Clinical Education Student Handbook

Doctor of Physical Therapy
Briar Cliff University
Sioux City, Iowa

This handbook serves as a supplement to the Briar Cliff University Doctor of Physical Therapy Student Handbook as well as Briar Cliff School of Graduate Studies and Briar Cliff University Student Handbook and documents. This handbook is not to be construed as a contract. Every effort is made to ensure the accuracy of information in this handbook. The University reserves the right to change policies, procedures and regulations to protect students and the University and to adhere to best practices. These changes can be made at any time and will take effect when the University administration determines that such changes are prudent. Students will be notified of changes in a timely manner via email or official announcements and will have access to the updated document.

Students are responsible for reading this handbook, official announcements, campus emails, and otherwise to be informed completely in regard to information related to their role as a student at Briar Cliff University.

Initial draft of this handbook created 6/5/14; Updated 6/24/14; Updated 8/7/14; Updated 9/11/14; Updated 10/30/14; Updated 11/06/14; Updated 11/20/14
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INTRODUCTION

Many of you have chosen the profession of physical therapy to work in a clinical setting and develop relationships with patients in order to impact their health. The Clinical Education experiences are often a welcome time for students to apply what is being learned through the didactic portion of the curriculum. The faculty’s hope is each experience will deepen the student’s commitment to the profession and each will discover the many experiences and qualities which comprise a true professional. The Clinical Education experiences will help shape you in who you will become and these experiences will go with you the rest of your career.

Please read this manual carefully as each student needs to abide by the policies and processes as described. This manual is a supplement, not a replacement to the Department of Physical Therapy Handbook, School of Graduate Studies Handbook, and Briar Cliff University Student Handbook and we may reference components throughout this document.

The faculty expects that each of you present yourselves in a true professional manner throughout the educational experience including the Clinical Education Experience. If you haven’t realized it by now, many therapists, health care professionals and others are looking closely at BCU DPT students to see how each will perform in the clinic. I am sure that every inaugural class has faced similar scrutiny, but know that the scrutiny is elevated due to the non-traditional structure of learning with integrated clinical education experiences completed each semester. So be respectful, confident, and studious, exemplifying professionalism throughout each interaction and doing so you will successfully demonstrate you are part of a quality program.

Please know that you may contact the Director of Clinical Education or your advisor anytime to discuss problems, successes, or just questions you may have. It is our goal for each student to succeed.

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PHYSICAL THERAPY PROGRAM MISSION, VISION, VALUES AND STUDENT OUTCOMES

Mission

Within a Catholic Franciscan University, with a tradition of service, caring and openness to all, broad intellectual background with career development, and encouragement of growth in self-awareness and in one’s relationship to others and to God, the mission of Briar Cliff University’s Doctor of Physical Therapy Program is to pursue academic excellence in preparing the next generation of physical therapists to practice autonomously and respond to patient and societal needs of the region, including the underserved, by restoring, maintaining, and promoting optimal movement, activity participation, and wellness of clients. By challenging students to provide skilled, reflective, ethical, legal, compassionate, culturally competent, interprofessional, evidence-based, and patient-centered care, graduates will be prepared to be effective leaders and health care providers within their communities and the ever-changing health care environment.

Vision

The vision of the Department of Physical Therapy at Briar Cliff University is to be recognized regionally as an outstanding physical therapy education program that prepares students of all backgrounds to be leaders and effective health care providers within interprofessional teams, their profession, and underserved clinical and community-based environments.

Values

Consistent with Briar Cliff University and the profession of physical therapy, the DPT Program is founded upon the core values of altruistic service, respect for others, cultural competence, and a relentless commitment to excellence. These values guide all Program initiatives from course content to hiring practices to student admissions and ensure that the mission, goals, and outcomes of the Program are achieved. An appreciation for the role of the Program as part of a larger community will prepare graduates for making significant contributions to the communities in which they live and serve.

DPT Program Goals and Outcomes

In parallel with the Program’s mission, upon completion of all requirements of the Briar Cliff University School of Physical Therapy, the graduate will be prepared to:

1. Practice physical therapy autonomously.
   a. >80% of graduates will pass the NPTE physical therapy board examination within the first take.
   b. >95% of graduates will ultimately pass the NPTE physical therapy board examination.
   c. Within 1 year of graduation, >90% of employers and patients surveyed will provide positive feedback about the ability of graduates to safely and effectively restore, maintain, and promote optimal movement, activity participation, and wellness of clients.
d. Within 1 year of graduation, >90% of employers and patients surveyed will provide positive feedback about the ability of graduates to provide skilled, reflective, ethical, legal, compassionate, culturally sensitive, interprofessional, evidence-based, and patient-centered care.

2. Provide health care services in underserved settings.
   a. Upon graduation, 100% of students will participate in at least 60 hours of integrated community-based service-learning experiences.
   b. Prior to graduation, 100% of students will develop and provide health and wellness education within community contexts.
   c. Upon graduation, 100% of all graduates will have provided a minimum of 160 hours of clinical services in underserved areas.
   d. Within 3 years of graduation, >20% of graduates will have practiced and/or provided community-based services within underserved areas.

3. Be leaders within their communities and profession.
   a. Prior to graduation, 100% of graduates will participate in advocacy activities in which they educate clients and/or their family members, the public, healthcare professionals, third-party payers, and/or legislators about physical therapy services, the availability and accessibility to services, and/or wellness, health promotion, and disease prevention initiatives.
   b. Prior to graduation, >75% of students will voluntarily be student member of the APTA.
   c. Within 3 years of graduation, >25% of all graduates will be active members of the APTA.
   d. Prior to graduation, >25% of students will voluntarily attend a state, regional, and/or national professional conference.
   e. Within 3 years of graduation, >10% of all graduates will have attended a state, regional, and/or national professional conference.
   f. Within 3 years of graduation, > 10% of all graduates will have held or currently holds a leadership position within a professional or service organization.
   g. Within 5 years of graduation, 100% of all graduates will have participated in a minimum of 40 hours of continuing education.
   h. Prior to graduation, 100% of graduates will have participated and adequately completed a scholarly project.
   i. Within 3 years of graduation, >25% of all graduates will have presented or published a scholarly project regionally, nationally, or internationally.
   j. Within 5 years of graduation, >5% of all graduates will have successfully completed a residency and/or fellowship, started an advanced degree, and/or obtained a specialty certification.

Purpose of Clinical Education

The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student with have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved
and underpopulated areas. Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient center care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams.

**Physical Therapy Curriculum**

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<td>Practice Management II: Laws and Reimbursement for the Rehabilitation Professional</td>
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Course Descriptions for Physical Therapy Curriculum

DPT 500 – DPT Orientation: This introductory course is designed to orient the Doctor of Physical Therapy (DPT) student to Briar Cliff University and its DPT Program. Included in this course is an orientation related to Franciscan values and identity, the history of Briar Cliff University, core DPT documents and policies, Program expectations, AMA formatting, clinical education, and various student services.

HSC 520 – Behavioral Sciences: This course is required of all physical therapy students enrolled in year I of the professional course of study. Patient interaction skills, professional conduct, and ethical and moral conduct are essential in the practice of physical therapy. This course aids in the development of skills necessary to provide optimum patient care and promotes professional and ethical responsibilities. The study of the physical therapist’s role as a health care practitioner interacting within the context of the health care environment is emphasized. Relationships between physical therapists and patients, clients, families, caregivers, health care providers, and colleagues in the practice setting are discussed. The role of effective communication skills, interpersonal skills, professionalism, and ethical decision making in the patient care process is addressed. Patient advocacy is also discussed.

HSC 501 – Human Anatomy: This course includes lecture and laboratory sessions involving regional anatomy emphasizing gross anatomy of the musculoskeletal, neuromuscular, cardiopulmonary, and renal systems. Learning of anatomical structures includes the application of anatomical palpation, surface anatomy, joint function, and clinical scenarios. Laboratory sessions include the anatomical study of a cadaver and palpation on fellow students.

HSC 502 – Human Physiology: This course includes lecture sessions to introduce the fundamentals of human physiology, including homeostasis. Basic cellular and tissue functions will be presented and the functions of the neural, muscular, endocrine, cardiovascular, respiratory, urinary, and immune systems. Regulation of these systemic functions will be presented during lecture sessions. An introduction of exercise physiology will also be presented and discussed. Opportunities for learning physiological principles in a laboratory setting will be present during the course.

HSC 503 – Human Neuroscience: This course provides an overview of the development, structure, and function of the human nervous system. This course will assist the student in learning the major structural and functional features of the central nervous system. The emphasis of this course will be on human neuroscience as it relates to the profession of physical therapy and rehabilitation; however the material covered is relevant to any healthcare profession. The format includes lectures, facilitated discussion and laboratory sessions.
HSC 504 – Human Embryology: This course includes lecture sessions focusing on the anatomical and the functional development of the human embryo. Genetic inheritance and congenital malformations will be presented and discussed. Cell signaling and signal transduction during embryogenesis will be included. Occasional lecture sessions will be held in a laboratory to allow for continued learning of developmental anatomy and function in a laboratory setting.

HSC 505 – Normal Lifespan Development: This course provides the physical therapy student with advanced knowledge of normal and abnormal development of the child from birth through adulthood, including geriatric development. The course covers a lifespan view of motor learning, motor control, and motor development. The development of each of the body systems (musculoskeletal, neurological, cardiopulmonary, integument) is related to function throughout the lifespan. The developmental sequence is covered. At the end of this course the students should be able to identify normal development through hands-on evaluation of developmental reflexes and major motor milestones as well as through written evaluation. Course also examines advanced topics in motor control and learning. Involves the study of mechanisms underlying the production, control, and rehabilitation of movement control and motor learning. This course will also include genetics and genomics as it relates to development.

HSC 506 – Human Pathophysiology: This course includes lecture sessions to introduce the fundamentals of human pathophysiology. General and systemic pathologies will be presented with an emphasis on the musculoskeletal, respiratory, cardiovascular, and nervous systems. Basic systemic functions will be discussed to supplement the understanding of the various disorders during lecture sessions. This is a required course for first-year students in the physical therapy doctorate program.

HSC 507 – Pharmacology: This course will teach physical therapists the basis of pharmacologic action. The course will explore how the actions of drugs influence the physiologic function of the body and also the body’s response to these drugs. Common adverse drug events, appropriate therapeutic use of drugs, and pertinent monitoring during physical therapy intervention will be discussed.

HSC 508 – Human Medical Imaging: The student will learn basic principles as they apply to plain radiography, magnetic resonance imaging, computerized tomography and diagnostic imaging. The student will also be introduced to the method plain radiographs are taken which will include the patient position, X-Ray beam direction, and bony anatomy involved. The student will view a labeled radiograph, MRI and CT scan in which bony and soft tissue structures have been identified. The student will also be introduced to a variety of pathologic conditions involving a variety of body areas and various imaging modalities. The course is focused primarily in the musculoskeletal area of clinical practice, but also contains information involving the nervous system. The student will learn to apply knowledge of pathologic findings on diagnostic imaging, and knowledge of patient pathology to develop or modify a plan of care for a patient. The student will also learn to apply knowledge of
diagnostic imaging in the differential diagnosis process for patient examination as well as intervention.

