the average length of employment in your facility?

___ ≤ 1 yrs. ___ 1-2 yrs. ___ 3-5 yrs. ___ 6-8 yrs. ___ 9-10 yrs. ___ ≥ 10 yrs.

Professional Activities

Are staff members encouraged to be active in the profession at the local, state and/or national level?

Yes No

Are professional dues paid?

Fully paid Yes No

Partially paid Yes No

Not paid Yes No

Comments:

Have any staff members held office or positions on committees?

Have any staff members presented posters or made professional presentations?

Support of Clinical Education

What is your department's philosophy towards students?

How does your administration demonstrate support of staff participation in clinical education activities?

Does your department demonstrate support of clinical education through any of the following ways?

	Yes	No
In-services		
Clinical education conferences		
Clinical Instructor training		

Who provides the clinical instructor training (if provided)?

Who funds clinical instructor training?

Is the productivity requirement different for a PT acting as a CI for a student?

Is there a productivity requirement for a student? Yes No If yes, what is it?

What criteria do you use to select your CI's? Check all that apply

Number of years of experience

Mandatory (everyone is required to be a CI)

Volunteers

Demonstrated clinical skill and/or professional behavior

Other (please specify) _____

Who evaluates the CI? Check all that apply

Student

Center Coordinator of Clinical Education (CCCE)

Supervisor

Does this evaluation affect the overall performance review of the CI? Yes No

Opportunities for the Student

Which of the following management practice opportunities can you provide for the student? (Check all that apply)

- Quality Assurance
- Reimbursement
- Scheduling
- Use of supportive personnel

Do students have the opportunity to participate in any of these scholarly activities at your facility? (check all that apply)

- Journal Club
- Literature review
- Case study
- Research

Are students included in staff meetings? Yes No

Do you practice any of the collaborative models of clinical education? Yes No

- 2:1 (2 students to 1 clinical instructor)
- 3:1 (3 students to 1 clinical instructor)
- job sharing CI's
- other

Comments

Would you like to know more about and/or try any of the collaborative models?

Is there a written student policy manual? Yes No

(It usually includes objectives, learning experiences, administrative procedures, patient care procedures, ethical standards, incident reports, personnel policies, emergency procedures, and note-writing system)

Is there a written anti-discrimination policy at your facility? Yes No

If so, can we assume that it applies to students? Yes No

What level student is your facility able to accommodate?

- First clinical rotation
- Second clinical rotation
- Third (final) clinical rotation

Student Evaluation

What methods are used to evaluate student performance?

- Verbal feedback
- Written assessments
- Self assessment
- Clinical logs

Other (specify) _____

When do you feel it is necessary to contact the ACCE regarding a student performance situation?

Do you have a procedure in place to manage students who are not meeting clinical objectives?

Yes No

Is that procedure in writing? Yes No

Do you share it with the student? Yes No

What is the procedure?

CCCE Role

What are your responsibilities as the CCCE in your facility?

Does administrative support given by the facility include appropriate:

a. Financial support Yes No

b. Relief from patient care Yes No

c. Relief from other administrative duties Yes No

d. Other _____ Yes No

Have you attended any training program(s) for CIs/CCCEs? Yes No

Do you discuss objectives with the student? Yes No

Do you provide orientation for the student? Yes No

Do you act as a consultant during the student evaluation process? Yes No

How do you handle/intervene problem situations between the student and the CI?

As the CCCE, what is the level of your involvement with the student?

Yes No Direct observation

Yes No Indirect observation

Yes No Consultative meetings

Yes No Daily

Yes No Weekly

Yes No Midterm

Yes No Exit interview

Yes No Other _____

Clinical Assignments

How do you prioritize requests to take students from a program in a given year?

How do you determine the number of students you will accept?

Can you commit to taking students 1 to 1.5 years in advance? Yes No

Are you willing to be contacted at the last minute when another placement cancels?

Yes No

Under what circumstances would you cancel a student rotation?

How much notice would you give the educational program if you had to cancel the placement?

When would you drop a program from your affiliation list?

Interviewer Impressions

The philosophy, administration, staff, space, learning opportunities, etc., of this facility is compatible with Angelo State University Physical Therapy Program. Yes No

I recommend this site for these reasons:

I do not recommend this site for these reasons:

Areas of concern:

Comments:

Signature: _____ Date: _____

Adapted from the form used by St. Louis University. That form was developed from the Standards for Clinical Education – APTA and Clinical Education Guidelines and Assessments.

Angelo State University
 Archer College of Health and Human Services
 Doctor of Physical Therapy Program

Clinical Instructor Evaluation Form

Circle the word that best expresses your assessment of this clinical instructor. Please comment when appropriate.

- | | | | | | | | |
|----|---|------|------|------|-----------|-----------|----------|
| 1. | Communicates effectively with student physical therapist, Center Coordinator of Clinical Education, and Academic Coordinator of Clinical Education. | Poor | Fair | Good | Very Good | Excellent | Comments |
| 2. | Evaluates each student's progress appropriately. | Poor | Fair | Good | Very Good | Excellent | Comments |
| 3. | Supervises each student effectively. | Poor | Fair | Good | Very Good | Excellent | Comments |
| 4. | Provides appropriate learning experiences based on student's knowledge and skill level. | Poor | Fair | Good | Very Good | Excellent | Comments |
| 5. | Practices in a safe, ethical and legal manner. | Poor | Fair | Good | Very Good | Excellent | Comments |
| 6. | Maintains clinical competence through continuing education. | Poor | Fair | Good | Very Good | Excellent | Comments |
| 7. | Models professional behavior. | Poor | Fair | Good | Very Good | Excellent | Comments |
| 8. | Recognizes appropriate role of student in clinical setting. | Poor | Fair | Good | Very Good | Excellent | Comments |

I recommend that ASU student physical therapists continue to be assigned to this Clinical Instructor _____ without reservation. _____ after further communication/training. _____ do not recommend.

Signature: _____

Date: _____

**PHYSICAL THERAPY
CLINICAL ADVISORY BOARD
2020-21**

<u>NAME</u>	<u>COLLEGE/DEPARTMENT/TITLE</u>	<u>TERM EXPIRES</u>
Dr. Teresa Huckaby, PT, DPT, Chair	Assistant Clinical Professor of Physical Therapy/ Academic Coordinator of Clinical Education	Standing
Dr. Rachel Bloom, PT, DPT	Shannon Medical Center Therapist, SCCE	Standing
Ms. Leslie Ashlock, PT, MPT	West Texas Rehabilitation Center, Pediatric, SCCE	Standing
Ms. Regina Hartnett, PT, MPT	Shannon Medical Center Physical Therapist	Standing
Ms. Gina Karr, PT	West Texas Rehabilitation Center, Adult Director	Standing
Dr. Robert Wierzowiecki, PT, DPT	Caraday Rehab, Rehab Director, SCCE	Standing
Dr. Brian Holik, PT, DPT	Shannon Clinic Staff Physical Therapist	Standing

Responsibility (charge):

Act as consultants to the Academic Coordinator of Clinical Education by providing current news and information from their facilities and the local medical community; providing feedback to the core faculty about the strengths and weaknesses of the clinical preparation of the students and the administration of the clinical education program; offering suggestions for improvement of all aspects of the clinical education program; providing current information about the impact of issues facing clinicians including current and pending state and federal government regulations, reimbursement, etc.; evaluating and responding to ideas presented by the core faculty to update and improve the clinical education program; and offering suggestions about topics for training sessions and other means the core faculty can use to prepare and support the clinical education faculty.

