

UNIVERSITY OF TOLEDO DPT CLINICAL EDUCATION HANDBOOK



Resource Guide for Clinical Education Contacts, Curriculum, Procedures,
Policies, and Clinical Education Student and Faculty Guidelines

University of Toledo
Clin Ed Handbook

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**DOCTOR OF PHYSICAL THERAPY
PROGRAM
COLLEGE OF HEALTH AND HUMAN
SERVICES
THE UNIVERSITY OF TOLEDO

CLINICAL EDUCATION HANDBOOK**

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INTRODUCTION

This handbook is intended to provide students and clinical educators with basic information regarding the entry-level Doctor of Physical Therapy Program (DPT) at The University of Toledo and its Clinical Education Program. The handbook serves as a reference in the University of Toledo DPT Program for guidelines and outlining policies and procedures pertaining to clinical education and clinical education experiences along with the University of Toledo DPT student handbook. It should be viewed as an adjunct to other supporting documents you receive from Amy Both, PT, DPT, MHS, DCE prior to the start of a student clinical education experience or during the planning stages of clinical placements.

Students are expected to be familiar with all the information in this handbook. Please be aware that policies and procedures are subject to change and the University of Toledo DPT program reserves the right to modify or change the content in the handbook as indicated. This handbook will be reviewed and updated annually.

"Clinical education is the most important phase of physical therapy education, for it is in the clinical setting where students learn to synthesize and integrate knowledge. Here the students learn by doing. Clinical education provides the avenue to transition from student to practitioner. Clinical education emphasizes analysis of problems and the application of principles. In the clinical setting, students learn to evaluate total situations involving their patients, and they learn to make judgments concerning treatment. Students who function at this high level of performance must not only have acquired basic knowledge, but retained it and subsequently translated and interpreted it. Concurrently they acquire motor skills, and they develop attitudes which make them professional physical therapists."

Dickenson R, Dervitz H, Meida H. *Handbook for Physical Therapy Teachers.*

WELCOME LETTER TO OUR CLINICAL PARTNERS

Welcome Clinical Partners:

We appreciate your commitment to the clinical education of The University of Toledo's DPT students. Your coordination and supervision of clinical education experiences allows students to integrate information learned in classroom and laboratory settings and progress to master entry-level clinical skills necessary for physical therapist practice. Thank you for accepting the responsibilities associated with being a Clinical Instructor and/or Site Coordinator for Clinical Education, in addition to those of your healthcare setting and/or employer.

This handbook introduces you to the University of Toledo's DPT Program's philosophy of clinical education, mission and program outcomes, our curriculum, our clinical education placement process and procedures, relevant clinical education policies, expectations of you as a clinical instructor, and the guidelines established for clinical education faculty by the APTA. Thank you for your continued support of our program and your commitment to clinical education. Please let us know if you have any questions.

Sincerely,

Amy Both, PT, DPT, MHS
Director of Clinical Education

Lucinda Bouillon, PT, PhD
Program Director

TERMINOLOGY

Glossary of Terms

APTA	- American Physical Therapy Association
Academic Program	- Doctor of Physical Therapy Program; also called the Academic Partner
CE*	-Clinical Education; A formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.
CEE*	- Clinical Education Experience; Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments. Experiences include those of short and long duration (e.g. part-time, full-time), provide a variety of learning opportunities, and include physical therapy services for patients/clients across the lifespan and practice settings. Although the emphasis is on the development of patient/client physical therapy skills, experiences also may include interprofessional experiences and non-patient/client service delivery, such as research, teaching, supervision, and administration. Clinical education experiences are part of the professional curriculum and include formal student assessment.
CHHS	- College of Health and Human Services
CI*	- Clinical Instructor; The physical therapist responsible for the physical therapist student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full-time (or equivalent) post-licensure clinical education.
Clinical Partner	-Refers to a clinical education site who has an affiliation agreement with the program and/or the University of Toledo

DCE - Director of Clinical Education; Academic faculty member who is responsible for planning, directing, and evaluating the clinical education program for the academic institution, including facilitating clinical education site and clinical education faculty development.

PD -Program Director

PT - Physical Therapy

SCCE* - Site Coordinator of Clinical Education; A professional who administrators, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of people to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.

UToledo - University of Toledo

*American Council of Academic Physical Therapy. Physical Therapy Clinical Education Glossary. 2022. Accessed April 1, 2024. <https://acapt.org/glossary>

ACADEMIC FACULTY AND STAFF DIRECTORY

Name	Faculty Title(s)	Office Phone	Office Number	Email
<i>Core Academic faculty</i>				
Amy Both, PT, DPT, MHS	Director of Clinical Education; Clinical Assistant Professor	419-530-6675	2008 HH	Amy.Both@utoledo.edu
Cindy Bouillon, PT, PhD	Program Director; Associate Professor	419-530-6671	2000 HH	Lucinda.Bouillon@utoledo.edu
Dave Kujawa, DPT, MBA, PT, Orthopedic Clinical Specialist	Director of Clinical Affairs; Clinical Assistant Professor	419-530-6676	2002 HH	David.Kujawa@utoledo.edu
Abraham Lee, PT, PhD	Associate Professor	419-530-6672	2014 HH	Abraham.Lee2@utoledo.edu
Amanda Murray, PT, DPT, PhD	Director MAIN Lab; Assistant Professor	419-560-6697	2003 HH	Amanda.Murray2@utoledo.edu
Tori Smith, PT, DPT, Neurologic Clinical Specialist	Clinical Assistant Professor	419-530-6677	2003 L HH	Tori.Smith@utoledo.edu
<i>Associated Academic faculty</i>				
Alexia E. Metz, PhD, OTR/L	Program Chair of Occupational Therapy and Associate Professor	41-530-6692	2102B HH	Alexia.Metz@utoledo.edu
Beth Ann Hatkevich, PhD, OTR/L	Associate Professor Occupational Therapy	419-530-6696	2102D HH	Bethann.Hatkevich@utoledo.edu
<i>Program Staff</i>				
Sandra Garcia	Secretary I	419-530-4780	2503 HH	Sandra.Garcia@utoledo.edu

PROGRAM AND CONTACT INFORMATION

Program Information

Doctor of Physical Therapy Program

Department of Exercise & Rehabilitation Sciences

2801 W. Bancroft St. MS 119

Toledo, Ohio 43606

Toll Free 1-800-321-8383 (Ask for extension 5307 to reach Peggi Syzmanski and extension 6675 to reach Amy Both)

Department Fax: 1-419-530-4780

Contact Information

For questions, concerns, or more information contact:

- Lucinda Bouillon, PT, PhD, Program Director at 419-530-6671 or at lucinda.bouillon@utoledo.edu
- Amy Both, PT, DPT, MHS, Director of Clinical Education at 419-530-6675 or at amy.both@utoledo.edu

DPT Program Accreditation

The Doctor of Physical Therapy Program at the University of Toledo is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>

Procedure for Filing a Complaint with CAPTE

The process for filing a complaint with CAPTE is a formal compliant process that involves the complaint submitted in writing to the following link: <http://www.capteonline.org/Complaints/> or [call 703-703-3245](tel:703-703-3245). Students should be aware that the complaint must be related to one or more of the Evaluative Criteria (for complaints about events occurring before Dec 21, 2015) or the Standards and Required Elements (for complaints addressing events occurring Jan 1, 2016, or thereafter) or has violated any of the CAPTE's expectations related to academic integrity. The complainant must have exhausted all remedies available through the institution, if appropriate. The complainant should provide in writing, using the format prescribed by CAPTE, and must be signed by the complainant. Complainants that do not contain the required information will be returned to the complainant with an explanation of why the complaint is being returned. Returned complaints may be resubmitted at any time.

MISSION, VISION & VALUES STATEMENTS

The University of Toledo Mission (Revised, 2023)

The University of Toledo improves the human condition as a public research university and academic medical center whose mission is to educate students to become future-ready graduates, cultivate leaders, create and advance knowledge, care for patients and engage our local, national, and global communities.

The University of Toledo Vision (Revised, 2023)

The University of Toledo will impact the present and shape the future through our actions and discoveries. To achieve this vision, we will:

- Prioritize student success, health, and well-being.
- Create a diverse community built on foundations of respect, inclusion and belonging.
- Embrace a people-first culture where we are known for outstanding student experiences, alumni and donor engagement, patient satisfaction and as an employer of choice.
- Launch graduates equipped to think critically, act ethically, collaborate and communicate effectively in diverse environments, and apply their knowledge and skills to analyze and solve real-world problems.
- Build on our distinct strengths and invest in areas that increase the University's impact.
- Foster research, innovation, discovery, and creative work that transform our world.
- Partner with our communities to advance our mutual success and create opportunity for all.
- Inspire a love of life-long learning and commitment to serving others.
- Develop and strengthen relationships that invest in our mission to improve the human condition.

The University of Toledo Values (Revised, 2023)

- **Academic Excellence** – We embrace the highest standards of achievement, challenging our students, faculty, and staff to reach their greatest potential.
- **People-Centered** – We prioritize our relationships with our students, faculty, staff, patients, alumni, and donors, creating a culture where everyone feels valued, supported and part of the Rocket family.
- **Inclusion** – We foster belonging, equity, and respect for all as part of our commitment to valuing diversity of people and ideas.
- **Community** – We advance the public good in our regional, state, national and global communities through service and collaboration.
- **Research and Innovation** – We impact the world around us through innovation in discovery, integration, application, teaching, and creative works.
- **Integrity** – We are trustworthy, acting with honesty, transparency, accountability, and authenticity in all we do.
- **Efficiency and Effectiveness** – We ensure long-term success through fiscal stability, sustainability, alignment, efficiency, and operational excellence.

College of Health and Human Services Mission (Revised 2016, 2023)

The University of Toledo College of Health and Human Services, innovative college housed within a national public research university, prepares engaged professionals who improve the human condition in the region and the world.

College of Health and Human Services Vision (Revised 2016, 2023)

The University of Toledo College of Health and Human Services will deliver nationally recognized academic programs committed to discovery, teaching, professional practice and service that directly improve human lives.

DPT Program Mission (Revised 2012, 2020, 2023)

Through education, scholarship, and service, the mission of the Doctor of Physical Therapy Program is to prepare students to be leaders in contemporary practice and to improve the human condition and profession.

DPT Program Values (Approved 2023)

Adopted as approved by the American Physical Therapy Association

The Doctor of Physical Therapy Program embraces the core values of the physical therapy profession. Our values are adopted from the APTA Core Values for the Physical Therapist and Physical Therapist Assistant, HOD P09-21-21-09:

- **Accountability:**
Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
- **Altruism:**
Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.
- **Collaboration:**
Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.
- **Compassion and Caring:**
Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.
- **Duty:**
Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.
- **Excellence:**
Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.
- **Inclusion:**
Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse

and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.

- **Integrity:** Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.
- **Social Responsibility:** Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

DPT STUDENT, GRADUATE, ACADEMIC FACULTY & PROGRAM GOALS

REVISED 2016, 2021, 2023, 2024

Student/Graduate Goals

1. Students will demonstrate the requisite knowledge and skills to practice safely and effectively as entry-level physical therapists.
2. Students and graduates will demonstrate effective communication skills and professional behavior when interacting with patients, families, professional colleagues, and the public.
3. Students and graduates will practice in a legal, ethical, and fair manner.
4. Students and graduates will demonstrate a commitment to the profession through advocacy and community service.
5. Graduates will engage in lifelong learning and professional development opportunities.

Academic faculty Goals

1. Actively engage in professional practice, service, and/or continuing education to maintain and expand clinical competence and expertise.
2. Promote academic excellence that optimizes student learning and teaching effectiveness.
3. Disseminate peer-reviewed scholarly products via professional journals and conferences.
4. Participate in service and leadership opportunities at the university, community, and/or professional level.

Program Goals

1. Cultivate experiences that promote resiliency, engagement, intuitiveness, and adaptability.
2. Enhance opportunities and resources to advance and promote justice, equity, diversity, inclusion, and a sense of belonging.
3. Sponsor professional development activities for clinical education faculty and area clinicians to foster lifelong learning.

CURRICULUM PLAN

The curriculum plan is rooted in four main educational learning theories to help students develop to become entry-level, competent clinicians. The theories include behaviorism, cognitivism, constructivism, and experiential learning. In addition to these, the curriculum plan also exposes the students to the concept of becoming a master adaptive learner.

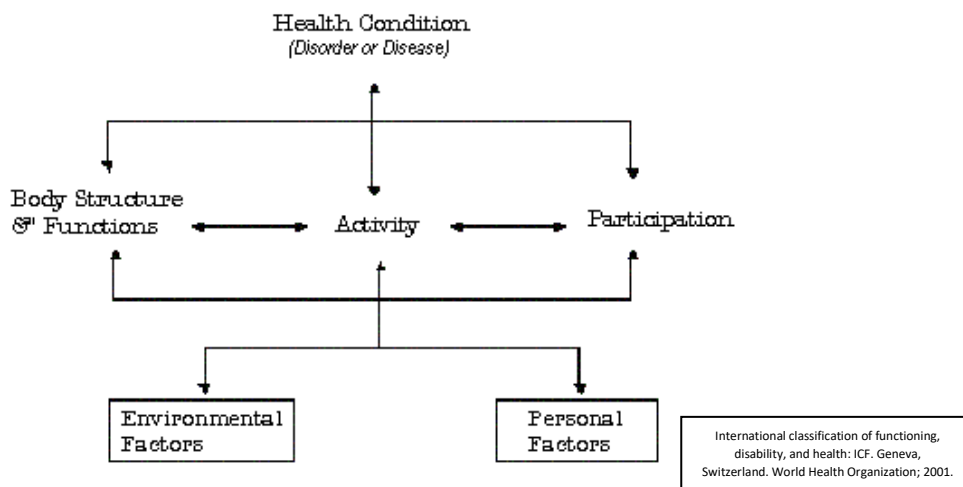
CURRICULUM MODEL

The program's curriculum is a hybrid model delivered in a residential venue (as opposed to online). The curriculum was originally developed using the “Normative Model of Physical Therapist Professional Education, Version 2004” to ensure that course content was comprehensive, thorough, and relevant to the practice of physical therapy.

The curriculum model is organized in a traditional format whereby coursework begins with the foundational or basic sciences, followed by the clinical sciences, and then progression to patient management courses. The first six-week clinical education experience starts at the end of the first year of the curriculum, and then the remaining 30 weeks are completed in the seventh and eighth terms. Within the traditional model's context, courses are also built around various physiological systems such as the musculoskeletal, cardiopulmonary, and neuromuscular systems and content progresses from normal to abnormal. For example, the foundational courses are offered in the first through fourth terms and emphasize normal anatomy, physiology, neuroscience, genetics, kinesiology, biomechanics, and exercise science. The clinical sciences courses apply the foundational content to learning psychomotor skills for examination, differential diagnosis, diagnostic imaging, pharmacology, and interventions such as therapeutic exercise and therapeutic modalities. The curriculum advances from normal to abnormal development throughout the lifespan. Patient management courses progress the foundational and clinical sciences into patient examination, evaluation, prognosis, plan of care, and management of care delivery covering cardiopulmonary, musculoskeletal, and neuromuscular systems.