**HSC 509 – Human Kinesiology and Biomechanics:** The purpose of HSC 509 is to introduce students to basic concepts associated with the study of human musculoskeletal function and dysfunction.

**HSC 521 – Evidence-based Practice:** This course is designed to provide a foundation for subsequent participation in research and life-long learning. It is the first course in the research sequence of the DPT curriculum. Students will become proficient in database search techniques to enable them to select the best evidence to guide all aspects of clinical practice. The student will also become proficient in evaluating and critiquing evidence. Students will be introduced to clinical research designs, including experimental and non-experimental, and qualitative and quantitative, and the statistical concepts used in therein. The student is expected to become proficient in interpreting published research by demonstrating knowledge of the different methods of research design and the application of statistics.

**HSC 540 – Rehabilitation Tests and Measures:** Rehabilitation Test and Measures is an intensive course presented during the spring semester of the first professional year. This course is intended to present material in content areas that provide foundations of knowledge for progression within the physical therapy course of study. The principles of patient care that will promote professional, safe, therapeutic, and effective standards of care will be examined. The content of the course is in the area of tests and measures including 1) goniometry of the extremity joints and spine, 2) manual muscle testing 3) cranial nerve testing, 4) sensory testing, 5) quick screening, and 6) vital sign assessment. This course introduces the physical therapy student to basic skills and topics that will be continually expanded upon as the curriculum progresses. This will also serve as the student’s introduction to the APTA’s Guide to Physical Therapy Practice and its importance to our profession. These learning experiences will be augmented by laboratory practice and testing in both written and practical formats.

**HSC 541 – Rehabilitation Interventions:** Rehabilitation Interventions is an intensive course presented during the spring semester of the first professional year. This course is intended to present material in content areas that provide foundations of knowledge for progression within the physical therapy course of study. The principles of patient care that will promote professional, safe, therapeutic, and effective standards of care will be examined. This course is an introductory physical therapy course that will be continually expanded upon as the curriculum progresses. The student will gain fundamental knowledge in the areas of modalities, exercise prescription, ergonomic intervention, transfers, gait training, soft tissue mobilization, and joint mobilization used with all aforementioned activities. These learning experiences will be augmented by laboratory practice and testing in both written and practical formats.

**HSC 560 – Scholarly Project Proposal:** This is an advanced course in research design and methodology and is designed to build upon the Professional Practice II: Evidence-based
Practice for the Health Care Professional course and educate the student in the process of how to develop a research project from inception to Institutional Review Board phase. Under the direction of a faculty advisor, students will develop and write a research proposal. The goal of this proposal is that it will be carried out in the Scholarly Project II course.

**HSC 580 – Health Promotion:** Building upon the information taught in the basic behavioral, biomedical, and clinical science courses, this course enables students to utilize the best available evidence in physical therapy practice to provide health consultation to patients and the community.

**HSC 581 – Rehabilitation Laws & Reimbursement:** This course introduces the physical therapy student to basic skills and topics that will be continually expanded upon as the curriculum progresses, including foundational legal, ethical, and regulatory issues; documentation; coding; and reimbursement knowledge that will be utilized during clinicals. Learning experiences will be augmented by case studies. Included in this course is a requirement of independent study of medical terminology which will assist students in further coursework and clinical activity.

**DPT 520 – DPT Clinical Correlations I:** This course is a clinical and community based practical learning experience that occurs through a variety of settings/programs. This clinical and community correlation experience occurs in the community setting, in the pro bono clinic, and in the classroom during the spring semester of the first year of the program. The student attends each clinical or community based education experience throughout the semester (a minimum of 5 experiences in all) for a to be determined set amount of time. Each faculty member or clinical instructor provides the student with opportunities to promote and expand their knowledge and practice of the physical therapy profession. As a component of this course, each student will also complete a final practical demonstrating success and a level of achievement required for progression in the DPT program.

**HSC 640 – Emergency Medical Responder:** This American Red Cross course gives participants the knowledge and skills necessary to work as an emergency medical responder to help sustain life, reduce pain and minimize the consequences of injury or sudden illness until more advanced medical personnel take over. Core skills include assessments, CPR, AED, airway and ventilation, medical and trauma emergencies, and EMS operations. Enrichment modules offer additional training in asthma, anaphylaxis and epinephrine auto-injectors, Sellick's maneuver, C-collar and back boarding.

**HSC 620 – Healthcare Spanish:** It is a course designed to meet the student’s needs for special vocabulary and expressions for the Physical Therapist career. Emphasis will be placed in developing students' skills in communication across ethnic, cultural, ideological, and national boundaries. Students will engage in an understanding of other cultures and patterns of thought of their future patients.

**DPT 600 – Musculoskeletal Physical Therapy:** The emphasis in this course is on introduction to the examination, evaluation and development of a plan of care (intervention)
for the patient with a musculoskeletal condition(s). The evidence related to application of these principles will also be included. The student will also learn to apply knowledge of musculoskeletal principles to the differential diagnosis process for patient examination as well as intervention.

**DPT 620 – DPT Clinical Correlations II:** This course is a clinical and community based practical learning experience that occurs through a variety of settings/programs. This clinical and community correlation experience occurs in the community setting, in the pro bono clinic, and in the classroom during the summer semester of the second year of the program. The student attends each clinical or community based education experience throughout the semester (a minimum of 5 experiences in all) for a to be determined set amount of time. Each faculty member or clinical instructor provides the student with opportunities to promote and expand their knowledge and practice of the physical therapy profession. As a component of this course, each student will also complete a final practical demonstrating success and a level of achievement required for progression in the DPT program.

**DPT 621 – DPT Clinical Education I:** This course is a clinical practical learning experience that occurs in a community setting during the summer semester of the second year of the program. The student attends the clinic each day for a full work day as dictated by his/her clinical instructor. While in this setting, the student practices physical therapy basic level professional management including patient/client management. The clinical instructor provides opportunities for students to promote their physical therapy standards of practice in a professional and ethical practice. The length of this clinical education experience is 4 weeks.

**DPT 601 – DPT Neurorehabilitation:** Neurorehabilitation is the capstone course in the adult neuromuscular pathway. This course serves to integrate all preceding foundational and clinical sciences coursework. The revisits the common pathological conditions (e.g. CVA, TBI, SCI, PD, MS, PPS, vestibular disorders) encountered in clinical practice. Students will develop and apply theoretical frameworks for physical therapy clinical decision-making for examining, evaluating, developing a plan of care, and providing treatment for individuals who have movement dysfunction secondary to neurological deficits. Emphasis is placed upon the patient/client management provided in the inpatient rehabilitation setting, although differences in acute care, outpatient, home, and other settings are discussed. The APTA models of practice and disablement are used as frameworks for evaluating movement dysfunction and for developing intervention plans. A learning-centered approach is used to develop the student’s ability to evaluate the patient with neurological involvement, to identify and prioritize key problem areas, to design and implement an appropriate treatment program based on current evidence and expert consensus, and to assess treatment effectiveness and modify intervention accordingly.

**DPT 602 – DPT Cardiopulmonary Rehabilitation:** This course provides theoretical and practical instruction for the evaluation and management of physical therapy patients with cardiovascular and pulmonary disorders. Emphasis is placed on the etiology and pathology of
selected cardiovascular and pulmonary medical conditions, as well as the therapeutic management of patients with these conditions. Students will create a physical therapy plan of care for selected cardiovascular and pulmonary dysfunctions using diagnostic, pharmacologic, and clinical laboratory data. Concepts of health promotion and fitness are explored.

**DPT 603 – DPT Integumentary:** A comprehensive review of the integumentary system concentrating on the prevention of integument disruption and management of patients with open wounds, burns, and other dermatologic disorders is presented. Attention is given to the examination of and intervention for the most common integumentary conditions across the lifespan.

**HSC 660 – Rehabilitation Scholarly Project:** This is an advanced course in research design and methodology and is designed to build upon Professional Practice II: Evidence-based Practice for the Health Care Professional and Scholarly Project I: Scholarly Project in Rehabilitation Proposal courses. It is designed to foster collaborative research activities leading toward dissemination. Under the direction of a faculty advisor, students will complete: subject recruitment, data collection, data analysis, a written manuscript, and disseminate their research.

**DPT 622 – DPT Clinical Correlations III:** This course is a clinical and community based practical learning experience that occurs through a variety of settings/programs. This clinical and community correlation experience occurs in the community setting, in the pro bono clinic, and in the classroom during the fall semester of the second year of the program. The student attends each clinical or community based education experience throughout the semester (a minimum of 5 experiences in all) for a to be determined set amount of time. Each faculty member or clinical instructor provides the student with opportunities to promote and expand their knowledge and practice of the physical therapy profession. As a component of this course, each student will also complete a final practical demonstrating success and a level of achievement required for progression in the DPT program.

**HSC 680 – Rehabilitation Practice Management:** This course is designed to educate the physical therapy student in the basic business and management concepts necessary to thrive in today’s healthcare landscape. This course will provide the basic elements of business management and administration of physical therapy services which can be applied in all types of physical therapy practice settings, including medically underserved communities. Topics will include general business principles; fiscal, facility, and strategic planning; marketing; productivity; human resource management; risk management; quality improvement; leadership; and niche practices. As a capstone practice management project, students will develop a business plan in an underserved health care environment.

**HSC 621 – Rehabilitation Teaching and Learning:** This course is designed to prepare health science students to be effective educators in classroom, clinic, and community-based settings.
DPT 640 – DPT Pediatric Rehabilitation: In this course the physical therapy student will learn appropriate assessment and intervention strategies of pediatric clients of PT services. Selected assessments and interventions will be studied in light of patient/client management model as applied to contemporary pediatric physical therapist practice. The student will practice and demonstrate competency in basic PT assessment and intervention strategies related to the young child and adolescent population. The emphasis of this course is on the acquisition of knowledge for the role of a pediatric physical therapist in all areas of pediatric practice.

DPT 641 – DPT Geriatric Rehabilitation: This course will provide students with the knowledge base for understanding the demographics of aging in industrialized societies, as well as the physical, psychological and emotional aspects of healthy human aging including the effects of age-related diseases and conditions. The students will be required to formulate plans for treatment of the geriatric physical therapy patient including assessment, education, and application of therapeutic interventions.

DPT 642 – DPT Orthotics and Prosthetics: DPT 642 presents didactic material in the study of prosthetics and orthotics. Students learn to examine the patient/client for whom the use of prosthetics and/or orthotics is applicable. Students participate in examination, evaluation and treatment of individuals who require the use of upper and/or lower extremity prosthetics and orthotics. Students are educated about various materials and biomechanical components of prosthetic and orthotic devices. Students participate in clinical decision-making regarding the clinical uses of prosthetic and orthotic devices.