Appointment:

A minimum of seven members will serve on the committee; the Chair and six community members. The community members are recommended by the Chair in accordance with the following guidelines: current employment in a healthcare facility in the San Angelo area that has an affiliation agreement with Angelo State University's Physical Therapy program; minimum of three years clinical experience preferably in more than one setting; active participation in the clinical education of Angelo State University's students; and experience with students from other physical therapy education programs is desirable. All committee members are approved and appointed by the President.

Term of office:

Standing membership.

Chairperson:

The Chair is appointed by virtue of position held.

Members are notified by:

Chair of the Committee

ANGELO STATE UNIVERSITY
DOCTOR OF PHYSICAL THERAPY PROGRAM
PROBLEM RESOLUTION FORM

Contact made by ___ phone ___ FAX ___ E-mail ___ visit

Parties involved:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Nature of the Problem:

Fact Finding:

Other persons input:

Data verification:

Suggested steps for resolution:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

Info provided to: _____ On: (date) _____ By: ___ phone ___ e-mail ___ visit

Signature of person filing form: _____

Print name: _____

Results (include date of resolution):

Signature of person initiating form: _____ Date: _____

Signature of person completing form: _____ Date: _____

Department Head: _____ Date: _____

Policy for Complaints about the Physical Therapy Program Outside the Realm of Due Process

Any individual, group, or organization that fall outside the realm of due process, may file a complaint about the program. This may include, but is not limited, to complaints from clinical education sites, employers of graduates, and the public. Complaints may be about the program's policies and procedures, or other aspects of the program, including its faculty and staff. Complaints from matriculated students or university faculty or staff should be pursued through the customary due process policies and procedures available to the program and to the institution.

Procedures:

1. ALL of the following conditions must be met to be considered as a formal complaint:
 - a. The event(s) complained about must the have occurred at least in part within one year of the date the complaint is filed.
 - b. The complaint must:
 - i. be identified as a complaint
 - ii. clearly describe the specific nature of the complaint,
 - iii. provide supporting data for the charge,
 - iv. specify the changes sought by the complainant,
 - v. be signed by the person making the complaint,
 - vi. be submitted in writing to:

Chair, Department of Physical Therapy
ASU Station #10923
San Angelo, Texas 76909

2. Upon receipt of a complaint, the Chair will discuss the complaint directly with the party involved within 15 business days. If this resolves the matter, the Chair will acknowledge resolution of the complaint via a letter sent to the complainant which will be kept confidential and on file.
3. If the issue is not resolved after discussion with the Chair, or if the complaint is against the Chair, the Dean will review the complaint directly with the parties involved within 15 business days. If this resolves the matter, the Dean will acknowledge resolution of the complaint via a letter sent to the complainant and Chair, which will be kept confidential and on file.
4. If the issue is not resolved to the satisfaction of the complainant after review by the Dean, the written complaint may be filed with the Office of the Provost and Vice President of Academic Affairs:

Office of the Provost

ASU Station #11008

San Angelo, TX 76909-1008

5. The Provost will discuss the complaint directly with the parties involved within 15 business days and acknowledge resolution of the complaint via a letter sent to the complainant, the Dean, and Chair. The Provost is the final arbiter.
6. Consistent with applicable federal law and state law, upon receipt of a good-faith complaint, the program will assure each individual that they will be fully protected from any action of retaliation or adverse action against them by a program employee for making a report.
7. Records of complaints about the program, including the nature of the complaint and the final letter of disposition of the complaint are maintained by the Chair of the Department and are kept confidential.

ANGELO STATE UNIVERSITY
 Archer College of Health and Human Services
 Doctor of Physical Therapy Program
**STUDENT PROFILE OF
 INTRODUCTION**

The student physical therapist will complete a profile that is sent to each clinical site as assigned by the DCE. This profile should include the following elements:

Introduction Letter:

1. Name, Address, Phone Number, ASU e-mail
2. Dates of Clinical Experience
3. Emergency Contact
4. Experience in patient/client care (include past clinical experiences, types of clinical experiences, types of patient/clients seen, past employment or volunteer experience, if relevant)
5. Your learning style – “I learn best when...”
6. Supervision preference – “I would be more comfortable when the CI supervises me in the following manner and times...”
7. Feedback preference – “I am most comfortable when feedback about my performance is given in the following manner and times...”
8. Explain the experience you wish to obtain from the site. List your goals for the learning experience. These should be specific. “I want to learn everything you can teach me,” is not an appropriate goal.
9. Discuss what you perceive are your strengths, limitations, and needs. (Consider evaluation skills, treatment plan development, treatment progression, time management, critical thinking, problem solving, etc...)
10. List 5 goals you want to obtain from the practicum
11. Discuss your most recent Professional Behaviors self-assessment
12. Anything else you feel is relevant
13. Questions about travel or housing.

At the conclusion of the clinical experience, the student is required to write a “Thank You Letter.” This letter should be sent to the facility. A copy of the letter must be submitted to the DCE.

The following information should be included in the “Thank You Letter”:

1. Sincere thank you for the clinical experience.
2. What was most beneficial to you? Emphasis on utilizing the experience in the future and its contribution to your education. Candidly share your perception of experiences if relevant.
3. Discuss the goals you have accomplished.
4. Discuss the skills you have developed (consider evaluation skills, treatment plan development, treatment implementation, communication, documentation, time management, critical thinking, problem solving, etc...).
5. This letter can be either formal or informal. Please remember that you are a professional and representing the Angelo State University Physical Therapy program.

Student Name:

PT Student Self-Assessment for Clinical Education

1. What is your preferred learning style?
2. What are your personal strengths?
3. What area of clinical practice do you feel the best prepared?
4. What area of clinical practice do you feel the least prepared?
5. What are you afraid your clinical instructor will expect of you?
6. What do you hope your clinical instructor will expect of you?
7. When there is a situation where you do not know the answer, what do you do?
8. Anything else you would like your CI to know?

ANGELO STATE UNIVERSITY
 Archer College of Health and Human Services
 Doctor of Physical Therapy Program
GIVING AND RECEIVING FEEDBACK*

Feedback acts like a mirror. Feedback allows individuals to reflect back their observations of another person's behavior. Feedback, however, goes one step further than a mirror—the individuals giving the feedback can give their interpretation of or reaction to the observed behavior.

The following outline provides techniques, which should promote good giving and receiving of feedback.

GIVING:

1. Give specific and direct feedback: You will provide more effective feedback by reporting exact behaviors rather than general impressions. We have difficulty seeing when we use a steamed over mirror.
2. Share the effect: Let the person know the results of the behavior, e.g., the positive or negative effect on a patient of a specific intervention used by a student.
3. Give balanced feedback: Balance the negative with positive. Balanced feedback gives the person a truer picture of him/herself.
4. Give immediate feedback: Give feedback as soon after the event as possible. Waiting to give feedback until later clouds our recall and does not have as great an impact.
5. Be brief: You will have greater impact if you provide other individuals with short, simple and to the point observations of their behavior.
6. Speak to the behavior: Your feedback should report OBSERVABLE BEHAVIOR not interpretations, judgments, hunches, projections and so forth.

RECEIVING:

Many things affect whether or not a person hears feedback. That person's openness or defensiveness, the day, the language used, the effectiveness of the feedback giver, general security, trust of the giver, ability to hear and attend, and so forth all can affect one's ability to hear feedback.

If the individual providing the feedback does so in the above manner and the receiver listens, then communication takes place. Communication of information is helpful to both the giver and receiver. Some of us block feedback, however, because we believe or fear that it will influence or change us. REMEMBER this important fact about getting feedback—YOU DO NOT HAVE TO DO ANYTHING WITH THE FEEDBACK. You do not have to change if you hear it. You may wish to modify an approach or an intervention, but you do not really have to "change."