The curricular content is also presented in a modified problem-based format. Patient problems are used with increasing complexity throughout the curriculum to facilitate the integration of the cognitive, psychomotor, and affective domains of learning. This hybrid curricular model also emphasizes the use of scientific evidence to inform and develop the student's clinical decision making and clinical reasoning skills.

The program has incorporated and integrated the International Classification of Functioning, Disability and Health (ICF) Model into its curriculum. This model is endorsed by the World Health Organization and the American Physical Therapy Association and provides a common language for classification and consequences of health conditions. The ICF Model is integrated into the clinical science, patient management, and research courses throughout the program's first and second year.



Curriculum Educational Principles

The philosophy of the curriculum is built upon five educational principles:

1. Community engagement
2. Inclusion and belongingness
3. Inquiry-based learning
4. Content Integration
5. Professional formation

The principle of community engagement is based upon a health professional who is sensitive and responsive to both the needs of the individual, community, and society and will promote the necessary change within one’s profession to improve the health care delivery system. Community engagement begins in the first year of the program through the students’ Professional Development Plan required in PHYT 5450: Foundations of Physical Therapy and then carries over into the third year as part of PHYT 6700: Professional Issues. In the Professional Development Plan, students are required to document volunteer community service activities or advocacy events. In PHYT 5300: Principles of Therapeutic Exercise provides an opportunity for the students to teach guest patients from the university housekeeping staff about the benefits of exercise and then to provide a home exercise program for these individuals. In the second year (PHYT 6740: Clinical Seminar I), students interact with community members through the Stroke Life Center. This non-profit organization is focused on improving quality of life for stroke survivors and their caregivers. In addition, the missions of the student organizations (Student Physical Therapy Organization and Multicultural Leadership Council) are also centered on volunteerism and community engagement.

The intent of the principle of inclusion and belongingness is to have a curriculum that promotes equity for all and provides a sense of connectiveness, reciprocal acceptance, and valuing of others. As a health profession, physical therapy should reflect the diverse nature of society relative to race, culture, and experience; to challenge stereotypes; and to promote sensitivity toward diversity and foster an environment of inclusion in all curricular and extra-curricular activities. The program has included a statement in all syllabi, “Inclusive classroom statement” which is the following;

“In this class, we will work together to develop a learning community that is inclusive and respectful. Our diversity may be reflected by differences in race, culture, age, religion, sexual orientation, gender identity/expression, socioeconomic background, and myriads of other social identities and life experiences. We encourage and appreciate expressions of different ideas, opinions, and beliefs so that conversations and interactions that could potentially be divisive turn, instead, into opportunities for intellectual and personal development.”

Throughout the curriculum, examination questions, case studies or other assignments are written to be stereotype-free. During orientation, students share their preferred pronouns with faculty and classmates. Pronouns are also included on clinical education intake forms for all clinical education experiences. Images used in case studies and lecture materials now include diverse patient populations. Students are exposed to the racial bias in pulse oximetry measurement in PHYT 6750: Clinical Seminar II which may lead to incorrect readings among Black patients compared to White patients. In addition, the Multicultural Leadership Council sponsors events that aim to increase understanding of current diversity issues and diverse patient cultures.

The Curriculum Model fosters inquiry-based learning and prepares students to efficiently seek, acquire, synthesize, and apply new knowledge to solve complex problems. The clinician of the future must filter, archive, and evaluate information to adapt to advances in practice in an ethical and accountable manner. Students are socialized into the physical therapy profession through a series of educational and experiential activities, wherein the students develop the knowledge, modes of reasoning, skills, and attitudes that will enable them to be competent entry-level physical therapists. Inquiry begins in the first term of the curriculum, PHYT 5350: Introduction to Examination which requires students to assess the validity and reliability of tests and measures. The following semester, students learn how to develop a PICO question, perform a literature search, and appraise and interpret clinical research studies in PHYT 5130: Evidence-Based Practice. Inquiry is threaded throughout the curriculum with students seeking evidence to support their outcome measures (PHYT 6500: Musculoskeletal Rehabilitation I, PHYT 6610: Neuromuscular Rehabilitation II), interventions (PHYT 5290: Therapeutic Interventions II, PHYT 5300: Principles of Therapeutic Exercise, PHYT 6260: Cardiovascular-Pulmonary PT) and clinical decision making (PHYT 6600: Neuromuscular Rehabilitation I, PHYT 6620: Pediatric Rehabilitation, and PHYT 6750: Clinical Seminar II).

Content is integrated within all parts of the curriculum both longitudinally and vertically. Foundational and clinical sciences are present throughout all phases of learning. The foundational sciences begin in the second term of the curriculum, (PHYT 6460: Teaching and Learning and PHYT 5450: Foundations of PT) and continue into the seventh term, (PHYT 6700: Professional Issues). Similarly, clinical sciences begin in the first term (PHYT 5350: Introduction to Examination) and continue into the second year focusing on musculoskeletal, neurorehabilitation, cardiopulmonary, and pediatric rehabilitation. Medical Screening (PHYT 7320) is the last course in the seventh term that focuses on differential diagnosis. Learning is always in the context of patient care, and patient care is always based upon scientific principles which enable entry-level physical therapists to become critical thinkers, problem-solvers, and autonomous learners.

Professional formation emphasizes professionalism, reflection, personal growth, and advocacy. Students are socialized into the physical therapy profession through a series of educational and experiential activities, where they develop knowledge, skills, clinical reasoning, and attitudes that will enable them to be competent entry-level physical therapists. Professional formation begins after the first term of the program during our White Coat ceremony. Students cite the oath of a physical therapist in the presence of friends, family, and faculty. In the second term, PHYT 5450: Foundations of Physical Therapy expands their understanding of professionalism through learning about the Core Values, Standards of Practice, Code of Ethics, Guide for Professional Conduct, and state licensure statutes. In PHYT 5130: Evidence Based Practice, professional

formation focuses on areas such as ethics related to plagiarism and the principles that guide the protection of human subjects. In the seventh term, sensitive professional topics such as professional integrity, burnout, professional misconduct are focused during group discussions in PHYT 6700: Professional Issues. Students can integrate these important topics as they progress through their terminal clinical education experiences in the seventh and eighth terms. The professional formation principle encompasses the curricular model of foundational sciences, clinical sciences, patient management, and clinical education so that students become entry-level physical therapists who are critical thinkers, problem-solvers, and autonomous learners.



CURRICULAR SEQUENCE

<i>Click the Course # for Link to the Course Descriptions</i>			
TERM 1 – SUMMER			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 5000	Gross Anatomy	5	L. Bouillon, PT, MPT, PhD
PhyT 5050	Analysis of Movement I	2	A. Murray, PT, DPT, PhD
PhyT 5350	Introduction to Examination	2	D. Kujawa, PT, DPT, MBA.OCS/ J. Krugh, PT, DSc, FAAOMPT, CSCS
TERM 1 – FALL			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 5060	Analysis of Movement II	3	A. Murray, PT, DPT, PhD
PhyT 5110	Clinical Pathophysiology I	3	A. Lee, PT, PhD
PhyT 5130	Evidence Based Practice	4	A. Murray, PT, DPT, PhD Alexia Metz, PhD., O.T.R/L
PhyT 5450	Foundations of Physical Therapy	2	A. Both, PT, MHS, DPT
PhyT 6460	Teaching & Learning	2	A. Both, PT, MHS, DPT Beth Ann Hatkevich, Ph.D., O.T.R/L, FATOA
TERM 1 – SPRING			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 5090	Neuroscience	5	Alexia Metz, PhD, O.T.R/L T. Smith, PT, DPT, NCS
PhyT 5270	Applied Exercise Physiology	3	A. Lee, PT, PhD
PhyT 5280	Therapeutic Interventions I	2	L. Bouillon, PT, MPT, PhD
PhyT 5300	Principles of Therapeutic Exercise	2	L. Bouillon, PT, MPT, PhD
PhyT 5750	Clinical Reasoning	1	A. Murray, PT, DPT, PhD
PhyT 5900	Medical Imaging	2	TBD
TERM 1 – SUMMER			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 5020	Lifespan I	2	A. Both, PT, MHS, DPT
PhyT 5120	Clinical Pathophysiology II	1	A. Lee, PT, PhD
PhyT 5290	Therapeutic Interventions II	2	TBD
PhyT 5650	Pharmacology	1	A. Lee, PT, PhD
PhyT 5850	Clinical Education Experience I	3	A. Both, PT, MHS, DPT
PhyT 6170 or PhyT 6720	Scholarly Project I or Special Topics I	2	All Academic Faculty

TERM 2 – FALL			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 6020	Lifespan II	2	L. Bouillon, PT, MPT, PhD
PhyT 6260	Cardiovascular-Pulmonary PT	3	A. Lee, PT, PhD
PhyT 6500	Musculoskeletal Rehab I	3	L. Bouillon, PT, MPT, PhD
PhyT 6600	Neuromuscular Rehab I	3	T. Smith, PT, DPT, NCS
PhyT 6740	Clinical Seminar I	2	T. Smith, PT, DPT, NCS
PhyT 7050	Practice Management	2	TBD
TERM 2 – SPRING			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 6100	Health Promotion	2	A. Lee, PT, PhD
PhyT 6180 PhyT 6730	Scholarly Project II or Special Topics II	2	All Academic Faculty
PhyT 6510	Musculoskeletal Rehab II	3	TBD
PhyT 6610	Neuromuscular Rehab II	3	T. Smith, PT, DPT, NCS
PhyT 6620	Pediatric Rehabilitation	2	A. Both, PT, MHS, DPT
PhyT 6750	Clinical Seminar II	2	T. Smith, PT, DPT, NCS
TERM 2 – SUMMER			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 6700	Professional Issues	1	A. Both, PT, MHS, DPT
PhyT 6850	Clinical Education Experience II	5	A. Both, PT, MHS, DPT
PhyT 7320	Medical Screening	1	TDB
PhyT 7890	Clinical Education Experience III	4	A. Both, PT, MHS, DPT
TERM 3 - FALL			
<i>Course #</i>	<i>Course Name</i>	<i># of Credits</i>	<i>Course Directors</i>
PhyT 7900	Clinical Education Experience IV	6	A. Both, PT, MHS, DPT

*Subject to change.

CURRICULUM-AT-A GLANCE

Term 1 Summer (11 weeks)			Term 2 Fall (15 weeks)			Term 3 Spring (14 weeks/CEE I, 2 wks)		
Course #	Credit/ Contact Hours	Course Name	Course #	Credit/ Contact Hours	Course Name	Course #	Credit/ Contact Hours	Course Name
PHYT 5000	5/135	Gross Anatomy	PHYT 5060	3/86	Analysis of Movement II	PHYT 5090	5/100	Neuroscience
PHYT 5050	2/44	Analysis of Movement I	PHYT 5110	3/45	Clinical Pathophysiology I	PHYT 5270	3/55	Applied Exercise Physiology
PHYT 5350	2/60	Introduction to Examination	PHYT 5130	4/60	Evidence Based Practice	PHYT 5280	2/42	Therapeutic Interventions I
			PHYT 5450	2/40	Foundations of PT	PHYT 5300	2/52	Principles of Therapeutic Exercise
			PHYT 6460	2/45	Teaching and Learning	PHYT 5750	1/15	Clinical Reasoning
						PHYT 5900	2/30	Medical Imaging
	9/239			14/276			15/294	
Term 4 Summer (CEE I cont 4 wks / 8 weeks)			Term 5 Fall (15weeks)			Term 6 Spring (15 weeks)		
Course #	Credit/ Contact Hours	Course Name	Course #	Credit/ Contact Hours	Course Name	Course #	Credit/ Contact Hours	Course Name
PHYT 5020	2/42	Lifespan I	PHYT 6020	2/30	Lifespan II	PHYT 6100	2/30	Health Promotion
PHYT 5120	1/15	Clinical Pathophysiology II	PHYT 6260	3/64	Cardio-Pulmonary PT	PHYT 6180 or PHYT 6730	2/30	Scholarly Project II or Special Topics II
PHYT 5290	2/48	Therapeutic Interventions II	PHYT 6500	3/90	Musculoskeletal Rehab I	PHYT 6510	3/90	Musculoskeletal Rehab II
PHYT 5650	1/15	Pharmacology	PHYT 6600	3/90	Neuromuscular Rehab I	PHYT 6610	3/90	Neuromuscular Rehab II
PHYT 5850	3 6 wks	Clinical Education Experience I	PHYT 6740	2/49	Clinical Seminar I	PHYT 6620	2/60	Pediatric Rehabilitation
PHYT 6170 or PHYT 6720	2/30	Scholarly Project I or Special Topics I	PHYT 7050	2/30	Practice Management	PHYT 6750	2/50	Clinical Seminar II
	11/150			15/353			14/350	
Term 7 Summer (CEE II & III, 15 wks)			Term 8 Fall (CEE III, 3 wks & CEE IV, 12 wks)			Clinical Education Experience I= 6 weeks, Clinical Education Experience II=10 weeks, Clinical Education Experience III=8 weeks, Clinical Education Experience IV=12 weeks <u>Total Clinical Education Experiences=36 weeks, 40 hrs/week or 1,440 hours</u>		
Course #	Credit/ Contact Hours	Course Name	Course #	Credit/ Contact Hours	Course Name			
PHYT 6700	1/15	Professional Issues online (during CEE III)						
PHYT 7320	1/15	Medical Screening online (during CEE III)	PHYT 7900	6 12 weeks	Clinical Education Experience IV			
PHYT 6850	5 10 wks	Clinical Education Experience II						
PHYT 7890	4 8 wks	Clinical Education Experience III						
	11/30			6				
Total credit hours= 95, Total didactic contact hours=1,692, Total number of weeks= 114, Total clinical hours=1440 Approved by DPT Faculty 10/7/20 & 2/6/2021 COGS Curriculum Committee for Plan of Study Change 12/2020, Approved by CAPTE spring 2021								

CLINICAL EDUCATION OVERVIEW

Purpose

The purpose of clinical education is to provide students with the appropriate sequence of learning opportunities needed to develop competency as entry-level practitioners. Through active participation in patient care, it complements academic preparation and affords students the opportunity to apply classroom concepts to patient care in the clinic. Clinical education is viewed as an essential part of the physical therapy program and 1,400+ clock hours are devoted to clinical education experiences in settings that share the Doctor of Physical Therapy Program's commitment to excellence in patient care. It is, therefore, designed to include both breadth and depth in the experiences in order to maximize student learning. In doing so, clinical education promotes an understanding of the standards of clinical practice, the health care delivery system, and the dynamics related to ethical and legal practice.