DPT 643 – DPT Differential Diagnosis: The primary focus of this course is to prepare student to recognize acute and chronic health conditions commonly seen in the general population. Primary content area will include diseases or conditions of the neuromuscular, musculoskeletal, integument, cardiopulmonary systems. This course applies current evidence based theory of the physical therapy and reviews the underlying pathology and clinical manifestation of the more common disorders. We will use lecture, journal article readings, small group discussion, and cases presentations. Clinical problem solving strategies and intervention development skills will be applied and practiced. Role playing will be used to further develop clinical decision-making skills as well as to promote advanced communication skills.

DPT 623 – DPT Clinical Correlations IV: This course is a clinical and community based practical learning experience that occurs through a variety of settings/programs. This clinical and community correlation experience occurs in the community setting, in the pro bono clinic, and in the classroom during the spring semester of the second year of the program. The student attends each clinical or community based education experience throughout the semester (a minimum of 5 experiences in all) for a to be determined set amount of time. Each faculty member or clinical instructor provides the student with opportunities to promote and expand their knowledge and practice of the physical therapy profession. As a component of
this course, each student will also complete a final practical demonstrating success and a level of achievement required for progression in the DPT program.

**HSC 740 – CSCS Preparation:** This course is designed to provide a comprehensive overview of strength and conditioning. Emphasis is placed on the exercise sciences (including anatomy, exercise physiology, and biomechanics), nutrition, exercise technique, program design, organization and administration, and testing and evaluation. Additionally, this course is designed to prepare physical therapy students for the nationally accredited Certified Strength and Conditioning Specialist (CSCS) certification exam.

**DPT 740 – Sports Physical Therapy:** This course is designed to enhance student’s understanding and knowledge of current concepts in evidence-based sports physical therapy. The course content included enhances the student’s knowledge of relevant anatomy, physiology, biomechanics, physics, and kinesiology. The topics presented will include components of evaluation, diagnosis, and treatment utilizing evidence-based resources. The primary goal of the course is to provide students with an overview of sports physical therapy in health care. Students will not be considered sports physical therapists upon completion of the course.

**DPT 741 – DPT Women’s Health:** DPT students will demonstrate proficiency in evaluating and treating women’s health patients.

**DPT 742 – Advanced Pediatric Physical Therapy:** In this course the physical therapy student will learn advanced assessment and intervention information regarding pediatric clients receiving PT services. Advanced service delivery and diagnoses will be studied in light of the patient/client management model as applied to contemporary pediatric physical therapist practice. The student will practice and demonstrate competency in advanced PT assessment and intervention strategies related to the young child and adolescent population. The emphasis of this course is on the acquisition of knowledge for the role of a pediatric physical therapist in a school system and medically-based facility.

**HSC 741 – Health Sciences Service-Learning Experience:** This service-learning experience may be utilized to assist an individual student in further exploring a prolonged service-learning experience in an underserved areas. Students must submit and have a plan of study approved by the Curriculum Committee and Program Director at least one month in advance of the start of the service-learning experience.

**HSC 742 – Health Sciences Independent Study:** This independent study course may be utilized to assist an individual student in further exploring a specialty area of interest in his/her respective field of study. Students must submit and have a plan of study approved by the Curriculum Committee and Program Director at least one month in advance of the start of the experience.

**DPT 720 – DPT Clinical Correlations V:** This course is a clinical and community based practical learning experience that occurs through a variety of settings/programs. This clinical
and community correlation experience occurs in the community setting, in the pro bono clinic, and in the classroom during the summer semester of the third year of the program. The student attends each clinical or community based education experience throughout the semester (a minimum of 5 experiences in all) for a to be determined set amount of time. Each faculty member or clinical instructor provides the student with opportunities to promote and expand their knowledge and practice of the physical therapy profession. As a component of this course, each student will also complete a final practical demonstrating success and a level of achievement required for progression in the DPT program.

**DPT 721 – DPT Clinical Education II:** This course is a clinical practical learning experience that occurs in a community setting during the summer semester of the third year of the program. The student attends the clinic each day for a full work day as dictated by his/her clinical instructor. While in this setting, the student practices physical therapy professional management including patient/client management. The clinical instructor provides opportunities for students to promote their physical therapy standards of practice in a professional and ethical practice. The length of this clinical education experience is 8 weeks.

**DPT 722 – DPT Clinical Education III:** This course is a clinical practical learning experience that occurs in a community setting during the fall semester of the third year of the program. The student attends the clinic each day for a full work day as dictated by his/her clinical instructor. While in this setting, the student practices physical therapy professional management including patient/client management. The clinical instructor provides opportunities for students to promote their physical therapy standards of practice in a professional and ethical practice. The length of this clinical education experience is 8 weeks.

**DPT 723 – DPT Clinical Education IV:** This course is a clinical practical learning experience that occurs in a community setting during the fall semester of the third year of the program. The student attends the clinic each day for a full work day as dictated by his/her clinical instructor. While in this setting, the student practices physical therapy professional management including patient/client management. The clinical instructor provides opportunities for students to promote their physical therapy standards of practice in a professional and ethical practice. The length of this clinical education experience is 8 weeks.

**DPT 724 – DPT Clinical Education V:** This course is a clinical practical learning experience that occurs in a community setting during the spring semester of the third year of the program. The student attends the clinic each day for a full work day as dictated by his/her clinical instructor. While in this setting, the student practices physical therapy professional management including patient/client management. The clinical instructor provides opportunities for students to promote their physical therapy standards of practice in a professional and ethical practice. The length of this clinical education experience is 8 weeks.

**DPT 725 – DPT Clinical Education VI:** This course is a clinical practical learning experience that occurs in a community setting during the spring semester of the third year of the program. The student attends the clinic each day for a full work day as dictated by his/her
clinical instructor. While in this setting, the student practices physical therapy professional management including patient/client management. The clinical instructor provides opportunities for students to promote their physical therapy standards of practice in a professional and ethical practice. This clinical education experience is a unique opportunity to allow the student to complete a specialty clinical education experience reflective of the student’s electives taken in the summer of year 3. This clinical education experience may be offered in a variety of settings, including, but not limited to, pediatrics, women’s health, sports physical therapy, or an independent study area of the student’s choice. The length of this clinical education experience is 8 weeks.

**DPT 700 – DPT Culmination:** This course is designed to prepare the Doctor of Physical Therapy (DPT) student for graduation and applying for licensure. Included in this course is a reflection and assessment of the program, information on completion of paperwork to sit the boards, an individual review of student loans, and a hooding ceremony.

**Terms Used in Clinical Education**¹

The following is a list of terms and abbreviations used throughout the Clinical Education Handbook, as well as in the forms, and contracts used for clinical education experiences and program of study.

1. **Director of Clinical Education (DCE)** – An individual employed by Briar Cliff University whose primary goal is related to the student’s clinical education throughout the Physical Therapy Program’s curriculum. The DCE administers the clinical education program, and coordinates each student’s clinical education experience in coordination with the academic and clinical faculty. The DCE also evaluates student’s progress in accordance with feedback from the academic and clinical faculty.

2. **Affiliation Agreement** – A contractual agreement between the educational institution and the clinical education site which outlines the purpose, the relationship between all parties involved, and respective obligations and responsibilities, and terms of agreement including modification and termination. Available for reference in Appendix C.

3. **Center Coordinator of Clinical Education (CCCE)** – The Center Coordinator of Clinical Education is the individual at each clinic site who arranges for the clinical education experience for each physical therapy student. The CCCE communicates with the DCE and other faculty at the educational institution. The CCCE may or may not have other responsibilities at the clinical education site.

4. **Clinical Education** – The portion of the physical therapy education that involves practical application of the didactic skills and knowledge to on the job responsibilities. These educational opportunities occur at a variety of centers within varying types of settings providing clinical experience in evaluation, administration, research, teaching, and supervision of patient care.

5. **Clinical Education Center/Site** – A health care facility where learning opportunities and guidance in clinical education are provided for physical therapy students. A clinical education center or site may be at a hospital, agency, clinic, office, school, or home that is affiliated with one or more educational programs through a contractual agreement.
6. Clinical Education Experience – A specific division within the clinical education curriculum is called a clinical education experience. It is provided in a clinical education center/site and the student will be evaluated on his/her performance during this time.

7. Clinical Instructor – The individual who is responsible for the direct instruction and supervision of the physical therapy student in the clinical education setting.

8. Educational Institution/Briar Cliff University – The academic setting in which the physical therapy program is located.

9. Educational Program/Doctor of Physical Therapy Program – The academic entity responsible for the education of the physical therapy students at Briar Cliff University.

Reference

RIGHTS AND RESPONSIBILITIES IN CLINICAL EDUCATION

Introduction to Rights and Responsibilities

This section of the clinical education handbook will clearly outline the rights and responsibilities for each of the parties involved including the physical therapy students, clinical education sites, clinical education faculty, academic faculty, and the DCE for clinical education experiences required by Briar Cliff University.

For each clinical education site, there will be a contractual letter of agreement that outlines the rights and responsibilities of Briar Cliff University Doctor of Physical Therapy Program, the faculty, and the student. This letter is signed by the program director and the president of the University and at each facility the agreement is signed by director of physical therapy and clinical administrator.

Student Rights and Responsibilities in Clinical Education

Students are required to provide current proof of immunization prior to participating in any clinical education experience. Currently, drug testing is not required for enrollment at Briar Cliff University. Students are responsible for obtaining any additional immunizations or drug testing that may be required for a clinical education site. The following immunizations and tests are required, and must be valid throughout each clinical education experience:

1. DTaP (diphtheria, pertussis, and tetanus)
2. MMR (measles, mumps, rubella) 1&2
3. Two-Step TB process documented within the student’s lifetime and current TB test from within the prior 12 months
4. Polio
5. Hepatitis B 1,2,3
6. Varicella (Chicken Pox)

Students are also required to have and maintain a valid American Heart Association or American Red Cross CPR/AED for the Healthcare Provider certification. Students will complete a consent form online with Briar Cliff University authorizing the release of immunization records and CPR/AED certification to their clinical education placement sites.

Students are required to demonstrate Clinical Background Clearance via a criminal background check through Certiphi Screening, Inc prior to their initial enrollment in the Doctor of Physical Therapy Program at Briar Cliff University. This will be completed through a third party upon acceptance into the program and is the financial responsibility of the student.

Students are required to demonstrate proof of health insurance during the physical therapy program. All students will have liability insurance, provided by Briar Cliff University, prior to completing a clinical education experience.

Prior to full-time clinical education experiences, each student is required to complete a HIPAA training and testing program, OSHA-regulated as well as an infection control and
safety procedure program with blood borne pathogen exposure training, and mandatory
reporter training through course curriculum at the Doctor of Physical Therapy Program at
Briar Cliff University. It is recommended that each student complete site specific training at
each full-time clinical education site. Confirmation of completion of each of these programs
should be provided to the DCE at Briar Cliff University.