The following may help you HEAR more of and, therefore, use more effectively the feedback you receive.

1. Concentrate on listening: You do not need to respond. Listening, rather than thinking of a response, will allow you to hear completely the feedback offered.
2. If you want to respond, wait a few seconds to process what you heard—let what was said to you really sink in.
3. Repeat the gist of what you heard to yourself silently or out loud.
4. Ask for clarification if you think you need it.
5. Take notes and reflect on them later.

**Professional Behaviors Assessment
Physical Therapy Program
Angelo State University**

Student Name _____

Date _____

Directions:

1. Read the description of each Professional Behavior.
2. Assess your performance relative to the Professional Behaviors by using the behavioral criteria.
3.
 - a) Highlight all criteria that describes behaviors you demonstrate in Beginning, Intermediate, Entry Level, or Post-Entry Level Professional Behaviors.
 - b) Identify the level within which you predominately function.
 - c) Document specific examples of when you demonstrated behaviors from the highest level highlighted.
 - d) For each Professional Behavior, list the areas in which you wish to improve and action plan to address each.
4. Schedule a meeting with your advisor by October 1. Discuss the Profession Behaviors Assessment form with your advisor by October 31.
5. Have your advisor sign that they have read and discussed your assessment; sign and return only the signature page to Dr. Huckaby.
6. Post Professional Behaviors Assessment document as Journal Entry in Blackboard under the class relative to your schedule PT 7550, PT 7242, or PT 7243 by October 31.

**Professional Behaviors were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities – Marquette University.

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Professional Behaviors

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.

Beginning Level:	Intermediate Level:	Entry Level:	Post-Entry Level:
<ul style="list-style-type: none"> ❖ Raises relevant questions ❖ Considers all available information ❖ Articulates ideas ❖ Understands the scientific method ❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion) ❖ Recognizes holes in knowledge base ❖ Demonstrates acceptance of limited knowledge and experience 	<ul style="list-style-type: none"> ❖ Feels challenged to examine ideas ❖ Critically analyzes the literature and applies it to patient management ❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas ❖ Seeks alternative ideas ❖ Formulates alternative hypotheses ❖ Critiques hypotheses and ideas at a level consistent with knowledge base ❖ Acknowledges presence of contradictions 	<ul style="list-style-type: none"> ❖ Distinguishes relevant from irrelevant patient data ❖ Readily formulates and critiques alternative hypotheses and ideas ❖ Infers applicability of information across populations ❖ Exhibits openness to contradictory ideas ❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently ❖ Justifies solutions selected 	<ul style="list-style-type: none"> ❖ Develops new knowledge through research, professional writing and/or professional presentations ❖ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process ❖ Weighs information value based on source and level of evidence ❖ Identifies complex patterns of associations ❖ Distinguishes when to think intuitively vs. analytically ❖ Recognizes own biases and suspends judgmental thinking ❖ Challenges others to think critically

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

2. Communication - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

<p>Beginning Level:</p> <ul style="list-style-type: none"> ❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting ❖ Recognizes impact of non-verbal communication in self and others ❖ Recognizes the verbal and non-verbal characteristics that portray confidence ❖ Utilizes electronic communication appropriately 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> ❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences ❖ Restates, reflects and clarifies message(s) ❖ Communicates collaboratively with both individuals and groups ❖ Collects necessary information from all pertinent individuals in the patient/client management process ❖ Provides effective education (verbal, non-verbal, written and electronic) 	<p>Entry Level:</p> <ul style="list-style-type: none"> ❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups ❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing ❖ Maintains open and constructive communication ❖ Utilizes communication technology effectively and efficiently 	<p>Post Entry Level:</p> <ul style="list-style-type: none"> ❖ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning ❖ Effectively delivers messages capable of influencing patients, the community and society ❖ Provides education locally, regionally and/or nationally ❖ Mediates conflict
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry Level:
<ul style="list-style-type: none"> ❖ Recognizes problems ❖ States problems clearly ❖ Describes known solutions to problems ❖ Identifies resources needed to develop solutions ❖ Uses technology to search for and locate resources ❖ Identifies possible solutions and probable outcomes 	<ul style="list-style-type: none"> ❖ Prioritizes problems ❖ Identifies contributors to problems ❖ Consults with others to clarify problems ❖ Appropriately seeks input or guidance ❖ Prioritizes resources (analysis and critique of resources) ❖ Considers consequences of possible solutions 	<ul style="list-style-type: none"> ❖ Independently locates, prioritizes and uses resources to solve problems ❖ Accepts responsibility for implementing solutions ❖ Implements solutions ❖ Reassesses solutions ❖ Evaluates outcomes ❖ Modifies solutions based on the outcome and current evidence ❖ Evaluates generalizability of current evidence to a particular problem 	<ul style="list-style-type: none"> ❖ Weighs advantages and disadvantages of a solution to a problem ❖ Participates in outcome studies ❖ Participates in formal quality assessment in work environment ❖ Seeks solutions to community health-related problems ❖ Considers second and third order effects of solutions chosen

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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

<p><i>Beginning Level:</i></p> <ul style="list-style-type: none"> ❖ Maintains professional demeanor in all interactions ❖ Demonstrates interest in patients as individuals ❖ Communicates with others in a respectful and confident manner ❖ Respects differences in personality, lifestyle and learning styles during interactions with all persons ❖ Maintains confidentiality in all interactions ❖ Recognizes the emotions and bias that one brings to all professional interactions 	<p><i>Intermediate Level:</i></p> <ul style="list-style-type: none"> ❖ Recognizes the non-verbal communication and emotions that others bring to professional interactions ❖ Establishes trust ❖ Seeks to gain input from others ❖ Respects role of others ❖ Accommodates differences in learning styles as appropriate 	<p><i>Entry Level:</i></p> <ul style="list-style-type: none"> ❖ Demonstrates active listening skills and reflects back to original concern to determine course of action ❖ Responds effectively to unexpected situations ❖ Demonstrates ability to build partnerships ❖ Applies conflict management strategies when dealing with challenging interactions ❖ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them 	<p><i>Post Entry Level:</i></p> <ul style="list-style-type: none"> ❖ Establishes mentor relationships ❖ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> ❖ Demonstrates punctuality ❖ Provides a safe and secure environment for patients ❖ Assumes responsibility for actions ❖ Follows through on commitments ❖ Articulates limitations and readiness to learn ❖ Abides by all policies of academic program and clinical facility 	<ul style="list-style-type: none"> ❖ Displays awareness of and sensitivity to diverse populations ❖ Completes projects without prompting ❖ Delegates tasks as needed ❖ Collaborates with team members, patients and families ❖ Provides evidence-based patient care 	<ul style="list-style-type: none"> ❖ Educates patients as consumers of health care services ❖ Encourages patient accountability ❖ Directs patients to other health care professionals as needed ❖ Acts as a patient advocate ❖ Promotes evidence-based practice in health care settings ❖ Accepts responsibility for implementing solutions ❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings 	<ul style="list-style-type: none"> ❖ Recognizes role as a leader ❖ Encourages and displays leadership ❖ Facilitates program development and modification ❖ Promotes clinical training for students and coworkers ❖ Monitors and adapts to changes in the health care system ❖ Promotes service to the community

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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.