The DPT program maintains primary responsibility for planning, developing, coordinating, and facilitating clinical education courses. The program curriculum and key documents, such as the Code of Ethics (Appendix A) and the Core Values (Appendix B) provide a foundation for the objectives of clinical education courses. The Course Skills List (Appendix H) provides an overview of knowledge and skills that students develop during each course in the didactic curriculum. The DCE works closely with clinical education faculty to implement clinical education experiences and assess both student experience and performance. Standard procedures and forms are used to coordinate assignment of students to experiences, communicate with clinical education faculty, monitor the quality of student experiences, and assess student and clinical instructor performance. Routinely assessing clinical education data is vital to maintaining quality clinical education faculty and clinical education programs.

Setting and Location Requirements

Students are required to complete one full-time clinical education experience in an inpatient setting and one full-time clinical education experience in an outpatient orthopedic setting. Students are also required to complete one full-time clinical education experience outside of the Toledo area, approximately 60 miles away from campus. Students may not complete a clinical education experience at a specific site where they work, have volunteered above 10 hours, or previously have attended for a clinical education experience. Students may complete a clinical education experience at a different site within a larger organization or health system as long as the student does not work in PT for the organization or health system.

Phases

Clinical education is divided into four distinct clinical education experiences.

1. **Clinical Education Experience I** is a first full-time clinical education experience as well as integrated clinical education that is embedded within the didactic portion of the curriculum and provide opportunities for students to participate in patient care and apply newly learned concepts and skills. The first CEE, completed at the end of the first year, is 6 weeks in length and occurs in a variety of settings. Performance is expected to be at an Advanced Beginner level or above on the PT CPI.
2. **Clinical Education Experience II** is also an intermediate full-time clinical education experience as well as integrated clinical education that is embedded within the final two courses of the didactic portion of the curriculum. The second CEE, which is completed at

the beginning of the third year, is 10 weeks in length and occurs in a variety of inpatient or outpatient orthopedic settings, completing placement in one of the two required settings. Performance is expected to be at an Intermediate level or above on the PT CPI.

3. **Clinical Education Experience III** is the first of two terminal full-time clinical education experiences that occurs after the completion of the didactic portion of the curriculum. The third CEE, which is completed in the third year, is 8 weeks in length and occurs in a variety of inpatient or outpatient orthopedic settings, completing placement in the second of the two required settings. Performance is expected to be at an Advanced Intermediate level or above on the PT CPI.
4. **Clinical Education Experience IV** is the last of two terminal full-time clinical education experiences that occur after the completion of the didactic portion of the curriculum. The fourth CEE, which is completed in the third year, is 12 weeks in length and occurs in any setting allowing opportunity for exposure to practice in specialty areas of clinical practice, management, or even research. Students, having completed the requirements for generalist practice, chose the setting. Performance is expected to be at Entry-Level or above on the PT CPI.

Variety of Experiences

It is the intent of the program to expose students to a variety of clinical education experiences and settings through both part-time and full-time clinical education experiences occurring within the curriculum. Collectively, these learning experiences are aimed at the promotion of exposure to a wide range of patient populations across the lifespan to lead to "generalist" skills for career flexibility. The range of experiences includes interprofessional collaborative practice and team meetings, directing and supervising PTAs and other personnel, administrative and business management, advocacy, service learning, community events, inservice/journal club attendance and participation, special clinic attendance, surgical observation, and systematic data collection.

Implications/Risks of Clinical Education Experiences

Financial:

While the DCE understands there are increasing financial pressures facing students in today's environment, it is expected that when selecting a clinical education site or creating a wishlist, students will consider their financial situation. The DCE will attempt to provide resources for students if requested, however we are unable to completely and fairly assess each student's financial situation to make an exception in the clinical education placement process.

Clinical Education Experience costs are variable based on geographic location. Students typically need access to a vehicle as travel to many of our clinical education sites does not occur via public transit. In addition, some clinical education sites require students to commute between multiple locations. Depending on site availability, students should be prepared to travel for Clinical Education Experiences.

Students are expected to budget accordingly for expenses incurred during their clinical education experiences. This includes, but is not limited to, additional expenses to you before and during clinical education experience:

- APTA Membership (required)-\$90 annually
- Exxat Prism (required)-\$100 one-time fee when entering the program and \$35 annual fee for student compliance monitoring/approval

- Annual physical examination & annual TB screening (required)-costs vary, approximately \$50-100; Immunity Titers or other vaccinations, including annual flu shot (required)-costs vary, approximately \$200; can be more if additional vaccinations and titers are needed
- Criminal Background Checks (required)-\$60 and up; clinical education sites may require additional background checks if it has been over a year since the initial criminal background check is completed
- Drug screens/tests (required by some facilities only)-\$50-\$75 and up
- Health Insurance and Coverage for Emergency Services (required)-costs for health insurance and coverage for emergency services at all times are the responsibility of the student and costs vary with services needed. The university will not pay for routine or urgent, emergency health services.
- Database registration/onboarding fees (some facilities require)-Can cost \$25-\$60
- Incidentals (required)
- Attire- business casual or scrubs/hospital required color); ID badge-costs vary
- Travel and transportation (required)-car/fuel, flights, car rental (if needed, typically must be age 25 or older), maintenance-costs vary
- Housing, utilities, parking, and daily food expenses (required)-costs vary

Plan early for expenses related to clinical education experiences in the event that additional expenses are incurred, especially due to last-minute cancellations or reassignments. Please note that the DCE does not set expenses and they are continually changing, thus it is important to have funds saved in case of unforeseen expenses.

Health and Safety:

When interacting with peers, other students, academy faculty, clinical education faculty, healthcare providers, and patients, students may encounter blood, body fluid, pathogens, and occupational risks which may impact health. In the event of an illness or occupational injury, students are expected to inform the DCE of the absence due to illness or injury according to the attendance policy. The student should also follow the immediate clinical education site guidelines and policies. In addition, students should inform the DCE if there is a change in health that could affect the student's ability to safely, effectively, or efficiently engage in clinical practice. Students may be required to provide medical clearance for participation in clinical experiences. The [Office of Accessibility and Disability](#) is a resource to help with both short-term and long-term disability. The [Student Health Center](#) also offers services for health care needs.

Mental/Emotional Health and Safety:

The University of Toledo provides a variety of academic and support services to help you reach your fullest potential. We are here to ensure that you have the resources you need to be successful, healthy, and engaged. Please use this link to explore the wide array of resources and services available to you: <https://www.utoledo.edu/success/> Please also read [The University's Policy Statement on Nondiscrimination on the Basis of Disability – Americans with Disabilities Act Compliance](#). The University is an equal opportunity educational institution.

Clinical education experiences should occur at clinical education sites where the student feels physically, mentally, and emotionally safe. In the event that a student feels unsafe or threatened during clinical education experiences, the student should reach out to the Director of Clinical Education at the onset of the concern. If threats or misconduct are occurring, the student safety will be prioritized and as needed the student will be removed from the setting and university guidelines/policies will be followed.

CLINICAL EDUCATION CALENDAR
*Summer Semester 2023 – Fall Semester 2026**

(*= dates subject to change)

CLASS OF 2024 COHORT

Sequence	Type	Settings	Start Date	End Date	Weeks
1 of 4	Fulltime Integrated Clinical Education Experience	Inpatient or outpatient	4/24/23	6/2/23	6
2 of 4	Fulltime Integrated Clinical Education Experience	Inpatient or outpatient	5/6/24	7/12/24	10
3 of 4	Fulltime Terminal Clinical Education Experience	Inpatient or outpatient	7/22/24	9/13/24	8
4 of 4	Fulltime Terminal Clinical Education Experience	Any, including specialty settings	9/16/24	12/6/24	12

CLASS OF 2025 COHORT

Sequence	Type	Settings	Start Date	End Date	Weeks
1 of 4	Fulltime Integrated Clinical Education Experience	Inpatient or outpatient	4/22/24	5/31/24	6
2 of 4	Fulltime Integrated Clinical Education Experience	Inpatient or outpatient	5/5/25	7/11/25	10
3 of 4	Fulltime Terminal Clinical Education Experience	Inpatient or outpatient	7/21/25	9/12/25	8
4 of 4	Fulltime Terminal Clinical Education Experience	Any, including specialty settings	9/15/25	12/5/25	12

CLASS OF 2026 COHORT

Sequence	Type	Settings	Start Date	End Date	Weeks
1 of 4	Fulltime Integrated Clinical Education Experience	Inpatient or outpatient	4/21/25	5/30/25	6
2 of 4	Fulltime Integrated Clinical Education Experience	Inpatient or outpatient	5/4/26	7/10/26	10
3 of 4	Fulltime Terminal Clinical Education Experience	Inpatient or outpatient	7/20/26	9/11/26	8
4 of 4	Fulltime Terminal Clinical Education Experience	Any, including specialty settings	9/14/26	12/4/26	12

CLINICAL EDUCATION PLACEMENT GUIDELINES AND PROCESSES

The clinical education placement process is completed across a calendar year for the next or upcoming year's clinical education experiences. It begins in late January of each year, is continued in phases, and is typically completed in December of the same year. So, in January of 2024, we start the process for the 2025 placements and in January of 2025, we start the process for the 2026 placements.

Clinical Education Site Requests:

Each year on March 1st, requests are sent from the academic program to clinical education sites that the University of Toledo DPT program affiliates through the Exxat platform. This is known as the March 1st M or M1M. Requests are done through the Exxat platform to our clinical partners. In addition to requests that are sent from UToledo, we also send requests through a Centralized Consortium Network (CCN) through the Ohio-Kentucky Physical Therapy Program Consortium. Clinical education sites can choose the timeframe and type of experiences they wish to offer.

Clinical Education Site Offers:

Clinical education experience offers from the clinical education sites are returned to the academic program typically around April 30th/May 1st of each year through the Exxat platform, but they may continue until enough offers for students needs are secured. Some clinical education sites commit to multiple timeframes and experiences, while others may only commit to one timeframe and/or one experience, or no experiences at all for a given year. These commitments change yearly, and thus, it is difficult to predict offerings from year to year.

Student Wishlists for Site Requests:

The program utilizes a software management system, called Exxat-PRISM, to manage all the information related to clinical education, including clinical education site information. Students may research clinical education sites on Exxat to learn about their settings, types of patients/experiences, and additional information as highlighted on the site website. Students (along with their families or friends) may not call, email, use social media, or visit clinical education sites to initiate a request for establishing a placement. The student should communicate with the DCE if there are questions about an established or potential clinical education site.

The request process for enrolled students starts in the late spring/summer semester of each year. Students are provided information on affiliated clinical education sites and offers to complete a clinical placement wishlist, which is submitted on the Exxat platform by a set date. To start wishlists, the DCE will invite students to create a wishlist/wishlists and this information will be used to assist with making placements. The wishlist allows students to list preferences for geographic locations and/or specific clinical education sites and types of settings. Meetings with the DCE are encouraged to assist with student listing of preferences that meet program requirements and student interests. The wishlist form and/or lottery system, if needed, may be used to determine specific placement.

Student Placements:

Using the student wishlist preferences and the clinical education site offers, the clinical education experiences are completed in rounds with Clinical Education Experiences I and II being completed by the end of summer semester during the months of June/July and the Clinical Education Experiences III and IV being completed by mid-fall semester during September/October. The

Wishlist auto draft process runs on an algorithm set by Exxat-PRISM. The system pairs as many students as possible with their top choices. The chances of getting the student's top choice depends on how many students are also selecting that placement on their Wishlist as a top choice. If 22 students have selected the same location as their #1 or #2, the chances of getting that clinical location are low. If a student is the only student that selects a location as #1, then they will have a 100% chance of getting the placement. There could also be a potential for getting "bumped" during the auto draft process. This means that a student can come out of the Wishlist auto draft process without a placement. If this happens, the DCE will work with the "bumped" student to find them a placement that meets their clinical education plan. The student is not permitted to seek out a site on their own if they are "bumped." Once the DCE, has placed students in clinical education experiences, the students are informed of the placement assignments through the Exxat platform and have an opportunity to discuss any concerns with the DCE. If a student is not placed during the two rounds, the DCE continues until all placements are completed.

If a student has concerns about a placement that has been made, the student should communicate with the DCE. Students may not trade placements with another student.

The DCE reserves the right to make modifications regarding clinical placements based on an ethical, legal, or professional concerns/conflicts with the site or with the student's professional behavior, health, or unforeseen mitigating circumstances.

CCN Reallocation:

Following each phase of placements, CCN sites that are not used go into a pool for reallocation within the consortium. For Round 1, this happens before fall term and for Round 2 reallocation occurs before Thanksgiving break. Reallocation can help with securing additional placements for students who have placement needs that are taking longer to resolve.

Confirmation Of Placements And Release Of Unused Offers:

Notification of confirmation of placements occurs in two rounds or until all placements are confirmed. Placements for the first half of the year are confirmed in mid-late September or released back to the clinical education site for use by another program. Placements for the second half of the year are confirmed in early to mid-December or released back to the site. This process may extend beyond these dates to ensure every student has a confirmed placement for scheduled clinical education experiences. Cancellations can occur at any time during the process, including after placements are confirmed. In the event of a cancellation, the DCE will work with the student to secure a new placement. Notification and confirmation of placement is provided to both students and Site Coordinators of Clinical Education through the Exxat platform.

Cancellations:

Cancellations can occur at any time during the process, including after placements are confirmed for a variety of reasons, including limited staffing, inadequate supervision available, or changes that would result in a poor learning environment. Occasionally a site has significant changes, such as a merger, that temporarily restrict continuing placements. In the event of a cancellation, the DCE will work with the student to secure a new placement. Students may not call or email clinical education sites to initiate a request for establishing a new placement. Notification and confirmation of the new placement will be done on the Exxat platform.

CLINICAL EDUCATION DEFINITIONS, QUALIFICATIONS, ROLES AND RESPONSIBILITIES

Director of Clinical Education (DCE): A licensed physical therapist(s), employed by the academic institution as a core academic faculty member, whose primary concern is the coordination of the clinical education component of the curriculum. The DCE is the academic faculty member of record for the clinical education courses. This academic faculty member oversees the total clinical education program and, in conjunction with the academic and clinical education faculty develops, plans, organizes, coordinates, facilitates, administers, monitors and assesses the clinical education component of the curriculum. This includes primary responsibility for evaluating student progress. Responsibilities of the DCE include, but are not limited to:

1. Selecting clinical education sites which will provide quality clinical education for the students.
2. Developing and coordinating the selected clinical education site(s) with the Site Coordinator of Clinical Education (SCCE).
3. Developing, planning, organizing, facilitating, coordinating, supervising, monitoring and assessing the clinical education experiences for each student with the clinical education faculty (SCCE and Clinical Instructors CIs).
4. Assisting clinical education faculty in the development, implementation, and evaluation of quality clinical education programs.
5. Serving the Physical Therapy Program in additional teaching, advising, service, and research activities.

Clinical Education Site/Facility: A health service delivery agency or other setting in which clinical education experiences are provided for physical therapist students. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home and is affiliated with the education program(s) through a contractual agreement.

Clinical Education Partners/Faculty: The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either SCCEs, preceptors, or CIs. Although the academic institution does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services.