If a student with a disability feels that accommodations will be necessary in the clinical
evironment, that student should contact the Disability Services Coordinator, Brenda
Parkhill. Disability Services coordinates accommodations and services for students with all
types of permanent and temporary disabilities and is available to assist students with
disabilities in exploring what accommodations and supports may be appropriate within the
clinical environment. Decisions about accommodations are made in collaboration with the
physical therapy program, taking in to consideration the nature of a student’s disability and
the program requirements. For further information regarding services and resources for
students with disabilities and to request accommodations, please contact Brenda Parkhill at
(712) 279-5132 or by email at Brenda.parkhill@briarcliff.edu.

The American Physical Therapy Association (APTA) Code of Ethics is the standard for
physical therapy students, and all students are required to abide by this code. Breaches of the
Code of Ethics, including, but not limited to, improper professional conduct, are grounds for
academic misconduct and may require disciplinary action, including, but not limited to:
cessation of the physical therapy program for that student or academic probation. Each
student will have access to a copy of the APTA Code of Ethics for continual reference during
each full-time clinical experience.

Students should introduce and represent themselves as students from Briar Cliff University.
Students are required to allow patients/clients to give informed consent, including verbal
consent, regarding any/all patient care that would be completed by the student.
Patients/clients may refuse patient care by a physical therapy student, which is a right that
shall be respected by the physical therapy student. In the case of patient care of a minor,
students are required to obtain consent from parent or legal guardian present during patient
care.

Students are responsible for finding and paying for their own transportation to the various
clinical education sites for their integrated and full-time clinical education experiences.
Students are also responsible for finding and paying for housing and living expenses during
all clinical education experiences.

Students are expected to dress professionally and appropriately for clinical education
environments. Each student needs to discuss the dress attire with the CI or CCCE at each
clinical site prior to beginning his/her clinical education experience.

Each student is required to complete three to five learning objectives for each full-time
clinical education experience. These learning objectives need to be based upon areas that the
student feels he/she requires improvement or additional exposure following didactic or
previous clinical education experiences. Each student will also complete a short biography
for each full-time clinical education experience. These documents will be completed online
via the student portal of Acadaware. This information will be released to the clinical
site/experience where the full-time clinical experience will occur. Each student will meet
with the DCE prior to all clinical education experiences and prior to each individual clinical education experience, as needed, for problem solving, guidance, and feedback regarding the student’s learning objectives. The student is responsible for meeting with each clinical instructor during the first two days of each full-time clinical experience to discuss and modify the learning objectives, as needed.

**Contacting the Clinical Site**

Approximately six to eight weeks before the start of each full time clinical education experience, the student will send an introductory letter in a packet of information to his/her CCCE/CI. This is very important since some health care systems need to “in-process” you a few weeks in advance in order to have background checks and electronic health record clearance completed so there will be no delay in your ability to perform patient care. More specific instructions will be provided closer to the matched experience.

This packet should include:

- A profile of yourself
- Student Data Form with emergency contact information
- Proof of immunizations
- Proof of CPR/AED training for healthcare professionals.
- Proof of health insurance (if facility requires it)
- Clinical learning objectives
- Any specific questions the student may have about the particular clinical experience
- In addition, each student is required to follow up with their site to determine if they will need to have a background check or drug testing prior to attending. Each facility may have different requirements so it is your responsibility to discover what is required and to make the appropriate accommodations. Please consult with the office of the DPPE if you have questions. The Director of Clinical Education will provide a copy of the Professional Liability Insurance policy via D2L and/or Acadaware.

Approximately 1 - 2 weeks after sending the letter the student will contact the facility to ensure the packet was received.

Approximately 2 weeks before the start of each full-time clinical education experience, the student is expected to contact his/her Clinical Instructor directly to:

- Confirm location/site of clinical
- Confirm any special requirements have been completed (background check, drug testing, etc.)
- Clarify any goals and objectives.
- Inquire about any special requirements and procedures that need to be completed before starting the clinical experience.
- Inquire about dress codes and schedule for the first day (what time you should arrive).
- Inquire about important areas or diagnoses to review before beginning.

During the clinical education experience the student will be required to engage in self-reflection, self-evaluation, and to communicate actively with the CCCE/CI about the experience. Students are encouraged to communicate with the CCCE/CI and DCE about their
feedback in order to enhance the clinical education experience and develop a collaborative link between didactic and clinical learning experiences.

During each full-time clinical education experience, it is expected that the student take responsibility for the success of each clinical experience and new learning experiences, regardless of previous expectations. All students are expected to apply their didactic knowledge appropriately and to the best of their abilities, with an understanding that each student may have different clinical and educational experiences within the same clinical site. Students should continually discuss each patient’s plan of care with their CI so there are clear expectations for each patient between all parties involved. Students and CIs should each provide timely feedback, and students should be responsible for requesting feedback, if not provided routinely. All students should take advantage of unstructured or down time by communicating with other professionals, including those from other disciplines to further their clinical education experience. Each student should contact the DCE if there are any concerns or issues that arise and cannot be resolved with communication with the CI or CCCE.

The first full-time clinical education experience will be 4 weeks in duration, while each of the subsequent full-time clinical experiences will be 8 weeks in length. Clinical education faculty should discuss make-up days for absences, whether it be on a weekend or the following week after the completion of the clinical experience, as all students are required to complete a full clinical experience, whether completing a 4 week or 8 week experience. Clinical education faculty and the DCE may make an exception to the mandatory make-up required, depending on circumstances, including but not limited to attendance or poster presentation at national conferences including but not limited to CSM, Annual Conference, or Student Conclave. All student initiated absences, planned or unplanned, must be reported to the DCE as well as the CI. Any unexcused absences will be discussed between the DCE and Doctor of Physical Therapy Department faculty to ensure passing of each clinical experience, as required for passing of physical therapy course and progression in the physical therapy program. Students are required to work all hours expected by the CI, including holidays, unless otherwise dictated by the CI or CCCE. If the clinic is closed due to inclement weather, the student is not required to make up that time. However, if the student is unable to reach the clinic due to inclement weather, and the clinic remains open, it is the student’s responsibility to collaborate with his/her CI to decide on appropriate methods to make up lost time.

In-service presentations or projects are not required for Briar Cliff University physical therapy students during each full-time clinical education experience, unless otherwise requested by the clinical education site. If the clinical education site requests a project, it is at the discretion of the CI, or communication between the student and the CI, to determine a project topic and deadline.

Students are required to self-assess and complete the Clinical Performance Instrument (CPI) prior to the midterm and final evaluation meetings during each full-time clinical education experience with their CI. The self-assessment promotes professional growth and development for the student and communication skills between the student and CI. Students are required to complete online training to use the PT CPI Web prior to attending any full-time clinical education experience, which is available through the APTA website and is available at no cost to students. Students are also required to complete the Physical Therapist
**Student Evaluation: Clinical Experience & Clinical Instruction** form for each of their full-time clinical education experiences at mid-term and final evaluation meetings with their CI. The student and CI should review these forms together and should both sign and date the forms. These forms should be turned into the DCE by the CI or CCCE within one week following the clinical education experience.

A list of all the site/phone/telecommunication visits will be provided to the students prior to or during their full-time clinical education experiences. Tentative times should be discussed with CI and confirmed with DCE. It is expected that the schedule is appropriately cleared for the CI and other student during that period of time.

If a problem develops during the full-time clinical education experience, the student is expected to first communicate the issue with the CI, unless the situation warrants otherwise, in which case the student should speak immediately to the DCE. If this issue cannot be resolved between the CI and the student, the CCCE may also be brought in to assist; if the CI is the CCCE, the student should contact the DCE directly to assist with problem solving the situation.

Students and CI can contact the DCE at Briar Cliff University at 608-293-0000, which is the DCE’s personal cell phone number. All calls should be made before 10pm. If the DCE cannot be reached at this phone, a message can be left at the Physical Therapy Department with the Program Assistant, Meggen Lloyd, and the student will receive a response within 24 hours from a faculty representative or the DCE.

Students must be supervised by a licensed physical therapist who must be physically on-site at the clinical education experience at all times when a Briar Cliff University physical therapy student is providing patient care. Direct supervision, as defined by the American Physical Therapy Association (HOD 06-00-18-30), is the preferred type of supervision for Briar Cliff University physical therapy students. Direct supervision is defined by the physical therapist being physically present and immediately available for direction and supervision. The direction and supervision does not have to be continuous throughout the time the student is with the patient. The physical therapist should have direct contact with the patient during each visit. Telecommunications does not meet the requirement of direct supervision. Supervision must be aligned with federal and/or state regulations, insurance regulations for reimbursement, state practice acts, and site/facility policies.

Licensed physical therapist assistants cannot provide supervision for physical therapy students, while the student is proving patient care, if there are no licensed physical therapists on site. A physical therapy student is able to observe patient care under a licensed physical therapist assistant or another health care provider. It is the student’s responsibility to request the level of supervision required by the clinical education site while completing their clinical education experience.

Student may use cellular phones according to the clinical site’s policy. However, pictures may not be taken or transmitted under any circumstance due to patient privacy regulations. Students who do not adhere to this policy will be removed from the clinical education site immediately if the site requests the removal of that student.

Students should refrain from sending text or email messages during business hours unless explicitly given freedom by your CI to do so on a break or otherwise. Clear communication
between you and your CI is needed as without it could be perceived that the student has a lack of focus and interest in the patient and learning opportunities available at the clinical education site.

If the phone must remain on due to a possible family emergency situation, inform the CI of the possibility so that there is no misinterpretation that it is being used for personal reasons during business hours.

All students are required to attend all integrated clinical education experiences. If the student misses an integrated clinical experience, the DCE should be notified prior to the absence if possible to schedule a make-up integrated clinical experience. An exception will be made depending on circumstances, including but not limited to attendance or poster presentation at national conferences including but not limited to CSM, Annual Conference, or Student Conclave. All student initiated absences, planned or unplanned, are required for reporting to the DCE. Planned absences need to be reported and approved by the DCE 4 weeks in advance. Unplanned absences require the student to notify the clinic before the first patient is scheduled and the DCE within 24 hours of the absence. If the clinic is closed due to inclement weather, the student is required to make up that time through a different integrated clinical education experience. If the student is unable to reach the clinic due to inclement weather, and the clinic remains open, the student will be required to make up that time under guidance of the DCE.

Students are required to fill out an evaluation form following each clinical and community integrated education experience. This form will be provided to the student prior to the experience, and should be returned to the DCE within one week following the clinical and community experience.

**Site and Clinical Education Faculty Rights and Responsibilities**

Students are expected to comply with the rules and regulations of the clinical education site. The site must inform the student of these rules and regulations.

**HIPAA and Related Policies**

At the clinical education sites, students have access to confidential information related to patients/clients of the facilities they enter. PT students receive training in protecting patient/client confidentiality and HIPAA guidelines. It is the responsibility of the student to maintain confidential any information related to patients and/or clients. Specifically, per HIPAA guidelines, the following behaviors are prohibited:

- Releasing confidential patient/client information by any means (i.e., verbally, electronically, or in print) to any individual/agency who does not have the legitimate, legal or clinical right to the information
- Unauthorized use, copying, or reading of patient medical records
- Unauthorized use, copying or reading of employee/hospital records
- Taking patient records outside the clinical facility
- Any tampering of patient information

This policy applies not only to patients/clients with whom the student has direct contact, but to any personal/confidential information the student may have access to during the clinical education setting.
The student is also to use discretion when discussing patient/client information with other appropriate individuals to assure that the nature of the discussion remains professional, pertains only to information clinically relevant, and cannot easily be overheard by those not involved in the patient’s care. Additionally, some facilities will have their own published policies/procedures related to protecting patient/client information that students are expected to follow.