<p>Beginning Level:</p> <ul style="list-style-type: none"> ❖ Abides by all aspects of the academic program honor code and the APTA Code of Ethics ❖ Demonstrates awareness of state licensure regulations ❖ Projects professional image ❖ Attends professional meetings ❖ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> ❖ Identifies positive professional role models within the academic and clinical settings ❖ Acts on moral commitment during all academic and clinical activities ❖ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making ❖ Discusses societal expectations of the profession 	<p>Entry Level:</p> <ul style="list-style-type: none"> ❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary ❖ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity ❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development ❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices ❖ Discusses role of physical therapy within the healthcare system and in population health ❖ Demonstrates leadership in collaboration with both individuals and groups 	<p>Post Entry Level:</p> <ul style="list-style-type: none"> ❖ Actively promotes and advocates for the profession ❖ Pursues leadership roles ❖ Supports research ❖ Participates in program development ❖ Participates in education of the community ❖ Demonstrates the ability to practice effectively in multiple settings ❖ Acts as a clinical instructor ❖ Advocates for the patient, the community and society
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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.

<p><i>Beginning Level:</i></p> <ul style="list-style-type: none"> ❖ Demonstrates active listening skills ❖ Assesses own performance ❖ Actively seeks feedback from appropriate sources ❖ Demonstrates receptive behavior and positive attitude toward feedback ❖ Incorporates specific feedback into behaviors ❖ Maintains two-way communication without defensiveness 	<p><i>Intermediate Level:</i></p> <ul style="list-style-type: none"> ❖ Critiques own performance accurately ❖ Responds effectively to constructive feedback ❖ Utilizes feedback when establishing professional and patient related goals ❖ Develops and implements a plan of action in response to feedback ❖ Provides constructive and timely feedback 	<p><i>Entry Level:</i></p> <ul style="list-style-type: none"> ❖ Independently engages in a continual process of self-evaluation of skills, knowledge and abilities ❖ Seeks feedback from patients/clients and peers/mentors ❖ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities ❖ Uses multiple approaches when responding to feedback ❖ Reconciles differences with sensitivity ❖ Modifies feedback given to patients/clients according to their learning styles 	<p><i>Post Entry Level:</i></p> <ul style="list-style-type: none"> ❖ Engages in non-judgmental, constructive problem-solving discussions ❖ Acts as conduit for feedback between multiple sources ❖ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients ❖ Utilizes feedback when analyzing and updating professional goals
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry Level:
<ul style="list-style-type: none"> ❖ Comes prepared for the day's activities/responsibilities ❖ Identifies resource limitations (i.e. information, time, experience) ❖ Determines when and how much help/assistance is needed ❖ Accesses current evidence in a timely manner ❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards ❖ Self-identifies and initiates learning opportunities during unscheduled time 	<ul style="list-style-type: none"> ❖ Utilizes effective methods of searching for evidence for practice decisions ❖ Recognizes own resource contributions ❖ Shares knowledge and collaborates with staff to utilize best current evidence ❖ Discusses and implements strategies for meeting productivity standards ❖ Identifies need for and seeks referrals to other disciplines 	<ul style="list-style-type: none"> ❖ Uses current best evidence ❖ Collaborates with members of the team to maximize the impact of treatment available ❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations ❖ Gathers data and effectively interprets and assimilates the data to determine plan of care ❖ Utilizes community resources in discharge planning ❖ Adjusts plans, schedule etc. as patient needs and circumstances dictate ❖ Meets productivity standards of facility while providing quality care and completing non-productive work activities 	<ul style="list-style-type: none"> ❖ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc) ❖ Applies best evidence considering available resources and constraints ❖ Organizes and prioritizes effectively ❖ Prioritizes multiple demands and situations that arise on a given day ❖ Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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.

<p>Beginning Level:</p> <ul style="list-style-type: none"> ❖ Recognizes own stressors ❖ Recognizes distress or problems in others ❖ Seeks assistance as needed ❖ Maintains professional demeanor in all situations 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> ❖ Actively employs stress management techniques ❖ Reconciles inconsistencies in the educational process ❖ Maintains balance between professional and personal life ❖ Accepts constructive feedback and clarifies expectations ❖ Establishes outlets to cope with stressors 	<p>Entry Level:</p> <ul style="list-style-type: none"> ❖ Demonstrates appropriate affective responses in all situations ❖ Responds calmly to urgent situations with reflection and debriefing as needed ❖ Prioritizes multiple commitments ❖ Reconciles inconsistencies within professional, personal and work/life environments ❖ Demonstrates ability to defuse potential stressors with self and others 	<p>Post Entry Level:</p> <ul style="list-style-type: none"> ❖ Recognizes when problems are unsolvable ❖ Assists others in recognizing and managing stressors ❖ Demonstrates preventative approach to stress management ❖ Establishes support networks for self and others ❖ Offers solutions to the reduction of stress ❖ Models work/life balance through health/wellness behaviors in professional and personal life
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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.

<p><i>Beginning Level:</i></p> <ul style="list-style-type: none"> ❖ Prioritizes information needs ❖ Analyzes and subdivides large questions into components ❖ Identifies own learning needs based on previous experiences ❖ Welcomes and/or seeks new learning opportunities ❖ Seeks out professional literature ❖ Plans and presents an in-service, research or cases studies 	<p><i>Intermediate Level:</i></p> <ul style="list-style-type: none"> ❖ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice ❖ Applies new information and re-evaluates performance ❖ Accepts that there may be more than one answer to a problem ❖ Recognizes the need to and is able to verify solutions to problems ❖ Reads articles critically and understands limits of application to professional practice 	<p><i>Entry Level:</i></p> <ul style="list-style-type: none"> ❖ Respectfully questions conventional wisdom ❖ Formulates and re-evaluates position based on available evidence ❖ Demonstrates confidence in sharing new knowledge with all staff levels ❖ Modifies programs and treatments based on newly-learned skills and considerations ❖ Consults with other health professionals and physical therapists for treatment ideas 	<p><i>Post Entry Level:</i></p> <ul style="list-style-type: none"> ❖ Acts as a mentor not only to other PT's, but to other health professionals ❖ Utilizes mentors who have knowledge available to them ❖ Continues to seek and review relevant literature ❖ Works towards clinical specialty certifications ❖ Seeks specialty training ❖ Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine) ❖ Pursues participation in clinical education as an educational opportunity
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

Professional Development Plan:

Based on my assessment of my Professional Behaviors and the areas I have identified for improvement, I am setting the following goals:

To accomplish these goals, I will take the following specific actions:

Technical Standards – Doctor of Physical Therapy Program

Policy Statement

“Angelo State University is committed to the principle that no qualified person, on the basis of a disability, be excluded from the participation in or be denied the benefit of services, programs, or activities of the University, or be subjected to discrimination by the university, as provided by the Americans with Disabilities Act of 1990 (ADA), the Americans with Disabilities Act Amendments Act of 2008 (ADAAA) and subsequent legislation.” The university will review requests for accommodation on a case-by-case basis.

The Physical Therapy Program supports the Mission of Angelo State University (ASU) by providing access to a graduate, entry-level professional Doctor of Physical Therapy program that prepares a globally diverse, reflective, service-oriented, and flexible physical therapist practitioner capable of multiple styles of thinking and learning. Enrolled students are expected to complete the academic and clinical requirements of the professional program. The purpose of this document is to broadly delineate the cognitive, affective and psychomotor skills deemed essential for completion of this program and performance as a competent generalist physical therapist. Candidates for the degree must be able to meet these standards for completion of degree requirements.

I. Cognitive skills to be demonstrated in all classroom, laboratory and clinical situations

- A. The student physical therapist must possess the ability to independently:
 - 1. Measure, calculate, reason, analyze, integrate, retain and synthesize information to formulate effective solutions to problems congruent with a physical therapist.
 - 2. Examples of such behaviors:
 - a. Student physical therapists must be able to read, write, speak and understand English at a level consistent with successful course completion and development of positive patient/client-therapist relationships.
 - b. Student physical therapists must exercise critical thinking, decision-making and sound judgment.
 - c. Student physical therapists must be able to plan and supervise intervention procedures in a safe manner.