Site Coordinator of Clinical Education (SCCE): A licensed physical therapist(s) or other qualified individual, employed and designated by the clinical education site, who develops, organizes, arranges, and coordinates the clinical education program for the site. Responsibilities include, but are not limited to:

1. Identifying, organizing, and coordinating the specific learning experiences available at the clinical education site.
2. Selecting and assigning clinical instructors CIs for each clinical placement and to ensure the CI's readiness to participate in the clinical education process. SCCEs should use the APTA Guidelines and self-assessments to assist CIs in analyzing their preparedness as clinical supervisors and to ensure that they meet minimal competency standards.
3. Coordinating, organizing, directing, supervising, and evaluating the activities of the clinical instructors and the students assigned to that site.

4. Organizing and implementing clinical instructor development programs to enhance clinical education skills and assess ongoing clinical instructor skills. The DCE may assist in the design and implementation of clinical instructor development activities.
5. Maintaining communication with the CI, DCE, and the assigned student during the clinical education experience.
6. Orienting the student to the facility, personnel, its policies and procedures, and expectations for the learning experience or assign responsibility for orientation to a clinical instructor.
7. This person may or may not have other responsibilities at the clinical education site.

Clinical Instructor (CI): A licensed physical therapist, employed by the clinical education site, who is responsible for the direct instruction, supervision, and evaluation of the physical therapy student in the clinical education setting. Responsibilities of the CI include but are not limited to:

1. Planning the clinical education learning experience for the student using the instructions for the clinical rotation and the student's previous clinical experience as a guide.
2. Providing an opportunity to practice while being supervised to reinforce knowledge, skills and behaviors acquired in the classroom.
3. Acquainting the student with the role of the PT in a clinical setting.
4. Assigning specific cases to the student so the student can perform examinations, interventions, patient education, communication with others, documentation and all other responsibilities associated with the specific cases.
5. Providing ongoing, informal feedback on student's performance, as well as formal, written evaluations so students can discover strengths, areas needing improvement and suggestions for additional learning experiences.
6. Providing an opportunity for the student to participate in departmental activities, including departmental meetings, inservices, case reviews, patient care conferences, rounds, etc.
7. Participating in clinical instructor development programs.
8. Maintaining communication with the SCCE and the DCE as necessary regarding the students' performance.

Minimum Expected Qualifications:

The following are characteristics that CI's should possess:

1. The individual must be a licensed Physical Therapist
2. Have 1 year of clinical experience
3. Good communication skills: As a mentor, the CI should:
 - a. Be an active listener
 - b. Communicate with others (students, patients, co-workers) in a non-threatening and tactful manner
 - c. Clearly present ideas/ information to others in a well-organized, concise manner
 - d. Provide constructive feedback to others in a timely manner
4. The ability to provide a positive environment for active student learning. As a mentor, the CI should:
 - a. Establish prioritized objectives for the learning experience with student input

- b. Be able to clearly explain the student responsibilities
 - c. Provide opportunities for learning within the student's current scope of practice
 - d. Facilitate therapist-student relationships
5. A positive attitude and genuine interest toward teaching. As a mentor, the CI should:
- a. Be accessible and approachable by others
 - b. Be available to the student for discussion of patient management
 - c. Be available to the student for periodic discussion of student progress
 - d. Integrate knowledge of various learning styles into clinical teaching
 - e. Use planned and unplanned experiences to promote learning
 - f. Encourage self-assessment in students

Please refer to Appendix C on clinical education faculty development for more information

6. Good problem-solving skills and the ability to facilitate problem solving in others. As a mentor, the CI should:
- a. Demonstrate problem solving abilities in clinical, interpersonal, interprofessional, and administrative areas
 - b. Encourage problem solving in others
7. Exemplary professional behavior. As a mentor, the CI should:
- a. Work effectively with peers/other health care team members
 - b. Accept responsibility in a positive manner
 - c. Display self-confidence, desirable attitudes and the core values of the profession
 - d. Be aware of one's own limitations and show an interest in furthering development

Additional Qualifications:

1. APTA Clinical Instructor Credentialing- Basic level is preferred.

Physical Therapist Student:

Prior to the student's arrival at the assigned clinical education site, the student is responsible for:

1. Remaining in good standing according to the policies of the PT Program.
2. Adhering to the PT Program's requirements for clinical education in particular annual physical examination and TB health screens, immunizations and titers, background checks, health insurance, providing a copy of the university's student professional liability insurance, HIPAA training, OSHA training and CPR. Please see pages 22 and 23 for more information regarding projected costs.
3. Reviewing information located in Exxat pertinent to the assigned clinical education site's contract and orientation-onboarding requirements. The student is responsible for completing any additional site requirements according to the site specifications.
4. Updating and gathering pertinent pre-clinical information that is to be submitted to the site by the student, including a personal data and goals sheet, summary of completed health requirements and immunizations, proof of background checks, and any other

- information that is to be sent to the facility. Information should be sent 5-6 weeks prior to the start of the clinical education experience unless otherwise specified by the site.
5. Reviewing the course syllabus, including requirements, grading procedure, and policies.
 6. Reviewing the academic program's Student Handbook.
 7. Attending any meetings related to clinical education.

While at the assigned clinical education site, the student is responsible for:

1. Adhering to the policies and procedures, rules, and regulations of the clinical education site.
2. Adhering to the clinical education policies and procedures of the University of Toledo as stated in the Student Handbook and this manual. This includes professional behavior, conduct, and dress code/clinical attire as well as responsibility for access to and costs related to the need for emergency services.
3. Obtaining consent from patients to provide care and actively engaging in physical therapy patient management opportunities.
4. Actively participating in patient care to develop competency in professional behavior and patient management.
5. Demonstrating the characteristics of adult learning and lifelong learning when participating in professional activities of the clinical education site.
6. Reflecting on one's own development of professional knowledge, attitudes, and skills.
7. Completing the required student self-assessments to formally assess mastery of professional knowledge, attitudes, and skills.
8. Completing assignments required by the PT Program in a timely and thorough manner.
9. Evaluating the effectiveness of the clinical education experience at the clinical education site and providing feedback to the clinical education site and clinical instructor by completing the *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instructor*, APTA 2003.

Patients:

Throughout the clinical education process, CIs will select and assign students to work with specific patients who may assist the student in applying knowledge and gaining skills. Patients should grant consent for a student to provide care and may refuse involvement with students at any time during the clinical education process with no risk to their rights and access to care.

CLINICAL EDUCATION FACULTY RIGHTS AND PRIVILEGES

Clinical Education Faculty members of the University of Toledo's Doctor of Physical Therapy Program have the following rights and privileges associated with their participation in the DPT clinical education program:

1. The right to be treated fair, with dignity, and without discrimination by all students and UToledo Academic Faculty.
2. The right to receive information regarding affiliating students, changes in clinical education, and the physical therapy program in a timely fashion.
3. The right to have access to current materials used in clinical education (i.e., Clinical Instructor's Handbook and Student Evaluation Tools).
4. The right to request assistance from the academic program in resolving issues or problems that arise in clinic during student clinical education experiences.
5. The right to terminate a student's participation in the clinical education experience if it is felt that the continued participation of a student is unsafe, disruptive, or detrimental to the clinical education site or patient care, or otherwise not in conformity with the clinic's standards, policies, procedures, or health requirements.
6. The right to obtain a certificate, recognizing service as a voluntary Clinical Instructor, that may be used for CEUs for those that meet the criteria established by the OTPTAT Board or other state licensing boards.
7. The right to suggest changes in the PT curriculum based on observations of student performance in the clinic.
8. The privilege of an invitation to periodic continuing education courses sponsored by the UT DPT Program and the College of Health and Human Services. These are typically provided from April through October of each year and CEUs are provided for attendance.
9. The privilege of an invitation to an annual clinical education continuing education course provided by the Ohio Kentucky Consortium of Physical Therapy Programs for Clinical Education (UToledo DPT Program is a member academic institution). Each clinical education site affiliating with an Ohio Kentucky Consortium educational program is sent an invitation inviting the entire staff to these programs. CEU's are provided for attendance.
10. The right to request consultation with the core academic faculty regarding current research resources to support evidence-based practice in physical therapy.
11. The right to request individual in-services at the clinical education site regarding effective clinical teaching and mentoring methods, as well as presentations on requested topics to support the achievement of clinical education goals.
12. The privilege of accessing the University of Toledo library resources. A request to the DCE is required so access may be coordinated through the library services liaison.

EVALUATION OF CLINICAL EDUCATION SITES AND CLINICAL EDUCATION FACULTY BY THE PROGRAM AND THE STUDENT

Both the DCE and students routinely engage in evaluation of the clinic education sites and clinical education faculty during clinical education experiences as it is essential that affiliating programs meet the program standards and student needs for learning experiences.

Clinical education sites are initially evaluated by the DCE through a review of the site's website, and any other general information supplied by the clinical education sites. This allows the DCE to determine if the site has adequate resources for student learning, a variety of opportunities for learning experiences at the site, and if the clinical education faculty meet the minimum expected criteria of licensure and years of experience. Communication with the Site Coordinator of Clinical Education (SCCE) provides additional information on the clinical education site and minimum criteria expected for clinical instructors (CIs) .

During the clinical education experience, the DCE reviews the week 1 clinical education site form provided by the student along with a student journal assignment relevant to evaluating the site and the primary CI. Additional information regarding the CI can be gleaned from the documentation made in the student's 'Weekly Assessment and Planning Form.' Following review of the midterm PT CPI and student journaling assignment, the DCE completes post-midterm phone, virtual, or site visits during clinical experiences to check on student progress, evaluate the CI, and monitor the clinical education program at the site. Specific concerns identified by either the DCE or the students are shared with CIs and SCCEs during visits. See Appendix G for the form. Specific suggestions for improvement, clinical teaching techniques, mentoring suggestions, or written forms used to improve the learning experience are provided. On-site visits may be reserved for when an in-person meeting is required.

In addition, at the end of each clinical education experience, the student completes the APTA 'Physical Therapist Student Evaluation: Clinical Education – Clinical Instruction' form (PTSE: CECI) and shares those results with the CI by after the CI has completed his/her assessment of the student using the PT Clinical Performance Instrument. The APTA PTSE: CECI evaluation has several components: 1) evaluation of the clinical instructor, 2) evaluation of the clinical education program, 3) narrative questions regarding the rotation, and 4) narrative questions regarding the curriculum and academic preparation. After the clinical education experience, the DCE reviews the completed final APTA PTSE: CECI forms. Results of these evaluations are tabulated for inclusion in a database and are evaluated to look for both concerns as specific locations and trends within the clinical education program. A summary of the results is reported to the academic faculty and curriculum committee. Concerns with individual clinical education sites are shared with the SCCE by the DCE. Information from this database is used to guide individual mentoring by the DCE and education programs from both the consortium and the university.

While students are actively involved in evaluative process as noted above, upon return to the academic setting, the DCE encourages students to verbally provide additional feedback regarding their experiences. This information is collected during individual meetings or collectively through exit interviews conducted around the time of graduation.

EVALUATION OF STUDENT PERFORMANCE AND GRADE ASSIGNMENT

Evaluation of formative and summative student performance is completed by CI and/or SCCE, the DCE, and the student during any given clinical education experience. The timing for summative evaluation varies by the clinical education experience. In addition, online course assignments graded by the DCE are also used during the clinical education experiences to provide additional opportunities for formative and summative student evaluation.

Formative Assessment Tool – All Clinical Education Experiences: ‘UT Weekly Assessment and Planning Form’(See Appendix D)

The Physical Therapy Program uses the ‘UT Weekly Assessment and Planning Form’ as an online course assignment to evaluate student progress weekly. The form is completed by both the student and the CI to assess level of supervision needed, caseload managing, unique learning experiences, strengths/areas needing further improvement, goals for the upcoming work and any significant concerns. Feedback is provided to the student regarding progress and pacing of achievement. If after a midterm check the student has demonstrated adequate progress to meet the final PT CPI goals, the use of the form may become optional.

In addition to the formative tool, as an early warning system, the DCE contacts all CIs (during week 2 or 3 of all clinical education experiences) to determine if there are any questions or concerns regarding student behavior or progress.

Summative Assessment Tool – All Clinical Education Experiences: PT CPI

The Physical Therapy Program uses the ‘PT Clinical Performance Instrument’ or ‘PT CPI.’ This web-based instrument is used during all clinical education experiences and is completed by both the student and CI according to the frequency listed below:

- Clinical Education Experience I = 6 full-time weeks; final only
- Clinical Education Experience II = 10 full-time weeks; midterm and final
- Clinical Education Experience II = 8 full-time weeks; midterm and final
- Clinical Education Experience II = 12 full-time weeks; midterm and final

Expectations for final performance on the CPI increase with each additional clinical education experience. The student must achieve entry-level competency on all criteria at least once by the completion of the final clinical experience.

CPI Features:

- 12 Performance Criteria
 - Three criteria evaluate professionalism
 - Two criteria evaluate interpersonal skills
 - Four criteria evaluate technical/procedural skills
 - Two criteria evaluate business skills
 - One criteria evaluates responsibility
- Sample Behaviors (examples of commonly observed behaviors presented in logical order)
- Rating Anchors
 - There are 6 rating anchors that are group together in three clusters
 - Ratings are more clearly tied to the performance dimensions

- A Comments Box is provided with each criterion and for each section in the summative comments (Comments must be made in each box for all sections before the evaluation can be finalized)

Information on PT CPI Training

Training is required prior to evaluating a student. Please use the PT CPI Training instructions located here: [PT CPI Training for CI/SCCE](#)

Or follow the instructions in this document: [PT CPI Log In and Access to Training](#) on the APTA Website.

There is no cost for the training and it takes between 1-2 hours to complete. Training only needs to be completed one time, not each time you have a student. At the end of the training, you will need to complete a 21 question assessment.

Information on Log-In and PT CPI Use

Following completion of the required training, you will be able to log in to the PT CPI Website by following the link: Access PT CPI 3.0

Additional Evaluation- All Clinical Education Experiences

The DCE uses course assignments on Blackboard to evaluate and provide feedback regarding student performance. This includes use of the 'UT Weekly Assessment and Planning Form.'

GRADING

Grade Assignment:

Clinical education course grades are assigned by the DCE through the University Electronic Grading System with input from the Clinical Instructor and the student.

Grading Scale:

All clinical education experiences are graded either **S** (satisfactory) or **U** (unsatisfactory).

Grading Requirements:

A grade of satisfactory requires the following:

1. Ratings and comments by the student at midterm (if required by the course syllabus) and final on the PT Clinical Performance Instrument.
2. Ratings by the CI indicating acceptable performance on the PT Clinical Performance Instrument at midterm (if required by the course syllabus) and final. All performance at final evaluation should be higher than midterm evaluation with final performance at the appropriate level or above as noted in each course syllabus.
3. Written comments by the CI indicating acceptable performance on the PT Clinical Performance Instrument at midterm (if required by the course syllabus) and final.
4. Completion at final of the "Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction" form.
5. Completion of all written assignments posted on Blackboard in the 'Assignments & Drop Box' folder.
6. Timely receipt of all written assignments no later than the due date/time posted on Blackboard.
7. Attendance per the procedures listed below.