Any other information available at the clinical education site, particularly that which could be considered proprietary, (e.g. treatment protocols, administrative information, etc...) is only to be used with the express consent of the facility.

Violations of this policy may result in sanctions and may be grounds for dismissal from the program.

The name of each student is sent to the site/facility prior to the clinical education experience. Students are responsible for creating three to five learning objectives for each clinical education experience and have the opportunity to meet with the DCE individually prior to the clinical education experience for feedback. The students also provide the DCE with a biography, which is also sent to the site prior to the arrival of the student. The CI will be informed of the DCE’s phone or site visit at least 2 weeks prior to the visit.

The CI should meet with students within the first two days of the clinical education experience to discuss the learning objectives, and mutual expectations of the clinical education experience. The CI is encouraged to provide the student with ongoing feedback regarding the student’s performance during the clinical education experience. This communication can be written or verbal and should be given in a timely manner, especially when/if problems arise. The CI is also required to complete the PT CPI Web at midterm and final evaluation periods to provide the student with verbal and written feedback. The CI and student are both required to sign off on these evaluations in order for the DCE to access these evaluations.

For each full-time clinical education experiences, CIs and CCCEs are required to complete the online training to use the online version of the PT CPI Web. This training is available through the APTA website and is free of charge with continuing education credits offered upon completion. This training only needs to be completed once. Each student will be evaluated using this tool at midterm and final of each full-time clinical experience.

If a red flag item or a significant concern box is checked on the PT CPI Web, it is the responsibility of the CI/CCCE to contact the DCE. Ideally, if there is a concern regarding a red flagged item, communication with the DCE should occur prior to the completion of the midterm or final evaluation. If a problem or concern arises during the clinical education experience, the CI is responsible for communicating with the student. The CI should contact the DCE, as warranted, directly at 608-293-0000. If warranted, the CI, DCE, and/or student may meet and develop objectives to facilitate necessary improvement in designated areas. Any improvement objectives should have timelines for students to achieve the desired level of expectations. If progress towards objectives is not met to satisfaction, the CI should contact the DCE immediately. The DCE will return the phone call within 24 hours and a plan for the student will be decided.
Physical therapy students should have on-site supervision available by a licensed physical therapist with at least one year of clinical experience at all times when the students are providing patient care. Without this supervision, students may not practice physical therapy care in any capacity. The CI must ensure that adequate supervision is available for the student at all times during the clinical education experience. Licensed physical therapist assistants cannot provide supervision to physical therapy students, although physical therapy students can observe care provided by a physical therapist assistant. Direct supervision, as defined by the American Physical Therapy Association (HOD 06-00-18-30), is the preferred type of supervision for Briar Cliff University physical therapy students. Direct supervision is defined by the physical therapist being physically present and immediately available for direction and supervision. The direction and supervision does not have to be continuous throughout the time the student is with the patient. The physical therapist should have direct contact with the patient during each visit. Telecommunications does not meet the requirement of direct supervision. Supervision must be aligned with federal and/or state regulations, insurance regulations for reimbursement, state practice acts, and site/facility policies.

Full-time clinical education experiences traditionally end on a Friday, with a week of time between each clinical education experience to allow for make-up opportunities. Attendance during all clinical education experiences is mandatory, although if a student misses a day, clinical faculty have the discretion to schedule the make-up time on a weekend or during the following week after the 8 week clinical experience. Exceptions to make up times, will be made with DCE and clinical faculty on an individual basis. The CI should not approve any excused absences without first confirming these absences with the DCE to ensure the student followed the proper channels for the absence. Students are not required to make up time for inclement weather if the clinic is closed.

Students who are participating in approved professional activities such as CSM, Annual Conference, Student Conclave, or continuing education courses, including those attending and/or presenting can ask the Clinical Education Committee for an approved absence from the clinical education experience.

It is the responsibility of the CI to provide optimal learning opportunities while the student is at the site/facility. The opportunity to observe any surgical procedure(s) that would benefit the student’s professional development is encouraged. If the CI feels that it is educationally beneficial for the student to work a weekend or holiday, the CI is responsible for notifying the student but should credit the student for these hours.

Students are not required to complete an in-service or project during each full-time clinical education experience. This is at the discretion of the clinical education site and CI/CCCE. If the CI so desires to have the student complete an in-service on a topic of choice, the student will deliver the presentation to the site/facility on the designated date(s). As this is not a mandatory responsibility, students do not need to be evaluated formally but constructive feedback is highly encouraged to promote the student’s professional development.

The CI should mail the Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form to the DCE within one week of clinical completion. Grades cannot be assigned for the clinical experience until this is received. The DCE will also access the records of the CPI after the CI and student have signed off on each evaluation for grading.
purposes. The CI does not assign the student a letter grade following a clinical and the CI is not able to fail a student for the clinical experience.

The CI is encouraged to discuss current evidence for physical therapy practice in their setting with the student during the clinical experience. The CI for full-time clinical education experiences will be granted access to the online Briar Cliff Library to access and obtain evidence-based practice journals. The clinical education faculty will also be offered attendance at this University as well as Program sponsored clinical education courses throughout each calendar year at reduced tuition rates.

The Guidelines and Self-Assessments for Clinical Education document is available through the DCE as a supplement to this handbook. This document includes guidelines for clinical education specific to sites, CIs, and CCCEs. This document also provides materials necessary for the site, CI, and CCCE to complete a self-assessment for the purpose of enhancing development and growth of their clinical site for future student’s clinical education experiences. It is strongly recommended that each facility use this document; however, it is not required to be completed and returned to the DCE. Following each clinical education experience, the DCE will send a self-assessment evaluation to the CIs, who will be asked to return this to the DCE.

**Director of Clinical Education Rights and Responsibilities for Clinical Education**

The DCE will serve as the primary liaison between the DPT Program and clinical sites. A list of potential clinical sites has been generated through faculty (DCE & Program Director (PD)) contacts, collaboration with the Program Advisory Committee, assistance from local clinicians, and contact with local hospitals and health system networks. The initial contact is to determine who is responsible for establishing a Clinical Education Contract, and who the Clinical Coordinator of Clinical Education (CCCE) is. The DCE has and will continue to speak to each CCCE or Director of Rehabilitation by phone, in person, or via e-mail to present the DPT Clinical Education program and curriculum. During these conversations, the DCE will share the benefits of participating in the clinical education program, which includes access to the Briar Cliff University on-line data base, discount on continuing education courses held at the University or associated with the University, an Iowa reception invitation at Combined Sections Meeting annually, and opportunities for collaboration on research. Once the CCCE verbally agrees to participate, the DCE sends an electronic version of the Clinical Education Contract and the Clinical Education Handbook to each clinical site. An email will also be sent with a sample of the Letter of Intent and directions for completion. The DCE is on all communications and is available through email or phone for answering questions and providing clarification. Once a contract or Letter of Intent is received, an email notification is sent to the clinical education site (CCCE or Director of Rehabilitation) from the DCE. This pattern of communication will continue for all new clinical education sites. In addition, site visits have begun and will continue for the purpose of establishing relationships with clinical sites and faculty, assessing the clinical site facility to ensure the requirements of the program are met and providing necessary assistance. Student site visits will be used for the purpose of monitoring student progression, assisting the CCCE/CI with student issues, and to discuss the student mid-term evaluation. The DCE or designated faculty member will be available to conduct a site visit as needed.
Communication between the Director of Clinical Education and the students will occur formally throughout their tenure within the program and informally as needed. Formal contact will include the following:

1. **Orientation** – The DCE will introduce the clinical education program during orientation and provide each student with a DPT Clinical Education Handbook. At this time, the DCE will formally review all necessary requirements for DPT 621 and communicate the process of clinical education site selection. If any clinical site requires screening in addition to what is required by Briar Cliff University, students will receive a letter at this time specifying the requirements and options for completion of each clinical education site.

2. **Office hours** – Formal 1:1 meeting times can be arranged through the DCE’s designated office hours. Extended office hours will be offered during times when students are researching and choosing clinical sites, and completing necessary paperwork and requirements to ensure ample opportunities for students to have their questions and concerns addressed.

3. **Part-Time Clinical Practice Courses** – During the first 6 weeks of these courses, the DCE will meet with the students to review all policies, procedures, and expectations related to the clinical education program. Students will also complete OSHA and HIPAA trainings which are required during DPT 520. Ample time will be allowed for Q&A.

4. **Week-One Check-In** – By the end of the first week of each clinical experience, students will receive a check-in email from the DCE to obtain the student’s initial impression of the clinical experience and to ascertain the potential for any issues regarding communication with the CI/CCCE.

5. **Clinical Education Site Placement Process** – The DCE will facilitate the process of clinical site placement that involves both student preference and random assignment. The DCE will provide students with the information needed to make informed choices and will establish open lines of communication between the student and the clinical at the appropriate time. The DCE will be available to assist students throughout this critical process. This process is discussed at length later in this handbook.

6. **Mid-Term Interview** – During each full-time clinical practice course, the DCE, or designated faculty member, will complete mid-term evaluations in person, by phone, or via telecommunications. Students will be encouraged to share challenges, concerns, likes and dislikes at this time.

7. **Clinical Education Feedback Session** – Following each clinical practice course, the DCE will provide e-mail correspondence with each class to collect data and to provide an opportunity for student’s to collaboratively discuss their overall clinical experiences.

8. **Submission and Communication of Final Grades** – As primary instructor of the clinical practice courses, the DCE has the primary responsibility of assigning
grades after consultation with the CI of each student. The DCE will also be available to students for feedback.

9. Informal communication between the DCE and student(s) will be ongoing through email, telephone and in person. The DCE will maintain an open door policy; however, students will be encouraged and/or directed to office hours if additional time is needed to answer questions. The DCE will encourage students to keep the lines of communication open and to express any concerns/issues as early as possible with the DCE.

Maintains Agreements between the Institution and Clinical Education Sites:

The DCE will maintain electronic documentation through Acadaware for each active clinical site. Electronic documentation will contain separate sections for each contract, communication with site, previous student site evaluations, specific clinical site requirements, and all other correspondence between the University and the site. All active sites are logged into Acadaware by the DCE, which tracks contact information, contract date, and clinical site utilization. The database is reviewed prior to each semester for contracts, which are regularly updated (every 3 years). Once a year, all site documents are individually reviewed and the database is updated accordingly. Contracts which are close to expiring are updated according to type (university or facility generated) of contract. Sites that utilize facility generated contracts are contacted to begin the renewal process. Sites which utilize university generated contracts are sent new contracts to review and sign. All sites are on an auto-renewal process every 3 years, unless otherwise dictated by the contract. As a compliment to the ongoing clinical site database, APTA CSIFWeb will be utilized with the ultimate goal of having all clinical sites update their information online annually.