II. Affective skills to be demonstrated in all classroom, laboratory and clinical situations

- A. Student physical therapists must possess the emotional health and stability required to fully utilize their intellectual abilities, to adapt to changing environments and to function effectively in stressful situations.
- B. Student physical therapists must demonstrate ethical behaviors in compliance with the ethical standards of the American Physical Therapy Association.
- C. Student physical therapists must be able to communicate in both oral and written form with patient/clients and other members of the health care community to:
 - 1. Effectively and sensitively elicit information.
 - 2. Convey information essential for safe and effective care.
- D. Student physical therapists must be aware of and interpret non-verbal communications.
- E. Student physical therapists must be able to acknowledge and respect individual values and opinions to foster harmonious working relationships with colleagues, peers, and patients/clients.

III. Physical/Psychomotor skills to be demonstrated in all classroom, laboratory and clinical situations

- A. Student physical therapists must have sufficient motor function and endurance as reasonably required to perform the following:
 - 1. Safely provide general physical therapist examination, evaluation and intervention procedures as identified in the *Guide to Physical Therapist Practice* for eight hour days.
 - 2. Perform CPR according to the guidelines of the American Heart Association.
 - 3. Perform patient transfers (lifting 50 pounds to waist level).

- B. Student physical therapists must have sufficient coordination and balance in sitting and standing to safely engage in physical therapist procedures such as the following:
 - 1. Moving and positioning patients/clients.
 - 2. Gait training.
 - 3. Stabilizing and supporting patients/clients.
 - 4. Manipulation of equipment and tools used in patient/client examination, evaluation and intervention.

- C. Student physical therapists must have sufficient fine motor skills to safely and effectively engage in physical therapists procedures such as the following:
 - 1. Manipulation of equipment and tools used in patient/client examination, evaluation and intervention
 - 2. Legibly recording/documenting exams, evaluations and interventions in the clinic's standard medical records in a timely manner and consistent with acceptable norms of the clinic.
 - 3. Legibly recording thoughts for written assignments and exams.
 - 4. Assessment and intervention of soft tissue restrictions and joint dysfunctions.
 - 5. Palpation of muscle tone, skin quality and temperature.

- D. Student physical therapists must have visual acuity necessary to obtain accurate information from patients/clients and the treatment environment in the performance of routine physical therapist activities such as the following:
 - 1. Observation and inspection of patient's/client's skin condition, movements, body mechanics, gait pattern and postures.
 - 2. Observation of environmental safety hazards.
 - 3. Reading dials/LED displays on equipment.
 - 4. Reading digits/scales on diagnostic tools.

- E. Student physical therapists must have auditory acuity necessary to obtain accurate information from patients/clients and the treatment environment in the performance of routine physical therapist activities such as the following:
 - 1. Blood pressure
 - 2. Lung/heart auscultation
 - 3. Patient calls or equipment alarms
 - 4. Verbal communication

- F. Student physical therapists must have sufficient non-material handling and repetitive movement ability to safely provide examination, evaluation and intervention procedures as identified in the *Guide to Physical Therapist Practice* for 8 hour days such as the following:
 - 1. Crouching, kneeling, or squatting

2. Reaching
3. Standing
4. Ambulation
5. Bending or stooping
6. Sitting

In accordance with University policy, Student Affairs is the designated campus department charged with the responsibility of reviewing and authorizing requests for reasonable accommodations based on a disability, and it is the student's responsibility to initiate such a request by emailing ADA@angelo.edu, or by contacting:

Mrs. Dallas Swafford
Director of Student Development
Office of Student Affairs
University Center, Suite 112
325-942-2047 Office
325-942-2211 FAX
Dallas.Swafford@angelo.edu

When a student states he or she could meet the program's essential functions with accommodation(s), the Office of Student Affairs will confirm that the stated condition qualifies as a disability under applicable laws. If a student states he or she can meet the essential functions but needs accommodation, then the University will determine if it agrees that the student can meet the essential functions with reasonable accommodation; this includes a review of whether or not the accommodations requested are reasonable, taking into account whether or not accommodations would jeopardize clinician/patient safety or the educational process of the student or the institution, including all course work, clinical educational experiences and internships deemed essential to graduation.

Students are required to read and sign the DPT program technical standards form and to update their responses on this form if their health status changes. Students who require accommodation to meet the essential technical standards must obtain verification by the authorized institutional office (see above) as defined by the sponsoring institution policy that proper accommodation has been provided for the student to meet the standard.

These Technical Standards have been adapted from the following sources:

American Physical Therapy Association. *Standards of Practice for Physical Therapy*, 2013.

American Physical Therapy Association. *Guide to Professional Conduct*, 2010.

American Physical Therapy Association. *Guide to Physical Therapist Practice*. Alexandria, Virginia: American Physical Therapy Association, 2014.

American Physical Therapy Association. *Normative Model of Physical Therapist Professional Education: Version 2004*. Alexandria, Virginia: American Physical Therapy Association, 2004.

American Physical Therapy Association. Section on Education, Academic Administrators Special Interest Group. *Technical Standards Essential Functions*. Alexandria, Virginia: American Physical Therapy Association, September 1998.

Angelo State University. *Student Handbook*.

May, WW, Morgan, BJ, Lemke, JC, Karst, GM, Stone, HL. Model for ability-based assessment in physical therapy education. *Journal of Physical Therapy Education*. 1995:9:3-6.

Dictionary of Occupational Titles, U.S. Department of Labor, 1991, Vol. I & II Code 076.121-014 Physical Therapist

Acknowledgment of Receipt of Information/Statement of Understanding

My signature confirms that I have received, read, understood, and am able to fulfill the Doctor of Physical Therapy Program's Technical Standards. If I do not understand any of the information, I may request clarification from the Physical Therapy Program Director.

Name: _____
(Please Print)

Signature

Date

Process for Clinical Site Selections
Doctor of Physical Therapy Program

1. Solicitation of sites
 - a. Placement forms are sent to all active sites on March 1 for the following year.
 - b. Deadline for response is April 30.
 - c. Placements are logged into the database as received.
 - d. Follow-up communication to sites that have not responded will occur after May 1.
2. Confirmation of sites
 - a. Sites will be reserved for acute care, orthopedic and neuro placements beginning May 1
 - b. Enough sites plus 1 or 2 extra will be reserved for ASU without a student name for each rotation.
 - c. Sites will be given a student name as soon as the student has been assigned.
 - d. Sites with unused placements will be notified as soon as it is known that they will not be needed to allow other programs access to that site.
3. Selection of sites
 - a. At least six (6) months prior to each full time clinical experience, the DCE will ask for geographical input of cities/regions where the student prefers placement.
 - b. Geographical input should be submitted by the deadline established by the DCE.
 - c. Exxat will be used to perform a best fit placement based on available addresses in the database.
4. Site assignments/confirmations
 - a. The DCE is the final authority for making decisions regarding site assignments.
 - b. The DCE will place students based on site availability.
 - c. DCE will match students with available sites based on student performance in class/lab and clinic characteristics.
 - d. Professional behaviors (See e below) will also be considered when making site assignments.
 - e. The DCE will consult with student advisors and faculty members who have instructed the students to determine classroom/lab performance and professional behavior.
 - f. The following professional behaviors will be used to determine student preference in site selection. These professional behaviors should be part of each syllabus.
 - i. Punctuality
 - ii. Appropriate dress
 - iii. Class preparation
 - iv. Class participation
 - v. Absence notification prior to beginning of class
 - vi. Response to feedback
 - vii. Conflict management
 - g. Site confirmation will be managed by the DCE. Confirmations will begin as soon as possible after the site assignments have been completed.
 - h. Students will be informed by e-mail/Exxat when the site is confirmed.
 - i. Students are prohibited from contacting sites until the site has been confirmed for that student.