A grade of unsatisfactory may be given for any of the following:

1. Violation of patients' rights.
2. Violation of the rights others.
3. Violation of the APTA Code of Ethics.
4. Unprofessional behavior.
5. Unsafe practice.
6. Substance abuse that affects performance.
7. Failure to complete any of the requirements listed in the previous section.

Unsatisfactory performance at any point during the clinical experience will require the student to initiate a remedial plan of action agreed upon by the student, academic program, and the clinical facility. Failure to demonstrate adequate progress and complete the remedial plan of action, including any plans to extend or repeat a clinical education experience, will result in a grade of unsatisfactory. A grade of unsatisfactory during or at the end of the clinical education experience will result in dismissal from the program.

Student Performance Issues:

If at any time during a clinical education experience a student has trouble in any area, the 'Clinical Performance Intervention Procedure' serves as a guide for interventions used to resolve problems and improve student performance. Please see Appendix E or the full procedure.

To minimize problems with student performance, a document on 'Principles of Clinical Teaching and Mentoring for Clinical Instructors' is in Appendix C.

DEVELOPMENT OF CLINICAL EDUCATION SITES AND AFFILIATION AGREEMENTS

The Physical Therapy Program at the University of Toledo has a procedure for the establishment of new clinical education sites and clinical education affiliation agreements. The procedure is as follows:

1. If a student or a representative of a clinical education site expresses interest in establishing an affiliation with the University of Toledo's Physical Therapy Program, information on the representative is given to the DCE. Helpful contact information includes:
 - a. Site and Contact Name
 - b. Site Mailing Address
 - c. Site/Contact Phone Number
 - d. Site Website
 - e. Rationale for request
2. The DCE then makes a phone call to discuss the specific needs of the Program with the interested party. A phone interview is conducted using the 'Initial Clinical education site Screening Form' to ensure that the facilities policies and philosophy regarding clinical education are complementary to the Program's philosophy for a clinical education experience. The DCE or a program academic faculty representative may schedule a tour of the site in order to gather additional information, if this seems necessary.
3. If the DCE determines that the clinical education site meets the standards and the needs of the Physical Therapy Program, the site will be invited to become a program affiliate. At that time, if both parties remain interested in establishing a clinical affiliation, the director and/or SCCE is sent a packet of information. This packet includes a link to the Clinical Education Manual (or hard copy if preferred), the Clinical education site Information Form (CSIF), information about the upcoming clinical experience dates, and an affiliation agreement template.
4. The Clinical education site is asked to return the CSIF to provide additional information so the DCE can determine if the site has adequate resources for clinical education.
5. The Clinical education site and the University then negotiate and sign the contract. Specific responsibilities of the academic program and the clinical education site are enumerated within the affiliation agreement. When all signatures are obtained by both the clinical education site and the University the contract is considered complete. One completed, signed contract is sent back to the Clinical education site and one is sent to the University's Legal Services Department. A copy of the signed contract is retained for the Clinical education site file for student review. No student can be placed in a clinical education site without a completed contract. It is expected that physical therapy students will review these affiliation agreements prior to each a clinical placement to ensure their understanding of the responsibilities and legal parameters' governing clinical placements.
6. After a signed contract is obtained and before a student is placed, the DCE provides the site with the resources necessary to implement the clinical education experience as noted in the clinical education faculty rights and privileges. This includes access to the student

evaluation tools and any necessary training resources (PT CPI), course syllabi, site instructions, and any privileges that require request by the clinical education faculty.

7. Potential clinical education sites are encouraged to follow guidelines for developing and evaluating a clinical education program, outlined in the *APTA Guidelines and Self-Assessments for Clinical Education, Clinical Education Sites, 2004*. <https://www.apta.org/contentassets/7736d47f2ec642a3962276d9b02503d2/guidelinesandselfassessmentsforclined.pdf>
8. Ongoing development of selected clinical education sites and clinical education faculty results from interaction between academic and clinical education faculty. While this process primarily involves interaction with the individual CI and DCE, it may be coordinated by the DCE and the SCCE. In the case of individual CI concerns, the DCE mentors the CI, provides corrective suggestions, and monitors student progress. In some cases, mentoring education of all clinical education faculty is warranted. The DCE may provide mentoring education through sharing written resources, virtual meetings, suggestions for scheduled conferences/presentations, and by providing presentations to the clinical education faculty. Appendix C is also a resource for clinical education faculty development.

CLINICAL EDUCATION EXPERIENCE REQUIREMENTS

Communication Requirements

It is the DCE's responsibility to send to the clinical education site the course syllabi, instructions for the clinical instructor, CPI training materials, verification of OSHA training, and verification and/or a certificate of liability insurance approximately 8 weeks prior to the start of the clinical education experience.

It is the student's responsibility to contact the clinical education site 6-8 weeks prior to the start of the clinical education experience to determine information regarding location, parking, clinic hours, dress code, etc. The student must submit to the site required up-to-date health information along with verification of health insurance, background check, HIPAA training, and CPR Certification.

Health Requirements

Each student, while enrolled in the didactic and clinical portions of the physical therapy curriculum, is required to have completed an **annual Student Health Form**. **Students are prohibited to attend clinical education sites if this information is not on file for the current year. Each student shall have access to his/her annual Student Health Requirements through the Exxat platform** as it is the responsibility of the student to send personal health information to their clinical education site prior to the start of each clinical.

It should also be noted that some clinical education sites have **additional health requirements** (ex. drug screens). When these are known in advance, the program will inform the student of any additional health requirements. However, during preparations for upcoming clinicals, the student is responsible for checking with the SCCE to determine if there are any additional health requirements. It is recommended that this process be initiated approximately 4-6 weeks prior to the start of the clinical to allow adequate time for completion of any additional health requirements.

Required Screenings:

Annual History and Physical Examination

Annual Tuberculin Screening

2-step tuberculin Mantoux (Year 1 students) – if positive, chest X-ray required; or TB Quantiferon or T-Spot

One-step PPD (tuberculin skin test) or repeat Quantiferon or T-spot for 2nd and 3rd year students only

Required Titers (completed only during Year 1)

Measles titer– * if negative, MMR booster required

Mumps titer – * if negative, MMR booster required

Rubella titer – * if negative, MMR booster required

Varicella titer – *if negative, varicella booster required

Hepatitis B titer-6 to 8 weeks after completing the 3rd vaccine

Required Immunizations

- Hepatitis B vaccinations (a series of 3 are administered)
- Tetanus/Diphtheria/acellular pertussis (T-DAP) – adult booster required within the past 10 years
- Others as identified above based on outcome of titers*

- COVID-10 Vaccination-proof of vaccine or approved medical or religious exemption
- Annual influenza/flu shots are being required by many clinical education sites from mid Fall through Spring*

All expenses incurred in obtaining a physical, necessary laboratory tests and immunizations are the responsibility of the student. Currently enrolled students may obtain services through the UToledo Student Health and Wellness Center.

Criminal Background Check

All incoming physical therapy students are required to complete both an Ohio BCI&I check and a FBI criminal background check. The student is responsible for the cost of the background check. Clinical education sites may have additional requirements regarding Criminal Background Checks. The purpose of the background check policy is to:

1. Promote and protect patient/client safety, as well as the well-being of the campus community.
2. Comply with the mandates of clinical education sites, which require student background checks as a condition of their written contracts with the Physical Therapy Program, The University of Toledo, as stipulated by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
3. Promote early self-identification of students who may be “at risk” for not meeting Physical Therapy licensure eligibility requirements in some states due to a felony conviction.
 - Students with an identified history of criminal activity may be at risk for not being able to successfully complete the required clinical education requirements of the DPT program. Successful completion of all designated clinical practicums and clinical internships is a graduation requirement for a DPT degree.
 - In order to ensure that a student with a history of a felony conviction is eligible for sitting for the Physical Therapy licensure exam, the “at risk” student will need to seek clarifying information directly from the licensure board of the state in which s/he wishes to practice. As PT practice laws vary from state to state, it becomes the student’s responsibility to know the laws of individual states regarding policies associated with the awarding of a PT license; the “at risk” student may need to petition the state licensure agency to request a declaratory order/opinion from the licensure agency. Please, see the following website for contact information for the PT licensure agency for each state: www.fsbpt.org
 - All students are required to have health insurance throughout the program. Access to and responsibility for payment of needed services, including emergency services, are the responsibility of the student, including when the student is attending clinical education experiences.

Health Insurance: Access and Responsibility for Routine, Urgent, and Emergency care

Students will be expected to show proof of coverage for personal health insurance throughout the program, including during clinical education experiences. Access to and responsibility for payment of routine necessary services, including urgent services, are the responsibility of the student, including when the student is attending clinical education experiences. In the event of an emergency while at the clinical education site, emergency services will be called on the student’s behalf, but the responsibility of payment for costs of emergency services is the student’s.

A student health insurance plan is available on a semester-by-semester basis through the university. This plan is convenient for those students who have no other health insurance coverage. Health insurance identification information must be included in Personal Data Sheets.

Liability Insurance

All students are provided professional liability insurance through the University of Toledo. Professional liability insurance covers their activities as a physical therapy student in the classroom, laboratory educational experiences and clinical education experiences. *One's student professional liability insurance does not cover the student in activities outside the domain of the Physical Therapy Program (e.g. while employed as a PT aide) or during unsupervised practice of psychomotor skills.* Proof of professional liability insurance by clinical education sites is available upon request.

Cardiopulmonary Resuscitation Certification (CPR)

All students in the DPT program are required to obtain and maintain CPR certification. The CPR certification must be through the American Heart Association (AHA) Basic Life Support/Health Care Provider level (BLS/HCP). The university provides this certification on campus through the Heartcode BLS Complete Provider. Students will not participate in any clinical or patient-related activity unless this certification is current. Students must pass the online course and skills check off and receive a certificate of completion to meet this requirement. Students are responsible for maintaining a current CPR certification and must carry his/her card at all times for proof of certification.

HIPAA Training

The Health Insurance Portability and Accountability Act (HIPAA) is a set of rules affecting the privacy and security of healthcare information. All students must participate in HIPAA training prior to participation in clinical and/or patient-related activities. The training is provided by the university via VectorSolutions, Vector LMS, Higher Education Edition and includes federal regulations establishing security rules for healthcare records, protected health information (PHI), and when PHI may and may not be used or released. Students must pass a post-test and receive a certification of completion to meet this requirement. Students are responsible for maintaining a current HIPAA training certificate.

OSHA Training

The Occupational Safety and Health Administration (OSHA) has defined the requirements which specify the protective measures all healthcare personnel are required to perform in order to prevent the spread of communicable diseases. All students will participate in UToledo Safety testing and training accessed through UTportal system prior to participation of clinical and/or patient-related activities. Students must pass a post-test and receive a Safety Training certification of completion to meet this requirement. Students are responsible for maintaining a current Safety Training certificate.

CLINICAL EDUCATION STANDARDS OF CONDUCT

Program Guidelines and Policies:

Electronic Communication: The primary means by which academic faculty will communicate electronically with students is through their designated UToledo e-mail addresses. It is the responsibility of the student to check his/her UToledo e-mail account daily and respond accordingly.

Attendance/Absence: Attendance is required unless there is an unanticipated, excused absence. Per departmental guideline, unanticipated, excused absences include: illness of self or a dependent, jury duty or death of an immediate family member. Students are allowed to miss one day for an unanticipated absence, but absences of greater than one day must be made up in a manner that is acceptable to the facility and approved by the DCE (or assigned academic faculty). Students are asked to first follow facility procedure regarding notification of the clinical instructor. Students are asked to also notify the Director of Clinical Education (419-530-6675) and/or the Administrative Assistant (419-530-6670) within 24 hours of the absence. Requests for absences for reasons other than unanticipated absences will need to be approved by both the clinical instructor and the DCE (or assigned academic faculty). Any time missed for reasons other than unanticipated absences will need to be made up in a manner that is acceptable to the facility and approved by the DCE (or assigned academic faculty). Refer to the most current edition of the *Handbook for Physical Therapy Students*. For illness that results in a change in health status, please refer to the most current edition of the *Handbook for Physical Therapy Students*.

Inclement Weather: The physical therapy program's guideline is that classes will be canceled only in the event that the University of Toledo cancels classes due to inclement weather. Students are asked to use discretion regarding attending class in the case of severe weather conditions. While in the clinic, students are to follow the policy or guidelines of the clinic. Refer to the most current edition of the *Handbook for Physical Therapy Students*.

Holidays: Students may be expected to work on holidays for which the clinical education site is staffed if the CI(s) is also working. Holidays are taken when the clinical education site designates them, even though the academic holiday may be celebrated on a different day.

Personal Days: Students are not routinely permitted to take time off from the clinic for a personal day. A personal day does not warrant an excused absence (per guideline noted above). Students may discuss a need for a personal day with the DCE and clinical instructor. If time off is granted then it must be made up.

Job Interview Leave: Students are not routinely permitted to take time off from the clinic to complete job interviews. A job interview does not warrant an excused absence (per guideline noted above). Students may discuss a need for a job interview with the DCE and clinical instructor. If time off is granted, then it must be made up. Students are excused from the clinic for at least the morning to attend the annual UToledo OT/PT Job Fair.

General Appearance: Personal appearance should conform to acceptable standards of the environment. The Doctor of Physical Therapy Program is designed to prepare students for the role of a professional, thus a more professional standard of dress is required. Refer to the most current edition of the *Handbook for Physical Therapy Students*.

Classroom and Clinical Conduct: Behaviors consistent with the APTA Core Values and with public situations are required at all times. Course instructors will identify expectations regarding behavior during classroom and lab activities for each course. Refer to the most current edition of the *Handbook for Physical Therapy Students*. Issues related to student conduct during clinicals may have consequences both in terms of participation in clinical education activities and in terms of student academic status.

HIPAA: The University of Toledo requires that students complete the University's mandatory annual HIPAA training and comply with the related policies and procedures of the training **during class discussion, in course assignments, when patients come to the classroom, and while at any facilities for your patient experience.** The facility that you are placed at for your patient and clinical education experiences may ask that you take additional HIPAA training. As a member of their workforce, make sure you are aware of their policies and procedures.

Academic Integrity: All course work is to be the student's own with exceptions for assigned group work. Students are encouraged to access and read the University of Toledo policy for academic dishonesty at:

http://www.utoledo.edu/policies/academic/graduate/pdfs/3364_77_01.pdf

Use of Technology: Personal laptop computer or similar device use is allowed for course related activities during class time. Students are asked not to review email, access social networking sites, or engage in other non-course related activity (e.g. web browsing) during class time. Cell phone use during class time is prohibited with exception for emergency use. Please be aware of the clinical education facility's guideline or policy on cell phone use and follow their policies and procedures.

Assignment Due Dates: Assignments are due by 11:59PM on the date posted in the class schedule unless otherwise explicitly stated by the academic faculty member in writing. Unless prior arrangements have been made with the instructor, *one letter grade (10 percentage points) will be deducted for each day that the assignment is late.*

Documentation-Student Signature: Students should sign documentation according to the laws of the state in which they are affiliating and the clinical education site requirements. Currently, according to the practice act in the state of ohio, students may sign "student physical therapist," "student pt," or "spt."