Upholds Academic Regulations, Policies, and Procedures Related to Clinical Education:

Under the direction of the DPT Program Director, the DCE assumes responsibility for maintaining the integrity of the clinical education program. This will be accomplished through a process by which the academic regulations and all policies and procedures that are related to clinical education are strictly upheld. This process is most effective by enacting 3 levels of interaction. The DCE will seek to communicate and to assist clinical sites in meeting the expectations and policies related to the clinical education program prior to contract execution, during affiliation experiences, and following completion of each affiliation experience.

Prior to executing a contract with a clinical site, the DCE will fully inform each site of all policies and expectations. As clinical sites are added to the cohort of active affiliation sites, the DCE will communicate both informally and formally with the CCCE or Director of Rehabilitation regarding the distinct roles of both the University as well as the clinical site. The DCE will provide each clinical site with the DPT Clinical Education Handbook, which includes the program mission, philosophy, expected outcomes, an overview of the curriculum, and all policies and procedures related to the clinical education program. Prior to hosting a student, all clinical sites will engage in a fully executed contract with the University (see sample contract in Appendix C.) The DCE will encourage open dialogue to ensure that any questions or concerns from the clinical site are addressed prior to contract execution. In March of each year, the DCE will mail a Letter of Intent requesting placement
for students in all clinical education experiences for the following calendar year in compliance with the Uniform Mailing Date established by the Education Section of the APTA. Clinical sites will return completed Letters of Intent by April 15 each year which will indicate the specific number of students and their designated placement for the following academic year. Once a Letter of Intent is received, the DCE will provide the CCCE with pertinent information regarding the student and the objectives related to that specific affiliation experience and a confirmation letter will be sent to the student and clinical site.

The DCE shares the responsibility of student supervision and evaluation with the CI throughout each clinical experience by utilizing periodic reports, phone conversations, site visits, and consultation. The DCE, or assigned core faculty member, will contact the clinical site to discuss the student's progress and performance at various points during each experience. The DCE, or designated faculty member, will attempt to visit each student during each clinical experience or will conduct a phone visit or telecommunications visit with each site. The purpose for these site visits is to assist with clinical site development and to foster productive working relationships between the DPT program and the clinical sites.

If a student is on a learning contract upon entering a clinical experience, the DCE will ensure that the CI is aware of the details of this contract, is prepared to implement this contract, and the DCE with assist from the CCCE will support the CI in assisting the student in fulfilling the contract. If the CI perceives that the student is at risk for failing to uphold the requirements of the contract, the CI will confer with the DCE as soon as problems or the risk for failure arises. After evaluating the CI's concerns, the DCE will determine if the student's case warrants submission to the Progress and Conduct Committee. If submitted, the Progress and Conduct Committee will act accordingly. The Progress and Conduct Committee’s decision may result in modification of the student's learning contract, alteration in the student's progression within the program, or dismissal of the student from the program.

If a student is at risk of not meeting expectations during a clinical practice experience, the CI will confer with the DCE. After evaluating the CI's concerns, the DCE will determine if the student's case warrants submission to the Progress and Conduct Committee. If submitted, the Progress and Conduct Committee will act accordingly. The Progress and Conduct Committee's decision may result in the development of a learning contract which may lead to an alteration in the student's progression and/or dismissal of the student from the program. If a learning contract needs to be established during a clinical experience or in circumstances when a student has transferred to another instructor or facility, the DCE will check in with the CI and student on a daily basis during the first week.

If a clinical site is identified as not meeting the requirements of the program, the DCE will immediately contact the CCCE/CI to determine the extent of the breach. The DCE will submit a "request for corrective action" in writing to the CCCE, which must be completed. If this occurs during a student's clinical experience, the "request" must be completed within 2 days or the student will be removed. If the nature of the breach in contract is egregious or emergent, the student will be removed immediately. If a clinical site indicates that they are no longer capable of meeting the obligations of the contract or cannot ensure that the situation will not arise again, that site will be removed from the active site list until further notice. After removal of a student from a clinical experience or removal of a clinical site from the active site list, the DCE will provide a formal letter to the CCCE outlining the
reasons and invite further discussion and clarification as needed. To ensure that all CIs are meeting program requirements, the DCE will monitor the CSIF on an annual basis, during the process of site selection, and immediately prior to student placement. The DCE closely monitors student progress at sites where one individual supervises more than one student at a time, or at sites where a student might start with one instructor and be transferred to another instructor, to insure the necessary support is provided.

At the conclusion of the clinical experience, each student will complete the Physical Therapy Student Evaluation of Clinical Education Experience Form for full time internships before their grade for the course is issued. This evaluation will provide valuable information to the DCE regarding the student’s perception of the experience and the suitability of the site, CI, and CCCE in fostering an optimal educational experience. The DCE will review these forms and provide feedback to the clinical sites at each semester. These forms are also reviewed prior to sending out reservation requests for future placements.

The DCE will regularly communicate with the DPT core faculty the policies and procedures related to the clinical education program and discuss any changes to these policies or issues that arise during bimonthly faculty meetings. Clinical education will be a standing agenda item at these meetings. The core faculty members are expected to prepare students for their clinical experiences in accordance with the program’s academic policies. The DCE will periodically review the syllabi of the clinical courses within the curriculum to ensure that course objectives satisfy the demands of the clinical education program. During orientation, students will be issued a DPT Clinical Education Handbook, which fully outlines each policy and procedure as well as an overview of the clinical education program. Formally and informally, students will be provided with instruction regarding the expectation for professional and performance behaviors in the clinical setting. For each clinical practice course, students will be provided with a syllabus which outlines the objectives of the course. The syllabus serves as a contract between the DCE and the student and describes the consequences for not meeting course requirements.

If a clinical site is identified as not meeting the academic regulations established by the program, the DCE will immediately contact the CCCE or CI by phone or site visit to gain clarification. If the site is truly not meeting the requirements as outlined in the contract, the DCE will notify the clinical site of this breach of contract and submit to the site a “request for corrective action” notification in writing to the site. The DCE will follow up with the clinical site within 2 days of this request to identify if the situation has resolved. If corrective action has not been taken at that time, the student will be immediately removed from the clinical experience and will complete the remainder of the affiliation at another site in a similar practice setting, when possible. If the nature of the breach in contract is egregious or emergent, where the offense poses a safety risk to the student and/or clients, the student will be removed from the clinical site immediately. If a clinical site indicates that they are no longer capable of meeting the obligations of the contract, they will be immediately removed from the active site list. If this occurs while a student is being hosted at the site, the student will be immediately removed from the site and will complete his/her affiliation at another location. After removal of a student from a clinical experience, the DCE will provide a formal letter outlining the reasons for the removal to the site’s CCCE. If the clinical site is unable to ensure that this situation will not arise again, the clinical site will be removed from the active list of clinical sites and students will no longer affiliate at this location until a time in which the suitability of the site can be re-evaluated. Prior to future placement of another
student at a site where an issue has arisen with the clinical site, the DCE will verbally communicate with the CCCE prior to the affiliation to ensure that the issue has been resolved and will provide written documentation of this discussion with a reiteration of the concern and the statutes of the contract.

**Assessment of Student Learning in Clinical Education:**

The DCE, as primary instructor for all six full-time clinical practice courses and all five Clinical and Community Based-Correlations integrated courses, will be responsible for assigning student grades, as described in the Clinical Education Handbook.

Tools that will be used to evaluate student performance include the PT CPIWeb for full-time clinical education courses. Tools used to evaluate student performance during Clinical and Community Based-Correlations integrated courses can be found in each syllabi in Appendix A.

Behaviors, Online Course Assignments, Student Clinical Information Form, Integrated Clinical Experience Evaluation Forms can be found in the DPT Clinical Education Handbook in each of the clinical education course syllabus in Appendices A and B.

**Determine if Clinical Education Faculty Meet the Needs of the Program:**

Prior to entering into a clinical education contract, the DCE ensures that each clinical site and all clinical faculty meet the expectations of the Program and to the best of the clinic’s abilities, meet current standards set forth by the APTA, Guidelines for Clinical Education (updated 12/14/2009). The DCE determines the appropriateness of the clinical education sties by using the following sources: the Clinical Site Information Form (CSIF), clinical sites visits, and/or communication with the CCCE/CI and/or Director of Rehabilitation. To meet program expectations, each site must have a copy of each clinician’s current PT license, demonstrate adequate administrative support and space, employ a designated CCCE, and offer a variety of appropriate learning experiences that commensurate with course objectives. Once the clinical education program is established, the administration and clinical faculty must exhibit a positive attitude toward clinical education as determined by past student feedback reported on the CSIFWeb and current interactions with the DCE. The clinical atmosphere must be professional and foster an “environment of learning” as shown by positive interactions and willingness for clinicians to assist and facilitate goal setting with students. Optimally, clinical sites have educational policies that include staff education on teaching and student supervision through in-servicing and support for continuing education. Sites that do not meet the above described standards will be offered assistance by the DCE to further develop their clinical education program.

The DCE in collaboration with the clinic’s CCCE is responsible to ensure that clinical education faculty meets the needs of our program and individual students. The CSIF provides information related to the clinical faculty’s years and type of experiences, certifications and continuing education opportunities. The CSIF also provides past evaluations of CI and clinical experiences; however, many CIs have not uploaded information on CSIF and therefore, the DCE will be responsible for collecting this information through site visits, via e-mail, or by phone conversations with the CCCE and/or CI. Prior to confirming a student placement, the DCE will attempt to ensure that the CI has the skills and experience to meet
the course objectives. If the CI appears to lack adequate experience, the DCE will determine if resources are available from the clinic and Briar Cliff University DPT faculty to educate the CI and provide the necessary support or the DCE will find another CI or clinical site to adequately meet student needs. At the conclusion of each academic year, the DCE will evaluate the effectiveness of each CI through the use of the APTA PT Student Evaluation and Integrated Clinical Experiences Evaluation Form, and data collected through informal interactions with CCCE’s/CI’s and students. From this data, the DCE will seek to identify trends across all clinical sites as well as needs or deficiencies of clinical faculty within specific clinical sites or needs among specific clinical instructors. The DCE will utilize this information to develop resources to support clinical faculty. This information will also be used to determine if CI’s are not meeting the Program’s criteria for retention, upon which they will not be assigned another student until such deficiencies have been corrected. These criteria include appropriate communication and supervision of students, safety in the clinic, and appropriate professional behavior and attitudes towards patients, staff, and students.

Once a student has been tentatively assigned to a clinical site, a letter introducing the student and a confirmation of the dates for the affiliation, will be sent to the clinical site by the DCE. The DCE will be responsible for updating all affiliated clinical sites on changes within the didactic and clinical education curriculum, and program in general. The DCE will develop relationships with clinical faculty for the purpose of integrating these experts into all aspects of the curriculum.