ANGELO STATE UNIVERSITY
Archer College of Health and Human Services
Doctor of Physical Therapy Program

GUIDELINES FOR INSERVICE EDUCATION PROGRAMS

The content of the in-service education program must either focus on the physical therapy profession in general or a specific topic of interest to the student and the audience. Discuss potential topics with the SCCE/CI. The SCCE/CI has final approval of the topic. The date and time of the in-service should be scheduled prior to the last day of the internship.

The in-service program should be a minimum of 20 minutes in length or as requested by the facility. The student will be evaluated for both the written outline and the oral presentation.

I. Objectives for the Experience

At the completion of this activity, the student physical therapist will:

- A. Demonstrate a comprehensive understanding of a topic relevant to physical therapy practice.
- B. Demonstrate skills in library research and organization pertinent to the presentation.
- C. Utilize skills in team communication by using other members of the health care team as resources for the presentation.
- D. Employ skills in independent thinking by choosing the topic, developing it, and delivering the presentation.
- E. Deliver the material in an organized, professional manner using good communication skills and a variety of teaching methods.
- F. Encourage discussion by responding to the questions and comments of the audience.
- G. Reflect on the work by accepting feedback related to the effort.

II. The written outline must include:

- A. Title of In-service
- B. Description of Target Audience
- C. Objectives (written in behavioral terms, ABCD (Activity, Behavior, Condition, Degree) format)
- D. Teaching Methods Used
- E. Brief Synopsis of Program Content
- F. Evaluation Method(s) to be used to:
 - i. Assess your performance
 - ii. Assess the level of knowledge of the audience after your presentation

The written outline must be submitted in program format as defined in the Student Handbook.

i. Documents to submit.

- A. Written outline as above
- B. In-service presentation (power point)
- C. Evaluation forms completed at the time of the presentation

All items must be received by the assignment deadline to receive full credit for this assignment. Please see the policy on late assignments for penalties associated with late submissions.

ANGELO STATE UNIVERSITY
Archer College of Health and Human Services
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GUIDELINES FOR EVIDENCE BASED PATIENT OUTLINE PRESENTATION

This is the presentation assignment for Clinical Practicum II. A case presentation is a focused report on one patient or several patients with the same diagnosis. Follow the outline below for information on the material to include in your case report. Your CI/CCCE has final approval on the subject for this report. The case report is due to the DCE on Friday of Week 9. It may be presented before or after this due date.

I. Objectives for the Experience

At the completion of this presentation, the student physical therapist will:

- A. Demonstrate a comprehensive understanding of the total patient/client.
- B. Develop skills in library research and organization pertinent to the presentation.
- C. Develop skills in team communication through the utilization of other members of the health care team as resources for the presentation.
- D. Develop skills in independent thinking by choosing the case, developing it, and carrying out the presentation.
- E. Deliver the case presentation in an organized, professional manner using good communication skills and a variety of teaching methods.
- F. Encourage discussion by responding to the questions and comments of the audience.
- G. Reflect on the work by accepting feedback related to the effort.

II. Material to Include

Choose a patient/client that you have evaluated, that you have particular interest in, and that there is available information for your use. Develop a presentation for your clinic and utilize the speaker evaluation form for each audience participant.

- A. ❖ History
 - o Demographics
 - o Diagnosis
- B. ❖ Outcome Measures (list patient self-assessment tools and performance-based outcome measures)
- C. ❖ Interventions (provide a table of interventions including prescription (sets/reps/resistance))
- D. ❖ Evidence to Support
 - o Outcome measures (provide articles/evidence to support the use of selected outcome measures)
 - o Interventions (provide articles/evidence to support the use of selected interventions)
- E. ❖ Discussion
 - o What changes were seen in patient performance of selected outcome measures?
 - o How could provided interventions been more effective?
 - o Were interventions provided that were not supported by evidence? If so, discuss. If all interventions provided were supported by evidence, then what additional interventions could have been provided in an ideal situation?

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GUIDELINES FOR SPECIAL PROJECTS

A special project is an identifiable contribution the student makes to the facility that remains after the student finishes the clinical experience. This is the required presentation for Clinical Practicum III. The project can take any form mutually agreed upon by the CI and the student. The project must be evaluated by and presented to the clinical site. Some sample ideas are:

1. Evidence Based Patient Home Programs
2. Flow Sheets
3. Slide Presentations/CD-ROM/DVD
4. Evaluation Form
5. Videotapes/CD-ROM/DVD for Patient/Client Education
6. Other Patient education materials such as booklet(s).
7. Marketing tools such as brochures
8. Files of journal articles with evidence-based protocols

Objectives for the Special Project

At the completion of the project, the student physical therapist will:

- A. Demonstrate a comprehensive understanding of the needs of the clinical site.
- B. Demonstrate skills in library research and organization pertinent to the project.
- C. Utilize team communication by using other members of the health care team as resources for the project.
- D. Demonstrate independent thinking by choosing the project, developing it, and carrying out the project.
- E. Present the special project to the clinical facility in an organized, professional manner using good communication skills and a variety of teaching methods.
- F. Encourage discussion by responding to the questions and comments of the audience.
- G. Reflect on the work by accepting feedback related to the effort.

The student physical therapist will submit a copy of the project with a cover sheet that includes the following information:

- A. Title of the project
- B. Purpose of the project
- C. Objectives(s) of the project
- D. Description of the project
- E. Presentation of the project (details about the presentation including date, names of those present, outline of presentation)
- F. Evaluation of the project
 - a. Student assessment of project
 - b. Department (CI, SCCE, other professionals evaluation)

ANGELO STATE UNIVERSITY
Archer College of Health and Human Services
Doctor of Physical Therapy Program

Weekly Practicum Goals

Student _____ Date _____

Week # _____

Complete this log on a weekly basis. Have the Clinical Instructor review and sign logs prior to posting. These are due by 11:55 pm on Monday following the previous practicum week. For the final week of the practicum, they are due on Friday by 11:55 pm.

I. Additional Educational Opportunities: (inservices, field trips, observation in other departments, videos, reading assignments—list topic and source, etc)

- 1.
- 2.
- 3.
- 4.
- 5.

II. Topics Discussed with Clinical Instructor (treatment ideas, patient problems, student strengths/weaknesses, CI strengths/weaknesses, etc. BE SPECIFIC)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

IV. Areas Improved :

- 1.
- 2.
- 3.
- 4.
- 5.

V. Goals for Next Week:

- 1.
- 2.
- 3.
- 4.

5.

VI. Comments:

Clinical Instructor's Signature _____ Date _____

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GUIDELINES FOR WRITTEN REFLECTIVE PRACTICE

During each full-time experience, student physical therapists are expected to participate in one activity of reflection. A reflective weekly question is required for Clinical Practicum I; an evidence-based reflection project is required for Clinical Practicum II; and a mid-term and final reflection essay is required for Clinical Practicum III. This activity is graded. Students must meet mastery (80%) to pass the activity. Weekly reflective questions should be submitted each week. The evidence-based reflection project is due on Friday of week 9 of the clinical experience.

GUIDELINES FOR WEEKLY REFLECTIVE QUESTIONS (CP 1)

1. General Criteria - Online Classroom Participation: Grading and Evaluation Guidelines for Student Participation.

- A mastery level of 80% is required on the assignment and is based on your weekly participation.
 - Weekly Reflective Question assignments must be posted by noon on Saturday each week and final week question should be posted by the last day of the practicum. One-half credit will be given up to one week on late postings after which no credit will be assigned.
2. To achieve the maximum credit for your posting/discussion each week:
- Your posting should be between 100 and 150 words in length.
 - Your posting should be professional and respectful in tone.
 - Your comments should integrate and reflect your evaluation of the question and include references in AMA format as appropriate. Please include examples from your physical therapy experiences and/or relevant literature as they pertain to the reflective questions.