Medicare Procedures for Supervising Students: Please follow Medicare guidelines for the supervision of students. This information may be found on the APTA website: <https://www.apta.org/your-practice/payment/medicare-payment/supervision-under-medicare>

Use of Information Other than PHI Obtained from Clinical education sites: Students must obtain permission from clinical education sites for personal use of any examination forms, exercise programs, patient educational materials, or other documents that bear a clinical education site's name and/or logo outside of the clinical education site. Any information provided in a public domain, such as a site's webpage, does not require permission, but should follow copyright and fair use rules.

Transportation, Lodging, and Costs During Clinicals: Transportation, lodging during clinical education experiences and any other associated costs are the responsibility of the student.

Changes in Health Status: In the event that one's health status changes at any time, it is the responsibility of the student to notify individual course instructors and the DCE regarding any changes in health status or limitations that may place the student "at risk" for not being able to complete the course requirements, including any requirements of psychomotor skills or physical activity.

In the event of a prolonged illness (lasting longer than 4 days) requiring medical attention, a prolonged injury (lasting longer than 4 days) requiring medical attention or a surgery, the student will be required to use the following guidelines:

1. The student will be responsible for providing individual course instructors (including the DCE if the student is engaged in clinical activities) with a written statement that s/he has been approved to return to and participate in all required classroom, laboratory activities and clinical activities.
2. In the event that activities need to be restricted, the physician will need to document all limitations and plans for re-examination.
3. The student will be responsible for providing individual course instructors (including the DCE if the student is engaged in clinical activities) with the written documentation.

In the event of a prolonged illness (lasting longer than 4 days) not requiring medical attention or a prolonged injury (lasting longer than 4 days) not requiring medical attention, the student will be required to use the following guidelines:

1. The student will be responsible for contacting individual course instructors (including the DCE if the student is engaged in clinical activities) to determine the appropriate level of participation in classroom, laboratory and clinical activities.
2. Course instructors (including the DCE if the student is engaged in clinical activities) will assist in determining if clearance by a physician will be required prior to resumption of normal classroom/clinical activities.

In the event of pregnancy, the student will be required to use the following guidelines:

1. The student is strongly encouraged to provide early notification to the course instructors (including the DCE) in order to formulate a plan that will lead to satisfactory completion of didactic and/or clinical program requirements in a safe, efficient, and timely manner.
2. In the event that activities need to be restricted, the physician will need to document all limitations.
3. The student will be responsible for providing individual course instructors (including the DCE if the student is engaged in clinical activities) with the written documentation.

In addition to the above, guidelines and procedures, please refer to Appendix A (APTA Code of Ethics) and Appendix B (APTA Core Values) for guidance on professional behavior.

UNIVERSITY POLICIES

Essential Functions (Appendix F) and Accommodations: Essential functions are defined as those functions that the individual who holds a position or who is in an academic program must be able to perform with or without reasonable accommodation. Students with need for accommodation due to disability or illness should refer to the program essential functions in the most current edition of the *Handbook for Physical Therapy Students*.

ADA Compliance: The University of Toledo provides educational opportunities to people with disabilities and complying with the ADA, Section 503 and Section 504 of the Rehabilitation Act of 1973 ("the Rehabilitation Act") and other applicable federal and state laws and regulations that prohibit discrimination on the basis of disability. UT Policy Number 3364-50-03.

UT Toledo admits and matriculates qualified physical therapy students in accordance with [UT Toledo Policy 3364-50-03, Nondiscrimination on the Basis of a Disability- Americans with Disabilities Act Compliance.](#)

The statement of this policy is as follows:

"Since passage of the Rehabilitation Act, The University of Toledo has been committed to eliminating barriers to services, employment, and educational opportunities for people with disabilities. Our commitment was renewed with the passage of the Americans with Disabilities Act ("ADA") in 1990. With the passage of the ADA Amendments Act of 2008 (ADAAA), we restate our goal of providing seamless access. The university does not discriminate on the basis of disability in violation of the ADA, or the Rehabilitation Act in admission or access to, or treatment or employment in, its programs or activities."

The purpose of this policy is not to serve as a comprehensive statement but to provide guidance to the university in committing itself to providing employment, quality health care services and educational opportunities to people with disabilities and complying with the ADA, Section 503, and Section 504 of the Rehabilitation Act of 1973 ("the Rehabilitation Act") and other applicable federal and state laws and regulations that prohibit discrimination on the basis of disability.

Per this policy, a qualified individual with a disability is an individual who satisfies the requisite skill, experience, and educational requirements of the position or the educational program and one who can perform the essential functions of the job or curriculum with or without reasonable accommodation.

Further, essential functions are defined as those functions that the individual who holds the position or who is in the academic program must be able to perform unaided or with or without reasonable accommodation.

A physical therapist must have the knowledge and skills to function in a broad variety of clinical settings and to render care to a wide spectrum of patients/clients. Performing successfully as a student physical therapist involves completing significant intellectual, social, and physical tasks throughout the curriculum. Students must master a broad array of basic knowledge, skills, and behaviors, including abilities in the areas of judgment, integrity, character, professional attitude, and demeanor. In order to master these skills and behaviors, candidates/students must possess, at a minimum, abilities and skills in

observation, communication, motor function, intellectual-conceptualization, behavioral and social skills. These abilities and skills comprise the categories of UToledo Physical Therapy Program's 'Essential Functions of a Physical Therapy Student for Matriculation, and Graduation' and are further described and defined in Appendix F.

In adopting these standards, the UToledo Physical Therapy Program believes it must keep in mind the ultimate safety of both students and patients who may be involved in the course of a student's education. The essential functions reflect what the Physical Therapy Program believes are reasonable expectations for physical therapy students learning and performing patient care.

For students who have not established affiliation with The Office Of Accessibility and Disability Resources and are experiencing disability access barriers or are interested in a referral to health care resources for a potential disability or would like information regarding eligibility for academic accommodations, please contact the [The Office Of Accessibility and Disability Resources Office](#) by calling 419.530.4981 or sending an email to StudentDisability@utoledo.edu.

- Nationality / Country of Origin
- Other Element(s) of Uniqueness

Policy Statement on Non-Discrimination on the Basis of Disability (ADA): The University is an equal opportunity educational institution. Please read [The University's Policy Statement on Nondiscrimination on the Basis of Disability Americans with Disability Act Compliance](#). Students can find this policy along with other university policies listed by audience on the [University Policy webpage](#)

Procedure for Filing a Complaint with Title IX: The DPT program is committed to providing educational programs and activities that are free from sex discrimination, sexual harassment (including actual or attempted sexual assault; domestic violence; dating violence; and stalking) and retaliation. The DPT Program encourages the reporting of sex discrimination, sexual harassment (including actual or attempted sexual assault; domestic violence; dating violence; and stalking), or retaliation that may occur to ensure that the University has an opportunity to address prohibited conduct. Reports may be made by [completing a complaint form](#) or by contacting the [Title IX Coordinator, Vicky Kulicke](#) Refer to the full statement on nondiscrimination statement, <https://www.utoledo.edu/nondiscrimination> and visit the Title IX Prevention, Resources and Response Information website, <https://www.utoledo.edu/title-ix/sexual-misconduct/>

APPENDIX A: THE APTA CODE OF ETHICS

https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf

Code of Ethics for the Physical Therapist

Preamble

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

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

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

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

(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration

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

(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/ client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/ client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

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

(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

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

(Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

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

(Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

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

(Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/ clients.

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

(Core Value: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health, needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

American Physical Therapy Association. Code of Ethics. American Physical Therapy Association, Alexandria, VA; updated February 2013.
(http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/CodeofEthics.pdf).

APPENDIX B: APTA Core Values

CORE VALUES FOR THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT

HOD P09-21-21-09 [Amended: HOD P06-19-48-55; HOD P06-18-25-33; Initial HOD P0507-19-19] [Previously Titled: Core Values: for the Physical Therapist] [Position]

The core values guide the behaviors of physical therapists and physical therapist assistants to provide the highest quality of physical therapist services. These values imbue the scope of physical therapist and physical therapist assistant activities. The core values retain the physical therapist as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the physical therapist assistant as the only individual who assists the physical therapist in practice, working under the direction and supervision of the physical therapist. The core values are defined as follows:

- **Accountability**
Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
- **Altruism**
Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.
- **Collaboration**
Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients. • **Compassion and Caring** Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.
- **Duty**
Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.
- **Excellence**
Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.

- Inclusion

Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.

- Integrity

Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.

- Social Responsibility

Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

American Physical Therapy Association, Professionalism in Physical Therapy: Coare Values. Alexandria, VA: American Physical Therapy Association; 2021.

Explanation of Reference Numbers: HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4. P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure Last Updated: 12/14/2021 Contact: governancehouse@apta.org

APPENDIX C: CLINICAL EDUCATION FACULTY DEVELOPMENT
CLINICAL TEACHING AND MENTORING STUDENTS

General Planning Principles for the Clinical Instructor

A. Assess Learner Readiness

1. This can be done using materials sent prior to the start of the clinical and during the initial meeting between the student and the CI.
2. Two important questions to ask:
 - a. What is the student's level of academic preparation?
 - b. What is the student's learning style?
3. This can also be done periodically throughout the clinical affiliation during informal feedback sessions with the student. A weekly feedback form is available on the PT CPI Web page.

B. Establish Objectives and Expectations

1. This can be done in writing or informally.
2. Objectives should reflect both the necessary steps in patient management as well as the unique offerings of the clinical education site.
3. Keep in mind principles of safety and professional development. Having objectives build on one another over time helps the student to set weekly goals.
4. Clarify the expectations, have the student do this by practicing reflective communication.
5. Orient the student to the clinic and your caseload.
 - a. Identify critical information and focus the learner so he/she can perform effectively.
 - b. Share the clinical frameworks you use to understand the information with the students.
6. Consider providing reading materials for preparation and follow-up.

C. Allow Opportunities for Practice and Skill Development

1. Consider allowing the student to practice on you before working with patients.
2. Make sure supervision is at an appropriate level.
3. Transition between having the student function as your aide/assistant to you functioning as the student's aide/assistant.
4. Practice should include depth (several patients with the same diagnosis or similar interventions) as well as breadth (different patient problems and interventions).

D. Provide Feedback on Performance

1. Effective feedback is individualized to the learner's needs and intentionally relates to the goals that are set for the learning experience.
2. Effective feedback is fair, honest and constructive.
3. Feedback should help to identify specific strengths and areas of improvement rather than making global comments or judgmental statements about overall performance.
4. Feedback should provide a balance between positive comments and suggestions for improvement.
5. Feedback should be timely and lead to a practical plan to maintain current strengths and remedy weaknesses.

6. Feedback should be checked for clarity to make sure that the message was properly understood.
7. In addition, **providing feedback should include an equal exchange of ideas between you and the student.**
8. Students should be encouraged to reflect on their performance and work on their self-assessment skills. Then the two of you can collaborate and develop a plan for future action.
9. Ask for ideas about your performance as well. This reinforces the notion that there is a dialog and keeps the lines of communication open.
10. Keep the lines of communication between the clinic and the academic program open as well. If you have questions or concerns, call us early on so that we can assist with a solution.

E. Encourage Mutual Learning

1. Design a plan of care for a particular patient separately and then together discuss your rationale for decision making.
2. Allow time for questions and discussion.
3. Participate in the 2:1 Collaborative Learning Model with students from other programs or PT-PTA student pairings.
4. In-service each other on various topics.
5. Develop a patient education or home instruction program together.
6. Discuss ways you could help each other grow.
7. Review and discuss journal articles related to patient management.
8. Frequently discuss rationale for treatment.

F. Encourage Problem Solving, Critical Thinkers, Evidence Based Practice, and Adaptive Learning

1. In clinical education, the motivation for learning is high as the students problem solve in the context of “real” professional practice. However, this learning can be either PROACTIVE or REACTIVE.
2. REACTIVE
 - a. In the REACTIVE learning environment, the student acts in response to particular patient needs and then experiences the consequences of his/her actions.
 - b. Afterwards, the student infers the effects of treatment and generalizes the interpretations of the effects to other patient scenarios.
 - c. The next time the student is presented with a similar patient problem, decisions are made on past experiences without any attempt to analyze the problem further or collect new, relevant information.
 - d. This type of learning is more passive and lacks the integration of multiple resources.
 - e. The quality of the education in reactive learning is based solely on the teaching skills of the clinical instructor and the variety of patients the student sees in the clinic.
3. PROACTIVE
 - a. In the PROACTIVE learning environment, the student learns how to collect data, interpret and synthesize findings, evaluate critically the effect of actions taken, perform procedures skillfully, and relate to patients in an ethical and caring manner.

- b. This type of learning is more interactive and allows the student to integrate information from multiple resources instead of relying on factual recall of information.
4. To become critical thinkers, students must also be given an opportunity to discuss their experiences, reflect on their learning, make connections to basic science information, and restructure the knowledge that they already have. It is also important that students relate their experience to evidence and evidence-based practice. Ultimately, we would like to see our students shift toward an adaptive learning style and begin to develop the skills of master adaptive learners.

APPENDIX D: UT WEEKLY ASSESSMENT AND PLANNING FORM

UT Weekly Assessment and Planning Form

Student Name _____

Week # _____

Summary:

Caseload % _____ **Were the weekly goals met?:** ___ Yes; ___ Partially Met or ___ No

Comment on caseload or goals not met:

Supervision while engaged in patient care (close, line of sight, nearby and % required for safety: _____

Comment on progression toward independence:

Patients/Diagnoses Seen:

My Best Learning Experience This Week:

Student: List 3 strengths and 3 areas to improve in your performance.

Strengths	Areas to Improve

Clinical Instructor: List 3 strengths and 3 areas to improve in student performance.

Strengths	Areas to Improve

Any concerns with safety, communication, professional behavior, or critical thinking? (Please describe)

Goals for the Upcoming Week (consider PT CPI criteria, especially safety, professional behavior, critical thinking, communication, examination, POC & interventions, patient/family education, documentation, supervision of PTA):

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

Preparation needed for next week:

Time Missed: _____ hrs.; Make-up time planned (circle): Yes/no

Student's Signature

Clinical Instructor's Signature

APPENDIX E: CLINICAL PERFORMANCE INTERVENTION PROCEDURE

UNIVERSITY OF TOLEDO
COLLEGE OF HEALTH & HUMAN SERVICES
DOCTOR OF PHYSICAL THERAPY PROGRAM

Clinical Performance Intervention Procedure

I. PURPOSE

The purpose of this procedure is to outline a sequential procedure for interventions, instructional and/or disciplinary, in the event of unsatisfactory student performance on clinical placements. The intent is to encourage early intervention, with an emphasis on collaborative problem solving in order to maximize successful student clinical performance.

Definitions of “satisfactory” and “unsatisfactory” performance, as well as roles of the student, clinical instructors and academic faculty are outlined. Unsatisfactory performances may result in informal and formal counseling, academic warning, academic probation, or dismissal from the Physical Therapy program.