If the Briar Cliff University Doctor of Physical Therapy Program Director of Clinical Education is at any time, unable to fulfill the duties of the DCE, the Program Director will assign an alternate faculty member to act, temporarily, in the matters regarding clinical education. It is the responsibility of the DCE to ensure that the Affiliation Agreement with the clinical education site is current, properly signed, and that copies are forward to the facility, and that the original documents are kept by the DCE. Throughout the year, the DCE will be developing new site relationships for additional clinical education opportunities. The DCE must send out commitment forms to the clinical education sites in March so that preparations can be made for clinical education experiences for the following calendar year. Approximately 4 weeks prior to the start of the clinical education experience, unless the DCE and clinical education site/facility has agreed upon a shorter time frame, the DCE must send the site/facility the following: the name of the student assigned to their site, the Briar Cliff University Clinical Education Handbook, and documentation of all completed trainings.

Prior to the start of each full-time clinical education experience, it is the responsibility of the DCE to be available to discuss individual learning objectives with students. The DCE will also be available to discuss with students, as needed, the process of writing learning objectives and expectations of each full-time clinical education experience.

Prior to or within the first two weeks of each full-time clinical education experience, the DCE will schedule a phone or site visit with each clinical education site. It is the responsibility of the CI or CCCE to notify the DCE if the visit needs to be rescheduled. The DCE will make every effort to reschedule the visit if possible. Also, it is the responsibility of the DCE to notify the students via a master list of each clinical education phone/site/telecommunication visit.

The DCE, or another assigned faculty member, if necessary, will conduct a site, phone, or telecommunication visit with each clinical education site while the student is completing their
full-time clinical education experience. Each visit includes an opportunity to: meet together with the student, CI, and CCCE to discuss the student’s progress; meet separately with the student, CI, and CCCE to discuss progress, problems, or concerns; tour the facility; and meet with the department director or clinic administrator.

A typical phone or telecommunication visit includes the opportunity to talk individually with the student, the CI, and the CCCE, as well as the opportunity to speak with the group collectively. If possible, the environment for the phone/telecommunication visit should be private.

It is the responsibility of the DCE to perform an analysis of the quality/quantity of clinical education sites and experiences annually. This is done by reviewing documents collected following each clinical experience, and information collected during phone/site/telecommunication visits. Summative information and individual CI and/or site/facility concerns, will be discussed with the Clinical Education Committee and potentially brought forth to the faculty as a whole.

It is the responsibility of the DCE to monitor and evaluate student performance in all areas of clinical education and bring matters related to student performance and progress to the Progress and Conduct Committee and to the faculty as a whole if warranted. It is the responsibility of the DCE to have materials and supporting evidence related to student progress available to present to the Progress and Conduct Committee, so the committee can make the best decision regarding the next steps for each individual student.

**Overview of Communication Expectations between DCE, Clinical Faculty, Academic Faculty, and Students**

The DCE will mail commitment forms to the facilities in March, per recommendations of APTA. The commitment form will state clinical education experience times for the upcoming calendar year. The CCCE will return the commitment form within 2 months indicating the site/facility’s availability to accommodate student(s) within the given time frame.

Site placement occurs in August or September for Year I students for Clinical Education in Physical Therapy I, which will occur in the summer of the following calendar year. The facilities that host these students will be notified in September or October by letter. Facilities that offered to take students but were not selected as a site are notified prior to the clinical education experience via letter, e-mail, or phone call notification.

Site placement occurs in June for Year II students for Clinical Education in Physical Therapy II, III, and IV which will occur in the summer and fall semesters of the third year of the program. The facilities that host these students will be notified in August or September by letter. Facilities that offered to take students but were not selected as a site are notified prior to clinical education experience via letter, e-mail, or phone call.
Site placement occurs in June for Year III students for Clinical Education in Physical Therapy V and VI which will occur in the spring semester of the third year of the program. The facilities that host these students will be notified in July or August by letter. Facilities that offered to take students but were not selected as a site are notified prior to clinical education experience via letter, e-mail, or phone call.

All students acknowledge their clinical education site selections by signing a placement agreement form and returning it to the DCE prior to notifying the facility. The sites/facilities assigned to students acknowledge the assignment by returning the signed placement agreement form to the DCE. Sites/facilities should contact the DCE as soon as possible and at any time should changes in personnel, policies, or procedures occur that impact clinical education assignments and clinical experiences.

The student is responsible for completing a biography, containing learning objectives created by the student that will be sent to the site/facility by the DCE. The DCE will be available to meet with the students individually prior to each clinical education experience to discuss the student’s learning objectives. The DCE may also meet with the students as a group to discuss objectives and expectations during the clinical education experiences, as identified in course syllabi.

The DCE will send the clinical education forms and any additional pertinent information to the sites four to six weeks prior to the start of the scheduled clinical education experience. Students should contact the CCCE or the CI at their assigned clinical sites two weeks prior to the start of their clinical education experience, unless given permission by the DCE to contact the sites/facilities sooner.

The DCE will complete a site, phone, or telecommunication visit during each clinical education experience for each student. The student and CI are notified of this date prior to or during the first two weeks of the clinical education experience.

Students and CIs should communicate goals, expectations, and feedback on a frequent basis, with an initial meeting occurring within the first two days of the clinical education experience. If a concern arises, the student and CI should discuss the concern in a timely manner. If the concern is not resolved, the DCE should be contacted immediately, whether by the student or by the CI. The DCE, or an alternative core faculty member, will return the phone call within 24 hours and a site visit may be set up if needed.

The evaluation data completed on the PT CPI Web from previous clinical education experiences is confidential. However, if there is a concern regarding the student’s performance, or if there are red flag concerns, the DCE may choose to inform the student’s future CI as appropriate through direct learning objectives for the student. If the CI is concerned about the student’s progress, the Clinical Education Committee or faculty as a whole may be privy to that information.
Within one week from the completion of the clinical education experience, the CI or CCCE must mail, fax, or scan and e-mail the *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form to the DCE. If the student is returning to Briar Cliff University immediately after the end of the clinical rotation, the forms can be sent with the student in a sealed envelope with the CI’s signature across the seal.

The PT CPI Web will be available to the DCE when the student and CI sign off on the assessment. The *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form is to be signed in black ink by the CI and the student and sent to the DCE. The student and facility may each keep a copy. The clinical education experience will not be considered complete and a grade cannot be assigned until all of the forms have been turned into the DCE.
**ADDITIONAL INFORMATION REGARDING INTEGRATED CLINICAL EDUCATION**

**Clinical and Community-Based Correlations for the Rehabilitation Professional I, II, III, IV, and V**

The students enrolled in Briar Cliff University’s Doctor of Physical Therapy Program participate in clinical education experiences which occur symbiotically to supplement the didactic class work, and are referred to as integrated clinical education experiences.

Select academic faculty for Briar Cliff University’s Doctor of Physical Therapy Program are responsible for a component of the integrated clinical education experiences through the pro bono clinic and various community-based activities. Integrated clinical education experiences for Clinical and Community-Based Correlations may include, but not limited to, the following experiences: screenings, strength and conditioning services, client education, interprofessional simulation, and pro bono care.

Following each integrated clinical education experience, each student is required to complete an assignment as dictated by each course syllabus. It is the student’s responsibility for locating the assignment in the syllabus and completing it by the deadline in the syllabus. Following each integrated clinical education experience, the student is required to fill out an evaluative sheet, as well as have the professional fill out a student professionalism form.

The DCE is responsible for the assignment of students to each experience during integrated clinical education experiences. If a student misses an integrated clinical education experience for illness or weather related reasons, the student needs to contact the DCE prior to the absence or at the start of the day. The DCE and/or Clinical Education Committee will decide an appropriate means for making up missed hours. Students will be responsible for compliance with the opportunity to make up missed hours or experiences.

The students are responsible for arranging their own transportation to the various locations utilized during the integrated clinical education experiences.

A copy of these syllabi can be found in Appendix A.
ADDITIONAL INFORMATION REGARDING FULL-TIME CLINICAL EDUCATION EXPERIENCES

Purpose

The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student with have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved and underpopulated areas. Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient center care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams.

Curriculum

The physical therapy students participate in a 4-week clinical education experience and 5 8-week clinical education experiences during their curriculum. Students are required to complete the following:

1. One clinical education experience in inpatient acute care, inpatient rehabilitation, or subacute care (SNF).
2. One clinical education experience in outpatient orthopedics.
3. One clinical education experience in a medically underserved/underpopulated area.
4. One clinical education experience in a specialty clinical setting based on the student’s electives and clinical education experiences.

Students may not participate in more than 2 rotations of the same type for the 5 final full-time clinical education experiences. The DCE and Clinical Education Committee may determine that a student needs an additional full-time focused clinical based on feedback from previous CIs and academic faculty. The DCE and/or Clinical Education Committee requires a student to apply for and complete a specialty rotation (sports, advanced pediatrics, women’s health, academics, international, etc.) based on student interest and/or elective coursework taken.

Students may have the opportunity to complete a clinical education outside of the United States as international clinical education sites are established. If a student wishes to complete an international clinical education experience, he/she should meet with the DCE as early as possible in the program to allow for time for the international clinical education experience to be established. If a student wishes to complete an international clinical education experience, he/she does so at his/her own cost and risk.
At Briar Cliff University, the Doctor of Physical Therapy Program’s full-time clinical education curriculum is composed of the following courses, credit hours, and contact hours:

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<th>Credit Hours</th>
<th>Contact Hours</th>
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<tr>
<td>Professional Practice VI: Clinical Education in Physical Therapy I; Summer; II</td>
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<td>160</td>
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<tr>
<td>Professional Practice XI: Clinical Education in Physical Therapy II; Summer; III</td>
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<td>Professional Practice XII: Clinical Education in Physical Therapy III; Fall; III</td>
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<td>Professional Practice XIII: Clinical Education in Physical Therapy IV; Fall; III</td>
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<td>Professional Practice XIV: Clinical Education in Physical Therapy V; Spring; III</td>
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<tr>
<td>Professional Practice XV: Clinical Education in Physical Therapy VI; Spring; III</td>
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<td>320</td>
</tr>
<tr>
<td>Total</td>
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<td>1,760</td>
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</table>

**Clinical Education Syllabi**

Prior to the full-time clinical education experiences, the DCE is available to discuss and to review the course syllabi with students. The course syllabi includes objectives, requirements, expectations, and grading methodology for each clinical education experience. The DCE also provides a copy of the site/phone/telecommunication visit schedule for each clinical education experience. Current copies of these syllabi can be found in Appendix B.
Introduction to *Physical Therapist Clinical Performance Instrument (CPI)*

The *Physical Therapist Clinical Performance Instrument (CPI)* was developed by the Task Force on Student Clinical Performance Instruments as charged by the American Physical Therapy Association (APTA) in March of 1994. The CPI was first approved for use in 1998 and Briar Cliff University began using the *CPI* in 2014 as the primary evaluation tool to be used during clinical education experiences.