GUIDELINES FOR EVIDENCE BASED PATIENT
OUTLINE (CP2)

Select a patient you evaluated:

Complete the outline:

- ❖ History
 - Demographics (3 points)
 - Diagnosis (3 points)
- ❖ Outcome Measures (list patient self-assessment tools and performance-based outcome measures) (10 points)
- ❖ Interventions (provide a table of interventions including prescription (sets/reps/resistance)) (10 points)
- ❖ Evidence to Support
 - Outcome measures (provide articles/evidence to support the use of selected outcome measures) (10 points)
 - Interventions (provide articles/evidence to support the use of selected interventions) (10 points)
- ❖ Discussion
 - What changes were seen in patient performance of selected outcome measures? (5 points)
 - How could provided interventions been more effective? (5 points)

- Were interventions provided that were not supported by evidence? If so, discuss. If all interventions provided were supported by evidence, then what additional interventions could have been provided in an ideal situation? (5 points)

GUIDELINES FOR MIDTERM AND FINAL REFLECTIONS
(CP3)

Midterm Reflection – Based on the first few weeks of your practicum, write 1-2 pages on your successes; opportunities for improvement; what you have enjoyed or benefited from; and other reflective thoughts that you would like to share.

Final Reflection – Congratulations on making it to the end of this practicum experience. Please share 1-2 pages on ways you have adapted to the challenges, consider the various used resources: educational, staff support, inter-professional collaboration, etc. Additionally, please share any meaningful experiences or reflections.

Policy reviewed 2022

ANGELO STATE UNIVERSITY
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Doctor of Physical Therapy Program

CLINICAL PROBATION TRACKING FORM

Student _____ Clinical Instructor(s) _____

First Clinical Probation:

(date)

Reason for first clinical probation:

1. A "Significant Concerns" box is checked on the CPI
and/or
2. Student ratings on CPI fall below mastery level at mid-term (average of numbers is greater than .5 below listed expectation)
and/or
3. Other (Please specify): _____

Requirements to be removed from first clinical probation:

Outcome:

Second Clinical Probation:

(date)

Reason for second clinical probation:

1. A "Significant Concerns" box is checked on the CPI
and/or
2. Student ratings on CPI fall below mastery level at mid-term (average of numbers is greater than .5 below listed expectation)
and/or
3. Other (please specify): _____

Requirements to be removed from second clinical probation:

Outcome:

Academic Committee meeting _____ *(date)*.

Outcome:

file:

Student file

Academic Advisor: _____

Program Administrator: _____

§322.4. Practicing in a Manner Detrimental to the Public Health and Welfare.

(a) The board may deny a license to or discipline an applicant/respondent who is found to be practicing in a manner detrimental to the public health and welfare. The board may deny a registration for a physical therapy facility to an applicant or discipline a physical therapy facility required to be registered by the act which is found to be practicing in a manner detrimental to the public health and welfare.

(b) Practicing in a manner detrimental to the public health and welfare may include, but is not limited to, the following:

(1) failing to document physical therapy services, inaccurately recording, falsifying, or altering patient/client records;

(2) obtaining or attempting to obtain or deliver medications through means of misrepresentation, fraud, forgery, deception, and/or subterfuge;

(3) failing to supervise and maintain the supervision of supportive personnel, licensed or unlicensed, in compliance with the Act and rule requirements;

(4) aiding, abetting, authorizing, condoning, or allowing the practice of physical therapy by any person not licensed to practice physical therapy;

(5) permitting another person to use an individual's physical therapist's or physical therapist assistant's license for any purpose;

(6) failing to cooperate with the agency by not furnishing papers or documents requested or by not responding to subpoenas issued by the agency;

(7) interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the agency or the board, or by the use of threats or harassment against any patient/client or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action;

(8) engaging in sexual contact with a patient/client as the result of the patient/client relationship;

(9) practicing or having practiced with an expired temporary or permanent license;

(10) failing to conform to the minimal standards of acceptable prevailing practice, regardless of whether or not actual injury to any person was sustained, including, but not limited to:

(A) failing to assess and evaluate a patient's/client's status;

(B) performing or attempting to perform techniques or procedures or both in which the physical therapist or physical therapist assistant is untrained by education or experience;

(C) delegating physical therapy functions or responsibilities to an individual lacking the ability or knowledge to perform the function or responsibility in question; or

(D) causing, permitting, or allowing physical or emotional injury or impairment of dignity or safety to the patient/client;

(11) intentionally or knowingly offering to pay or agreeing to accept any remuneration directly or indirectly, overtly or covertly, in cash or in kind, to or from any person, firm, association of persons, partnership, or corporation for receiving or soliciting patients or patronage, regardless of source of reimbursement, unless said business arrangement or payments practice is acceptable under 42 United States Code §1320a-7b(b) or its regulations;

(12) advertising in a manner which is false, misleading, or deceptive;

- (13) knowingly falsifying and/or forging a referring practitioner's referral for physical therapy;
- (14) failing to register a physical therapy facility which is not exempt or failing to renew the registration of a physical therapy facility which is not exempt;
- (15) practicing in an unregistered physical therapy facility which is not exempt;
- (16) failing to notify the board of any conduct by another licensee which reasonably appears to be a violation of the Practice Act and rules, or aids or causes another person, directly or indirectly, to violate the Practice Act or rules of the board;
- (17) abandoning or neglecting a patient under current care without making reasonable arrangements for the continuation of such care; and
- (18) failing to maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communication, including compliance with HIPAA regulations.

Source Note: The provisions of this §322.4 adopted to be effective April 15, 1999, 24 TexReg 2935; amended to be effective June 7, 2009, 34 TexReg 3515; amended to be effective April 4, 2011, 36 TexReg 212; amended to be effective May 17, 2015, 40 TXReg 2666.

ANGELO STATE UNIVERSITY
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Clinical Site Update Form

Date _____

Facility Name _____

Facility Address _____

Facility Phone (____) _____ Facility Fax (____) _____

PT Program Phone (____) _____ PT Program Fax (____) _____

Web Address _____ E-mail _____

PT Program Director _____

CCCE _____

I. Facility

A. Owned by (Name and location) _____

B. Has there been a change in facility ownership? ___ No ___ Yes
 If yes, date of new ownership _____

C. PT Program owned by (Name and location) _____

D. Has there been a change in PT Program ownership? ___ No ___ Yes
 If yes, date of new ownership _____
 Is this a POPTS? ___ No ___ Yes

E. Type of Facility (check one)

<input type="checkbox"/>	Acute Care/Hospital Facility	<input type="checkbox"/>	Ambulatory Care/Outpatient Center	<input type="checkbox"/>	ECF/Nursing Home/SNF
<input type="checkbox"/>	Federal/State/County Health	<input type="checkbox"/>	Home Health Care	<input type="checkbox"/>	Industrial Rehabilitation Facility
<input type="checkbox"/>	Private Practice	<input type="checkbox"/>	Rehabilitation/Sub-acute Rehabilitation	<input type="checkbox"/>	School/Preschool System
<input type="checkbox"/>	Wellness/Prevention Program	<input type="checkbox"/>	Psychiatric Unit	<input type="checkbox"/>	National/State/Local Agency
<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	