II. PERFORMANCE INTERVENTION PROCEDURE

This procedure contains five levels that include both instructional and disciplinary intervention. The levels are usually encountered in a sequence beginning at level one, but the sequential use of the procedure may vary depending on the nature of the unsatisfactory performance.

Certain behaviors (e.g. illegal or unethical activities) may be cause for immediate removal of the student from the clinical education site and an immediate change in the student status, including dismissal from the program. See section C-6 of the student handbook for further clarification.

The intervention sequence may be ended at any time by the student’s successful completion of a remedial action plan.

PROCEDURE

A.) Performance Intervention Level One

The student is informed of unsatisfactory performance by the Clinical Instructor (CI).

1. The CI counsels student on the identified problem and suggestions for corrective actions.
2. The CI and student may consult with the Clinical Coordinator of Clinical Education (SCCE) or the Director of Clinical Education (DCE) for guidance regarding corrective action as needed.
3. If the reason for concern is resolved by the end of the clinical education experience then the intervention sequence is ended.
4. If the problem continues the CI or SCCE should notify the DCE is not done previously and then proceed to the next level of this procedure.
5. A summary of these events should be documented in a critical incident form in the PT CPI and a copy will be retained in the student’s academic file at University of Toledo.

B.) Performance Intervention Level Two

The student is informed of continued unsatisfactory performance by the CI or SCCE and is given a verbal warning by the DCE.

1. The DCE or assigned academic faculty initiates an investigation into the situation gathering information from the student, CI, SCCE and any other persons involved.
2. The DCE then counsels the student and CI on the continued identified problem(s) and findings of the investigation.
3. If student performance appears *unsatisfactory*, but remediation is possible within the clinical education experience, the DCE suggests strategies for resolution of conflict. This may include, but is not limited to the development of a plan of action for the remainder of the clinical experience.
4. The CI monitors student progress and provides formal (written) and informal feedback to the student and the DCE. The DCE also monitors student progress and gives formal and informal feedback to the student and CI/SCCE.
5. If the identified problem(s) is(are) resolved by the end of the clinical education experience then the student may be returned to "in good standing" and will be able to complete any unfinished parts of the program.
6. If the problem(s) continues(continue) then proceed to the next level of this procedure.
7. A summary of these events is documented and retained in the student's academic file at University of Toledo.

C.) Performance Intervention Level Three

The student is placed on written warning for continued unsatisfactory performance.

1. The student may receive an extension of the current clinical placement or a new assignment per the discretion of the DCE, and an "in progress" grade will be assigned. The grade will be determined by the DCE with input from the SCCE and CI.
2. New clinical assignments will be based upon available options for clinical placement and may result in a delay in the completion of the program.
3. Before the extension begins, a plan of action is developed jointly by student, CI, SCCE, and DCE (signed by all four parties). The plan of action includes, but is not limited to:
 - a. a description of the problem;
 - b. suggested learning strategies or activities;
 - c. outcome measure;
 - d. time lines;
 - e. consequences of success or failure to meet requirements as set forth in the plan.
4. The CI monitors student progress and provides formal (written) and informal feedback to the student and the DCE. The DCE also monitors student progress and gives formal and informal feedback to the student and CI/SCCE.
5. If the identified problem(s) is(are) resolved by the end of the clinical education experience then the student may be returned to "in good standing" and will be able to complete any unfinished parts of the program.
6. If the problem(s) continues(continue) then proceed to the next level of this procedure.
7. A summary of these events is documented and retained in the student's academic file at University of Toledo.

D.) Performance Intervention Level Four

The student is placed on academic probation for continued unsatisfactory performance.

1. The student may receive an additional extension or be required to complete an additional clinical education experience per the discretion of the DCE, and an “incomplete” grade will be assigned. The grade will be determined by the DCE with input from the SCCE and CI.
2. New clinical assignments will be based upon available options for clinical placement and may result in a delay in the completion of the program.
3. A revised plan of action is developed jointly by student and DCE with input from the CI and SCCE. The plan of action includes, but is not limited to:
 - a. a description of the problem;
 - b. suggested learning strategies or activities;
 - c. outcome measure;
 - d. time lines;
 - e. consequences of success or failure to meet requirements as set forth in the plan.
4. The CI monitors student progress and provides formal (written) and informal feedback to the student and the DCE. The DCE also monitors student progress and gives formal and informal feedback to the student and CI/SCCE.
5. If the identified problem(s) is(are) resolved by the end of the clinical education experience then the student may be returned to “in good standing” and will be able to complete any unfinished parts of the program.
6. If the problem(s) continues(continue) then proceed to the next level of this procedure.
7. A summary of these events is documented and retained in the student’s academic file at University of Toledo.

E.) Performance Intervention Level Five

The student is dismissed from the program for continued unsatisfactory performance and failure to meet the course requirements per the course syllabus.

1. The student is given a “U” for the course.
2. The grade will be determined by the DCE with input from the SCCE and CI.
3. One “U” results in dismissal from the program per the Doctor of Physical Therapy Program Academic Standards.
4. A summary of these events is documented and retained in the student’s academic file at University of Toledo.

Procedure Developed: 1/94

Procedure revised and approved: 10/95, 5/11, 6/12, 5/15, 8/16, 8/19, 8/20, 8/23

APPENDIX F: ESSENTIAL FUNCTIONS OF THE PHYSICAL THERAPY PROGRAM

University of Toledo

Doctor of Physical Therapy Program

ESSENTIAL FUNCTIONS OF A PHYSICAL THERAPY STUDENT FOR MATRICULATION AND GRADUATION

INTRODUCTION

The University of Toledo (UToledo) abides by The Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, The State of Ohio Revised Code, and other applicable statutes and regulations relating to equality of opportunity. UToledo is committed to equal access for all qualified applicants and students. The 'Essential Functions of a Physical Therapy Student for Matriculation, and Graduation' state the expectations of all UToledo Physical Therapy students. The Essential Functions provide information to allow a candidate to make an informed decision for application and are a guide to accommodation of students with disabilities. Academic adjustments can be made for disabilities in some instances, but a student must be able to perform the essential functions of the Physical Therapy Program independently either with or without reasonable accommodation.

UToledo admits and matriculates qualified physical therapy students in accordance with the UToledo Policy of Nondiscrimination on the Basis of a Disability – The Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, The State of Ohio Revised Code, and other applicable statutes and regulations relating to equality of opportunity. UT prohibits discrimination against anyone on the basis of disability. UToledo expects all applicants and students to meet certain essential functions as set forth. In adopting these standards, the UToledo Physical Therapy Program believes it must keep in mind the ultimate safety of both students and patients who may be involved in the course of a student's education. The essential functions reflect what the Physical Therapy Program believes are reasonable expectations for physical therapy students learning and performing patient care.

IMPLICATION FOR ADMISSION

A physical therapist must have the knowledge and skills to function in a broad variety of clinical settings and to render care to a wide spectrum of patients/clients. Performing successfully as a student physical therapist involves completing significant intellectual, social, and physical tasks throughout the curriculum. Students must master a broad array of basic knowledge, skills, and behaviors, including abilities in the areas of judgment, integrity, character, professional attitude, and demeanor. In order to carry out the activities described below, candidates/students must possess, at a minimum, abilities and skills in observation, communication, motor function, intellectual-conceptualization, behavioral and social skills. These abilities and skills comprise the categories of UToledo Physical Therapy Program's 'Essential Functions of a Physical Therapy Student for Matriculation, and Graduation' and are defined below.

Approved: 9/22/10 UT Physical Therapy Program Policy-Essential Functions

Reviewed and Approved: 10/14/10 by Jeannine Rajan, Office of Accessibility, HSC

Essential Functions of a Physical Therapy Student for Matriculation and Graduation

The purpose of this document is to delineate the specific demands of the physical therapy professional education program so that candidates/students may compare their own capabilities with these educational challenges and make requests for reasonable accommodation, as necessary.

Essential Function: I		<u>A candidate/student must be able to or must have:</u>
Observation	A	Hear with or without aides.
	B	Visual perception, which includes depth and 20/20 acuity with or without correction.
	C	Acquire a defined level of information presented through demonstrations and other learning experiences. The required learning outcomes include delineation and analysis of quantitative and qualitative characteristics and/or criteria. This includes but is not limited to information conveyed through the use of vision, hearing and tactile sensation.
	D	Learn to perform visual and tactile physical examinations and treatments and to discern the differences and variations in shape, and general appearance between normal and abnormal, soft, and hard tissues.
	E	Learn to observe a patient accurately, up close and at a distance, and observe and appreciate verbal, non-verbal communications, and other graphic images to determine a patient's history and to determine a patient's condition and safety when performing physical or manual techniques.
	F	Understand and interpret information from written documents and to process information presented in images from paper, films, slides, video, computer, and cadaver dissection.
Essential Function: II		<u>A candidate/student must be able to or must have:</u>
Communication	A	Demonstrate English proficiency in reading, writing and speech. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others.
	B	Complete forms according to directions in a complete and timely fashion.
	C	Expressively and receptively communicate effectively with others in verbal, non-verbal, and written forms, demonstrating sensitivity to individual and cultural differences. Communication includes the ability to read, listen, observe body language, speak, and write in a manner, which is concise, accurate, technically correct, and non-judgmental. Computer literacy is required.
	D	Seek out, use, and provide constructive feedback for improving personal and therapeutic interventions.

Essential Function: III		<u>A candidate/student must be able to or must have:</u>
Motor Function	A	Sufficient motor skills to learn and implement the essential functions of a physical therapist. These skills include postural control, gross and fine motor skills, and the manual dexterity to perform PT examination and intervention procedures in a safe and effective manner. Motor demands include reasonable endurance, strength, and precision.
	B	Elicit information from patients by palpation, auscultation, percussion, and diagnostic maneuvers and procedures in a safe and effective manner without the use of an intermediary.

	C	Execute general motor movement such as transfer/transport and position disabled patients, physically restrain adults and children who lack motor control, perform gait training, and employ manual therapy techniques.
	D	Specifically, a candidate/student must be able to:
		1. Attend and participate in classes and clinical education for 40 hours or more per week during each academic semester. The typical day is 8 hours. Classes consist of a combination of lecture, discussion, laboratory, and clinical activities.
		2. Frequent sit and stand for 2 consecutive hours daily in the classroom and occasionally walk in the classroom.
		3. Constantly sit, stand, walk, and travel during clinical education.
		4. Occasionally lift weights of 50 pounds, frequently lift weights of 25 pounds and constantly lift weights of 10 pounds.
		5. Occasionally carry 25 pounds while walking 50 feet. Frequently carry 10 pounds while walking 50 feet.
		6. Occasionally exert 50 pounds of push/pull forces to objects for 50 feet and frequently exert 10 pounds of push/pull forces for 50 feet.
		7. Frequently twist, bend, stoop, and squat.
		8. Occasionally crawl, kneel, climb steps, and reach above shoulder level, climb stairs, and negotiate uneven terrain.
		9. Frequently move from place to place and position to position and must do so at a speed that permits safe handling of classmates and patients.
		10. Frequently stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.
		11. Frequently use their hands repetitively with a simple grasp and frequently with a firm grasp and manual dexterity skills.
		12. Frequently coordinate verbal and manual activities with gross motor activities.
	E	Perform cardiopulmonary resuscitation and emergency treatment to patients in a safe and effective manner.
	F	Be responsible for independent mobility on campus and at clinical education sites, including transportation to/from campus and clinical education sites.

Essential Function: IV		<u>A candidate/student must be able to or must have:</u>
Intellectual- Conceptualization	A	The intellectual capacity and ability to understand fundamental theory and to assimilate, within a reasonable time, large amounts of complex, technical, and detailed information.
	B	Read, write technically, measure, calculate, reason, analyze, integrate, evaluate and synthesis pertinent aspects of the patient's history and examination in order to develop an effective treatment plan. A candidate/student must be able to perform the above problem-solving skills in a timely manner in order to provide effective patient care.
	C	Comprehend three-dimensional relationships and understand the spatial relationships of structures. Candidates/students must use these abilities to problem solve and think critically in order to independently make sound clinical judgments.
	D	The ability to use computers for searching, recording, storing, and retrieving information.

Essential Function: V		<u>A candidate/student must be able to or must have:</u>
Behavioral and Social Skills	A	Adequate mental and emotional health required for full utilization of his or her intellectual abilities, engaging in self-assessment, exercising good judgment, and functioning effectively during periods of high stress. A candidate/student must be able to display flexibility and learn to function in the face of uncertainties.
	B	Accept responsibility for professional behavior, complete all responsibilities promptly and interact maturely and sensitively with people of all ages, gender, races, socio-economic, religious, and cultural backgrounds. All students are responsible for understanding and complying with the Standards of Conduct defined by University of Toledo Health Science Campus (UT HSC) Policy No. 3364-25-01.

References:

1. American Physical Therapy Association Web site. Available at: <http://www.apta.org>. Accessed September 1, 2010.
2. O*NET/ERGOS Web site. Available at: <http://online.onetcenter.org/link/summary/29-1123.00>. Accessed September 1, 2010.
3. US Dept of Labor Web site. Available at: <http://www.bls.gov>. Accessed September 1, 2010.
4. University of Toledo, 'Handbook for Physical Therapy Students', Revised August 2010.

For students who have not established affiliation with The Office Of Accessibility and Disability Resources and are experiencing disability access barriers or are interested in a referral to health care resources for a potential disability or would like information regarding eligibility for academic accommodations, please contact the [The Office Of Accessibility and Disability Resources Office](#) by calling 419.530.4981 or sending an email to StudentDisability@utoledo.edu.

POLICY AND PROCEDURE FOR REQUESTING REASONABLE ACCOMMODATION

See [UT policy #3364-50-03](#) for the proper procedure for requesting reasonable accommodations. The reasonable procedures document on the University of Toledo webpage is found here, [ADA/504 Compliance webpage](#)

APPENDIX G: SITE VISIT EVALUATION FORM

UNIVERSITY OF TOLEDO
DOCTOR OF PHYSICAL THERAPY PROGRAM

Clinical Experience Visit Form

Student: _____

Date: _____

CI: _____

Facility Name: _____

Type of rotation: _____

Reviewer: _____

Supervision level and caseload

Student Progress from Midterm

Additional Learning Experiences

Assessment of Clinical Teaching

Assessment of academic preparation/Curriculum

CPI Use and Feedback

Other Area of Assessment: _____

DCE Impressions (Includes student feedback from CECI midterm and/or final form)

1. The educational philosophy appears to be compatible with the academic program's. Yes
 No
2. The facility environment appears conducive to learning-per student report.
 Yes No
3. Adequate space was available for the student(s)- per student report.
 Yes No
4. Treatment space and equipment was adequate and current-per student report. Yes
 No
5. Written or verbal objectives for the learning experience were reviewed with the student.
 Yes No
6. Evidence of legal & ethical practice is reported by the student. Yes
 No
7. An adequate variety of learning experiences was available.
 Yes No
8. The CI was aware of the student's academic/clinical background.
 Yes No
9. The CI was aware of the requirements for this experience.
 Yes No
10. Student/CI relationship appeared positive and promoted student development. Yes
 No

Comments: _____

APPENDIX H: COURSE SKILLS LIST

**UNIVERSITY OF TOLEDO
DOCTOR OF PHYSICAL THERAPY PROGRAM
COURSE SKILLS LIST**

This skill list includes information on knowledge and skills that students are expected to perform safely and competently. The list is organized by year, terms, and each course is identified by prefix and name.

**YEAR 1:
TERM 1 to TERM 3**

From PHYT 5000 Gross Anatomy and PHYT 5090 Neuroscience

- Gross Anatomy of the:
 - Spine and Pelvis
 - Face and Neck
 - Thorax and Ribs
 - Lower Extremity
 - Upper Extremity
- Brain and nervous system function
 - Clinical correlations in: traumatic brain injury; peripheral nerve injury; cranial nerve dysfunction; stroke; upper motor neuron disorders; spasticity; neuromuscular disorders; movement disorders; vestibular disorders; disorders of neurons and glia; circulatory disorders
 - Demonstrate basic clinical skills for assessing cranial nerves, motor function, somatosensation, reflexes, coordination, balance (BESTest), tone, oculomotor screening, BPPV.

From PHYT 5050 Analysis of Movement I and PHYT 5060 Analysis of Movement II

- Normal and Abnormal function for:
 - Spine
 - Hip
 - Knee
 - Ankle and Foot
 - Shoulder
 - Elbow
 - Wrist
 - Hand
 - Gait and gait assessment
 - EMG
 - Ergonomic or postural modifications to minimize stresses of abnormal posture

From PHYT 5350 Introduction to Examination

- History-taking and patient interview
- Systems Review: Cardiovascular-Pulmonary, Musculoskeletal, & Integumentary
- Perform a system screening
- Assessment of standard vital signs (BP, HR, RR) at rest & after activity
- Assessment of integumentary: temperature, texture, & integrity
- Assessment of peripheral pulses
- Assessment of edema (peripheral)
- Assessment of pain: rating scale
- Assessment of general flexibility
- Assessment of ROM: active & passive through goniometry
- Assessment of joint integrity
- Assessment of muscular strength: MMT & dynamometry
- Assessment of posture (static): sitting & standing
- Assessment of anthropometrics (height and weight)

- Palpation: superficial, soft tissue
- Documentation- SOAP

From PHYT 5110 Clinical Pathophysiology I

- Distinguish normal and abnormal physiologic processes for the hematological, musculoskeletal, endocrine, hepatobiliary, cardiovascular, and pulmonary systems
- Identify Inflammatory processes, cell injury, and the processes of tissue healing
- Describe diseases associated with blood cells, skeletal muscles, and bone
- Identify common genetic disorders

From PHYT 5130 Evidence Based Practice

- Compare and contrast scales of measurement
- Describe how measurement error influences reliability and validity measurements
- Compare and contrast types of reliability and validity
- Compare and contrast sampling techniques
- Discuss the characteristics of clinical research questions
- Discuss threats to internal and external validity
- Evaluate research articles

From PHYT 5450 Foundations of PT

- Practice and Professionalism Overview: Orientation to the APTA professional organization, Generic Abilities, APTA Core Values, Code of Ethics, Guide for Professional Practice and state licensure statutes
- Self-assessment and early career development
- Beginning cultural sensitivity and competency related to individual difference, preference, values, needs and equity, inclusion, belongingness, and justice
- Awareness of implicit bias and stereotypes
- Effective communication skills, including sensitivity through trauma informed care and conflict resolution
- Understands importance of advocacy for the patient and profession

From PHYT 6460 Teaching and Learning

- Introduction to patient education
- Conduct a needs assessment
- Identify the level of learning of the patient/family
- Critique materials for appropriateness for a targeted population
- Design an educational module with appropriate learning materials and instructional strategies
- Provide feedback regarding recommendations for modification of materials for a targeted population
- Assess effectiveness of teaching
- Assess effectiveness of learning-includes feedback to patients and the CI
- Apply concepts to teaching and learning during clinical education

From PHYT 5270 Applied Exercise Physiology

- Calculate energy expenditure during exercise
- Measure maximal aerobic power
- Estimate maximal aerobic power based on submaximal tests
- Perform heart rate, blood pressure, and RPE measurements at rest and during exercise
- Assess body composition using skinfold, circumference, and BMI measures

From PHYT 5280 Therapeutic Interventions I

- Practice in the acute care setting
- Medical and surgical procedures in the acute care setting
- Communication with healthcare professionals in the acute care setting
- Use of common equipment in the acute care setting

- Response to common medical emergencies: including CPR Training
- Demonstrate appropriate sequencing of events related to universal precautions
- Apply sterile procedures
- Perform safe techniques for bed mobility and transfers
- Perform assessment for assistive devices for gait training
- Gait/ambulation examination and training
- Assess cognition
- Assess gross range of motion and strength
- Assess ventilation, respiration, and circulation
- Perform an integumentary examination and initiate wound care
- Provide documentation of intervention specific to an acute care setting

From PHYT 5300 Principles of Therapeutic Exercise

- Design exercise programs to optimize speed, muscular endurance, and skill development
- Perform PROM, AAROM, AROM, and instruct how to perform self-ROM for a patient
- Perform or instruct stretching techniques
- Implement static and dynamic balance training
- Perform or instruct manual resistance using a variety of equipment or bands
- Develop concentric, eccentric, isometric resistance or a combination of resistance training regimes
- Understands indications and contraindications of plyometrics
- Implement functional progression (diagonal patterns, closed chain, etc.)
- Design and implement therapeutic exercise plans utilizing a variety of modes and equipment
- Understands the indications, precautions, and contraindications of aquatic exercise
- Provide communicate patient education related to safety, body mechanics, proper posture and exercise

From PHYT 5900 Medical Imaging

- Compare and contrast the clinical capabilities, and limitations of radiographs, computerized tomography (CT), magnetic resonance imaging (MRI), diagnostic ultrasound (echocardiogram or ultrasonography) and various forms of radioisotope imaging (V/Q scan, MUGA).
- Describe the radiologic evaluation of fracture, trauma, degenerative disease, and anomalies.
- Compare and contrast the various vascular imaging techniques-arteriogram and diagnostic ultrasound.

From PHYT 5750 Clinical Reasoning

- The role of decision making in clinical practice
- Commonly used decision-making models
- Level of Evidence in research
- Use of common research databases
- Understanding of the PT Patient Management Model through the 'Guide to Physical Therapist Practice'
- ICF model and documentation

YEAR 2: TERM 4 to TERM 6

From PHYT 5020: Lifespan I

- Provide care in a family-centered or school-based context
- Gather a general pediatric patient/client history
- Perform systems review and review of systems in pediatrics

- Assess of gross motor milestones birth through adolescence-AIMS, Peabody Developmental Motor Scale
- Evaluate neuromotor development for gross motor delays, torticollis, plagiocephaly, and idiopathic toe walking
- Communicate exam findings, planned treatment, and progress/regression to parents/families/caregivers

From PHYT 5120: Clinical Pathophysiology II

- Explain normal physiologic processes for the gastrointestinal, renal, and immune systems
- Describe disease process associated with GI, renal, and immune systems
- Identify signs and symptoms related to neoplasia and cancer

From PHYT 5290: Therapeutic Interventions II

- Apply hot and cold agents, knowing indications, precautions, and contraindications
- Apply muscle stimulation, knowing indications, precautions, and contraindications
- Apply TENS unit, knowing indications, precautions, and contraindications
- Apply ultrasound, knowing indications, precautions, and contraindications
- Apply cryotherapy, knowing indications, precautions, and contraindications
- Apply paraffin bath, knowing indications, precautions, and contraindications
- Apply massage and myofascial techniques, knowing indications, precautions, and contraindications
- Apply manual traction, knowing indications, precautions, and contraindications

From PHYT 5650: Pharmacology

- Identify signs and symptoms of common medications
- Categorize drugs commonly encountered in physical therapy practice

From PHYT 6020: Lifespan II

- Identify normal and abnormal aging related to cardiovascular, gastrointestinal, genital, pulmonary, musculoskeletal, neurological, and urinary systems
- Perform a falls risk assessment for older adult
- Knowledgeable of cognitive assessments appropriate for older adult
- Identify appropriate person or agency when elder abuse is suspected
- Recognize barriers (medications, co-morbidities, cognitive status, social support or environment) that may impact plan of care

From PHYT 6260: Cardiopulmonary Physical Therapy

- Knowledgeable of emergency procedures related to a cardiovascular or pulmonary event
- Perform measurements of heart rate, blood pressure, and RPE at rest and during exercise
- Perform aerobic capacity tests (functional and standardized)
- Perform ankle brachial index measures
- Recognize normal and abnormal breath pattern and sounds
- Instruct patient on breathing strategies
- Position patient for maximum ventilation and perfusion

From PHYT 6500: Musculoskeletal Rehabilitation I

- Perform systems review for screening of musculoskeletal system specific to upper and lower extremity
- Assess posture and gait patterns
- Perform an examination of the upper and lower extremities (history, tests/measures)
- Perform accessory motion tests, anthropometrics, functional strength testing, joint integrity, joint mobility, ligament laxity tests, muscle length, muscle strength testing, palpation, and range of motion (using a goniometry)
- Synthesize examination data using evidence

- Provide a physical therapy diagnosis and prognosis
- Create a plan of care

From PHYT 6510: Musculoskeletal Rehabilitation II

- Perform systems review for screening of musculoskeletal system specific to spine and sacrum
- Assess posture and gait patterns
- Perform an examination of the cervical, thoracic, lumbar, and sacral regions (history, tests/measures)
- Perform accessory motion tests, anthropometrics, functional strength testing, joint integrity, joint mobility, ligament laxity tests, muscle length, muscle strength testing, palpation, and range of motion (using a goniometry)
- Provide a physical therapy diagnosis and prognosis
- Create a plan of care

From PHYT 6600: Neuromuscular Rehabilitation I

- Perform a physical therapy examination of the patient with an acquired neurological disorder (stroke, TBI, SCI) focused on functional mobility and potential recovery (history, MMT/ROM, sensation, task analysis)
- Safely complete mobility assessment for basic functional mobility (bed mobility, transfers, gait, stairs)
- Perform and accurately score assessments in the Core Set, such as berg balance scale and functional gait assessment.
- Provide a physical therapy diagnosis and prognosis for patient with an acquired neurological disorder
- Create a plan of care with a focus on task-specific training, motor learning and motor control applications.
- Safely complete interventions to improve motor function and functional mobility with patients with stroke, brain injury and spinal cord injury with a focus on task-specific training, motor learning and motor control applications.
- Apply neuroplasticity concepts to decide plan of care interventions.

From PHYT 6610: Neuromuscular Rehabilitation II

- Perform a physical therapy examination of the patient with a degenerative neurological disorder (PD, MS, HD, ALS) or amputation focused on functional mobility and potential recovery (history, MMT/ROM, sensation, task analysis)
- Safely complete mobility assessment for basic functional mobility (bed mobility, transfers, gait, stairs) in the neurodegenerative disease population or amputation population.
- Create a physical therapy diagnosis, describe a patient's prognosis for functional improvement and create a plan of care for a patient with a degenerative neurological disorder (PD, MS, HD, ALS) or amputation.
- Apply a variety of intervention options to a plan of care, such as yoga, trunk mobility, large-amplitude movements, rhythmic auditory cuing.
- Describe case management opportunities in a patient with a degenerative neurological disorder (PD, MS, HD, ALS) or amputation.
- Identify and recommend orthoses for a patient with basic neurological impairments.
- Identify and recommend prosthetic component options for a patient with basic neurological impairments.
- Begin training a patient in lower extremity prosthetic use.

From PHYT 6740: Clinical Seminar I

- Adjust a physical therapy examination to manage patients with wounds, burns, oncology, lymphedema.
- Create a physical therapy diagnosis and prognosis for functional progress for patients with wounds, burns, oncology care, lymphedema.
- Utilize task analysis to assess the movement system and outline a plan of care to address patient issues.
- Complete documentation from PT examination through treatment sessions and progress note/discontinuation of services.
- Participate in a basic team conference with understanding of case management role of health care providers.
- Demonstrate basic skill in limb wrapping, manual drainage, and exercises for lymphedema/edema management.
- Demonstrate safe performance of interventions related to balance, gait, mobility, strength, endurance as integrated into care of patients with chronic stroke.
- Identify and apply literature that guides/supports selection of outcome measures and interventions for patients in physical therapy.

From PHYT 6750: Clinical Seminar II

- Apply the patient management model, including examination, evaluation of information, PT diagnosis, prognosis of function, plan of care, interventions to patients in the critical care setting, as well as patients with chronic pain, vestibular, and concussion.
- Communicate with PTA in role play to manage a patient's plan of care, change in status, and documentation.
- Select and correctly perform assessments of a patient with vestibular dysfunction.
- Implement interventions for a patient with vestibular dysfunction, based on given examination data.
- Select and correctly perform assessments of a patient with concussion in the domains of cervical musculoskeletal, vestibular, motor impairment, and exertional tolerance.
- Implement interventions for a patient with concussion, based on given examination data.

From PHYT 7050: Practice Management

- Describe legal and ethical issues related to billing and coding
- Identify factors that result in fraud and abuse relate to billing
- Understands legal and ethical requirements for supervision and direction
- Choose the correct and accurate billing codes for documentation
- Knowledgeable of differences among state PT practice acts
- Develop a business plan model

PHYT 6100: Health Promotion

- Create and monitor a fitness program
- Advocate for the public health and health promotion
- Promote patients/clients to engage in healthy lifestyles

From PHYT 6620: Pediatric Rehabilitation

- Gather a pediatric patient/client history from families of children with developmental disabilities, neurologic conditions, neuromuscular disorders, and other pediatric conditions
- Select and examine balance, community and school function, joint mobility, motor function/mobility, posture, pain, strength, ROM, neurodevelopment and sensory integration, skeletal integrity in pediatric patients/clients: GMFM, PEDI, Berg, 10MWT, 2MWT
- Evaluate data from examination to develop a prognosis, goals, and plan of care
- Monitor progress and progress patient care
- Determine the need for referral and consultation in pediatric patients/clients
- Recommend assistive technology to protect, support, and further functional abilities
- Report concerns of abuse and neglect to the appropriate authorities

YEAR 3:
TERM 7 to TERM 8

From PHYT 6700: Professional Issues

- Act with integrity and professional responsibility to prioritize addressing a professional issue
- Develop a plan of action to resolve a professional issue that violates rules of patient conduct and professional standards
- Report concerns to the proper authorities
- Advocate for changes in practice, healthcare policies, and regulations
- Debate one side of a professional issue in a professional manner using evidence to support their view

From PHYT 7320: Medical Screening

- Perform system review screenings for cardiovascular, pulmonary, gastrointestinal, and urinary systems
- Recognize positive signs and symptoms that are beyond scope of physical therapy practice