F. Accreditation/certification by: (place date of last accreditation in blank)

<input type="checkbox"/>	JCAHO	<input type="checkbox"/>	CARF	<input type="checkbox"/>	CORF
<input type="checkbox"/>	Health Department	<input type="checkbox"/>	Medicare	<input type="checkbox"/>	Other (Please specify)

II. Personnel

A. Staffing: number of PT's ___ PTAs ___ Support personnel ___ Any changes? No ___ Yes ___

Explain _____

Number of CI's _____

Has there been a change in (check all that apply):

1. PT Program administration? No ___ Yes ___ Explain _____

2. CCCE? No___ Yes___ Explain _____

Has there been a change in (check appropriate spaces)

3. CI's? No ___ Yes ___ Explain _____

B. Staff training and development:

1. Continuing Education courses attended _____

2. Special/Advanced training received: _____

3. Continuing Education needs: _____

III. Program news

A. Available student opportunities: _____

B. New programs/services offered: _____

C. New Equipment: _____

D. Additional Information/Comments: _____

Completed by: _____ Date: _____



STUDENT ACCIDENT/INCIDENT REPORT

Location of Accident/Incident: _____		Date & Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Student Name: _____		Student Phone Number: _____
Department / Faculty Name: _____		Faculty Phone Number: _____
Briefly describe the accident/incident _____ _____ _____		
Were You Injured? <input type="checkbox"/> YES <input type="checkbox"/> NO	Briefly describe injury: _____ _____ _____	
Received medical treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO	Dr. Name: _____ Address: _____ _____	
Statement Attached	Witness Name & Phone Number	
<input type="checkbox"/>		
<input type="checkbox"/>		
UNSAFE CONDITIONS: Was there an unsafe condition? _____ _____		
UNSAFE ACTS: What did anyone do or fail to do that led to this accident/incident? _____ _____		
RECOMMENDATIONS: What action has been or should be taken to prevent a similar accident/incident from occurring? _____ _____		
Student Signature: _____		Date: _____
Department Recommendations: _____ _____		
Faculty/Dept Rep Signature: _____		Date: _____

List of required documents and existing document guidelines in Exxat**1. TB test**

- 1 step or 2 step PPD accepted **Quantiferon Gold accepted
- If 2 Step PPD or Quantiferon Gold test is positive, or if unable to take the test due to medical reasons, provide a negative Chest X-Ray (valid for 1 year)
- Enter completion date as 'date read' or 'result date'
- Enter expiration date as 1 year from completion date.
- Annual requirement

2. MMR Vaccinations or Titer

- 2 documented vaccinations OR Positive Titer for all 3 components required. (Lab report required)
- If titer negative/low/equivocal, must repeat a booster dose
- Repeat titer is not required
- Enter completion date as date of last vaccination or titer result

3. Varicella Vaccinations or Titer

- 2 documented vaccination OR Positive titer are required. (Lab report required)
- If titer negative/low/equivocal must repeat a booster dose
- Repeat titer is not required
- History of disease is NOT acceptable
- Enter completion date as date of last vaccination or titer result

4. Tdap Vaccination

- Tdap Booster within 10 years
- Td not accepted
- Enter completion date as the date vaccine administered
- Enter expiration date as 10 years from completion date.

5. Hepatitis B Series

- 3 documented vaccinations OR Positive Titer required. (Lab report required) OR
- Students have the option to decline and must complete and submit the declination form. Please click on the 'view template/ sample' to download the hepatitis B declination form.
- Hepatitis B immunization is a series of three (3) injections that are given over a 6-month period.
- Student should plan ahead to be sure they obtain the 3rd injection before the beginning of the 3rd curricular term PT 7651 Acute Care Exam and Management course

- If titer negative/low/equivocal, must repeat a Booster dose.
- Repeat titer is not required.
- Enter completion date as date of last vaccination or titer result.

6. Flu Vaccination

- Documented flu vaccination for current flu season required at the beginning of the fall semester and to be completed by September 30th of each year **OR**
- Completed and signed flu vaccine waiver of declination.
- Must include date of vaccine administration and administered by.
- Prescriptions/Receipt is accepted.
- Enter completion date as date flu vaccine was administered
- Enter expiration date as 1 year from the completion date

7. Poliomyelitis Vaccine

- Documentation of completed primary series (3 vaccinations). Child immunizations accepted
- Must be completed prior to the start of the classes.
- Enter completion date as date of last vaccination.

8. Meningitis vaccination

- Upload one dose of meningococcal vaccination or a booster dose if prior vaccination received is not within last 5 yrs.
- Vaccination must be completed by May 22nd.
- Registrar's office must have proof before enrolling first-time students unless exempt (Students who are 22 years of age or older.)
- Please refer to requirements for university enrollment.
- Enter completion date as date of last vaccination.

9. CPR training **CPR Certification**

- may be obtained from the American Heart Association **OR**
- American Red Cross (BLS, Adult Child Professional Rescuer {2-man CPR})
- The ASU DPT program coordinates and offers CPR training for each cohort during the fall semester of the 1st and 3rd year of the program of study. It is the student's responsibility to maintain CPR certification until graduation.
- Upload front and back of the card or copy of the certificate
- Enter completion date as issue date mentioned on the card / certificate
- Enter expiration date as renewal date shown on the card / certificate
- All renewals of CPR certification must be performed in a face to face class with an instructor.
- On-line renewals of CPR certification are NOT acceptable.

10. Health Insurance Card

- A current health insurance card must be maintained throughout the duration of the program.
- Upload front and back of the insurance card.
- Student name should be on the card or if a student is dependent and does not have their own health insurance card, they must show documentation from health insurance showing their dependency.
- Enter completion date as date of upload
- Enter expiration date as 1 year from the completion date.

11. Universal-Background Check Results - EXCEPT previous New York residents

- Background check is completed through Universal
- Repeat background checks may be requested by clinical sites.
- Enter completion date as date last check completed

- Once you have submitted the Background Screening application and received a confirmation number, you should find your results automatically uploaded in Exxat within 48-72 hours.
- If there is a delay please contact Universal clients services on **877.561.5150** or email at ***cs@universalbackground.com***
- If you need to re-request a screening or order additional screenings please contact Exxat at email ***universal-support@exxat.com***

Internal guidelines

- If record found leave as pending and email the student list to admin.

12. Universal-Drug Screen Results

- A 10 panel drug screen is required prior to enrollment in the program and may be requested to be repeated by faculty or clinical sites.
- Drug screen will be completed via Universal
- Enter completion date as date results received.
- Initial drug screen prior to matriculation to be completed by May 14 of the incoming program year.

- Once you have gone to the lab and submitted your sample, you should find your results uploaded automatically in your Exxat portal within 2 weeks.
- If it has been 2 weeks without any results, please contact Universal at **1-877-561-5151** or email at ***ohsupport@universalbackground.com***.
- If you need to re-request a screening or order additional screenings please contact Exxat at email **universal-support@exxat.com**

Internal guidelines

- If result is positive, we will keep as pending and inform school.

13. Driver's License

- Upload front and back copy of your driver's license.
- Enter expiration date as 'renewal date' shown on the card

14. New York Background Package - PREVIOUS NEW YORK RESIDENTS ONLY

- The New York Background Package MUST be selected for ANY student who has ever lived in the state of New York.
- The traditional Universal background check is not sufficient for these students due to the state of New York's policy on background checks.
- You are ONLY required to complete the New York Package if you are a previous resident of New York. Please do not register for the traditional Universal background check also.

15. COVID-19 Vaccination

- This is an optional unless required by your clinical site.
- Provide copy of vaccination record with completion of 2 doses of Covid vaccination here.
- 1 dose for Johnson & Johnson is accepted.
- Enter completion date as date vaccination was administered.