All CIs, CCCEs, DCEs, and students must complete online training prior to using the online *CPI*. Licensed physical therapists will receive continuing education credit for this training at no expense to them. The DCE will contact each clinical education site providing instructions on access to the *CPI* website. The student is assessed utilizing 18 performance criteria. Each criteria describes a particular aspect of the physical therapy profession required for a clinician performing at entry-level and beyond. Each student and CI should be familiar with use of the CPI. If the student or CI have questions regarding use of the *CPI*, they should contact the DCE by phone at 608-293-0000. The student is to write his/her own assessment individually for discussion at midterm and final meetings with the CI. The self-assessment by the student is to promote individual professional growth and development. Each CI is to assess the student’s performance by completing the *CPI* at midterm and final of each full-time clinical education experience. Following separate completion of the *CPI*, the student and CI are responsible for meeting to discuss student’s assessment and progress. *CPI* scores and comments will be accessed by the DCE following completion and sign off following mid-term and final. Results of the *CPI* will be used by the DCE in determining final grade, but this will not be the only determining factor in calculation of the grade.

**Student Performance Evaluations**

Each CI will complete a performance evaluation on each student at mid-term and final during each full-time clinical education experience via the *CPI*. If any red flag items or significant concerns boxes are checked, it is the responsibility of the CI to contact the DCE.

These performance evaluations are crucial to the academic faculty in providing information regarding student areas of improvement and providing a mechanism to provide feedback to the student. These evaluations also provide feedback to the academic faculty regarding didactic curriculum and teaching effectiveness.

The CI is also responsible for completing the student performance evaluation in an educational and constructive manner. The evaluations should promote student self-assessment as a component of the evaluation process. During the student evaluation process, the CI needs to become familiar with *CPI* and respective guidelines, understand that both the student and CI need to sign off on the document, sign all paper evaluation forms, and use of comments section
to provide additional overall feedback. The CI must also understand that the student individually fills out his/her own CPI prior to the evaluation meetings for comparison to the CIs documents, review and provide feedback continually throughout the full-time clinical experience to the student, notify the DCE of any concerns or problems that arise during the full-time clinical experience, and provide feedback to the academic faculty regarding didactic preparation.

**Student Evaluation of Clinical Education Experience**

The student is required to complete a self-assessment via the *CPI* prior to the midterm and final evaluation meetings, where both the CI and the student discuss the results of the *CPI*. The self-assessment completed by the student promotes growth and development as well as effective communication skills between the student and CI. If the student feels there is a concern or special circumstance that arises during the clinical education experience, the student should contact the DCE. The DCE will then follow up with a site visit if necessary.

The student is also required to complete the *Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction* form for each full-time clinical education experience at midterm and at the final. The student and CI should review this form with both parties signing the form in black ink. This form should be returned to the DCE upon completion of the full-time clinical education experience by the CI or CCCE via mail, fax, or scan and e-mail. This form will be sent to each clinical education site prior to the start of the full-time clinical education experience.

**In-service or Project Evaluation**

Students are not required to complete an in-service or project during each full-time clinical education experience per Briar Cliff University. It is at the discretion of the clinical education site and CI/CCCE if they would like the student to complete an in-service or student learning project. If the site wishes to provide feedback to the DCE regarding the in-service or project, they may do so. Otherwise, as this project is optional, there is no formal evaluation form necessary for completion but constructive feedback for the student is encouraged for professional development purposes.

**Grading of Clinical Education Experience**

The grading protocol for each of the 6 full-time clinical education experiences is based on the student’s performance in each clinical setting, progress towards the clinical education and individual objectives, and fulfillment of clinical course requirements. The CI does not assign the student a final grade. The final grade is assigned by the DCE, with input as necessary from the Clinical Education Committee and faculty as a whole.
Failure by the student to successfully complete a full-time clinical education experience will result in a formal review by the Clinical Education Committee, the Progress and Conduct Committee, and the academic faculty as a whole. Students are assigned a pass/fail grade for each clinical education experience.

**FULL-TIME CLINICAL EDUCATION SITE PLACEMENT**

**Policies and Procedures for Full-time Clinical Education Site Placement**

Each physical therapy student is given an electronic copy *Clinical Education Handbook* during clinical education orientation held within the first month of beginning the Doctor of Physical Therapy program. Students should arrange to meet with the DCE to discuss individual sites, desires, and needs.

Prior to the clinical education, the DCE contacts all clinical sites/facilities to secure contracts and a set number of clinical education placements for each clinical education experience. The DCE then compiles the site list and discusses it with the students. Each student is provided a copy of this list and are encouraged to review Clinical Site Information Forms provided by the DCE regarding each site. The DCE will also meet with students individually to discuss possible sites and appropriately match placements for student’s individual learning needs.

**Site Placement**

The DCE is responsible for clinical education site placement of all students during the full-time and integrated clinical education experiences based on academic and clinical education needs of each individual student. When possible, the DCE will take into consideration the personal needs of each student. The student, with DCE input, will develop appropriate clinical education goals pertaining to each clinical education experience. The student will select their top 5 sites electronically via Acadaware and this will be discussed in a formal meeting with all students to ensure each student has a clinical education site of their choice when possible. The DCE provides final approval in all aspects of site placement. Following site selection, the clinical education site is notified of the placement. The following requirements must be adhered to in selecting the clinical education site:

1. One clinical education experience in inpatient acute care, inpatient rehabilitation, or subacute care (SNF).
2. One clinical education experience in outpatient orthopedics.
3. One clinical education experience in a medically underserved/underpopulated area.
4. One clinical education experience in a specialty clinical setting based on the student’s electives and clinical education experiences.
5. Students may not participate in more than 2 rotations of the same type (orthopedics, pediatrics, rehabilitation) for the 5 final full-time clinical education experiences.
6. The DCE may determine that a student needs an additional full-time focused clinical education experience based on feedback from previous CIs and academic faculty.

Each student is expected to adhere to the policies and procedures regarding changing sites for full-time clinical education experiences, listed below:

1. After each student has been assigned to each facility for a full-time clinical education experience, he/she signs the Clinical Education Placement Agreement form agreeing to the specific clinical education experience. When an extenuating circumstance arises and the student is not able to adhere to the agreement, the DCE must be notified immediately in writing. The DCE then will discuss this change with the Clinical Education Committee. The Clinical Education Committee is not required to change a clinical education experience site, but should consider each student’s personal situation. The responsibility, however, is on the student to honor his/her agreement.

2. The DCE, after consulting with the Clinical Education Committee, can change a clinical education assignment based on academic or clinical education performance at any time during the clinical education process. Changes also may occur if a clinical education site cancels an agreement or has changes in availability of clinical education experiences. If a site cancels, the DCE will work with the student to reassign him/her to another facility appropriate to his/her individual needs.

Policies and Procedures for Establishing New Clinical Education Sites

Students are permitted to investigate the possibility of establishing new affiliations between clinical education sites and Briar Cliff University. The student should follow the following procedure:

1. The student is required to provide the DCE with contact information about the potential new clinical education site (name, address, phone number, and website), the clinical education type, and the clinical education experience number. Students should not contact the facility initially to establish a contact.

2. The DCE or a member of the Clinical Education Committee will then initiate contact with the site.

3. If the CCCE at the potential new clinical education site is interested in establishing a contract with Briar Cliff University, the DCE will present site information to the Clinical Education Committee. If the committee agrees that the new site would be a good addition, the DCE will proceed with finalizing an affiliation agreement.

4. The process is the same if the DCE or a faculty member wishes to investigate the possibility of adding affiliations between the clinical education site and Briar Cliff University.

5. The following criteria are used to determine the acceptability of a new site:
   a. Location of the facility
   b. Type of experience offered and need for that type of experience
   c. Willingness to continue year-to-year affiliations
   d. Desire to have students
e. Affiliations already existing with other physical therapy programs
f. Feedback from other physical therapy programs regarding the site
g. A student program in place with clear objectives
h. Clinical staff possessing expertise necessary for quality patient care
i. Clinical staff maintains ethical and legal standards
j. Clinical staff that allows effective communication with students
k. Adequate treatment/work space for students
l. CCCE with two years of clinical education experience
m. CI with a minimum of one year of experience.
ACKNOWLEDGEMENT

Represented by my signature, I acknowledge that I have received and will operate within the requirements of the Briar Cliff University Doctor of Physical Therapy Program Clinical Education Handbook, as well as the Faculty and Staff Handbook/ Policies and Procedure Manual, School of Graduate Studies Student Handbook, and the Briar Cliff University Student Handbook. My signature confirms that I have read, understand, and will comply with its contents, and all of my questions have been answered satisfactorily.

___________________________________
Name (Print)

X ________________________________  ________________
Signature                                             Date
Course Director: Heidi M Nelson, PT, DPT
  Office: Mayfair 106
  Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
  Office Phone: 712-279-5478
  Cell Phone: 608-293-0000
  Work E-mail: Heidi.nelson@briarcliff.edu
Faculty Biosketch: Dr. Nelson was hired by Briar Cliff University as the Director of Clinical Education for the developing Doctor of Physical Therapy Program in 2014. Dr. Nelson came to Briar Cliff after working in clinical physical therapy in the fields of pediatrics, geriatrics, and clinic management. During her pediatric physical therapy residency at the Munroe-Meyer Institute, she also was a teaching assistant and lab assistant for the Pediatrics course in the Doctor of Physical Therapy Program. She has recently become an American Physical Therapy Association (APTA) Advanced Credentialed Clinical Instructor in July 2014.

Course Instructor: Patrick Cross, PT, DPT, RHF
  Office: Mayfair 107
  Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
  Office Phone: 712-279-1708
  Cell Phone: 605-202-0997
  Work E-mail: Patrick.Cross@briarcliff.edu
Faculty Biosketch: Dr. Cross has been practicing as a PT since 2002. He practiced PT in different capacities for 10 years on an American Indian reservation, including director of a wellness center and rehabilitation. Dr. Cross has also practiced in inpatient, nursing home, and home health settings. Additionally, Dr. Cross has spent many hours training athletes and on the sidelines of rural high school sporting events. His favorite task is to teach students and then take them to community-based settings, in which services are minimal, so that they can apply what they have learned, as well as extend access to physical therapy services to those in need.

Course Instructor: Patrick Hauer, Ed, PT, MHS
Office: Mayfair 105
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone:
Cell Phone: 605-661-3740
Work E-mail: Patrick.hauer@briarcliff.edu

Faculty Biosketch: Dr. Hauer has been practicing as a physical therapist and educator who has focused on cardiovascular and pulmonary, pathophysiology, orthotics and prosthetics, gait, and certain musculoskeletal topics within the curriculum as well as in the clinical setting. Likewise, his research areas have focused on cardiovascular areas associated with young asymptomatic populations and older populations with chronic respiratory problems.

Course Instructor: Eric Strong, PhD, PT
Office: Mayfair 108
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone:
Cell Phone:
Work E-mail: Eric.Strong@briarcliff.edu

Faculty Biosketch: Dr. Strong completed a doctoral program which set the stage for his expertise in health and wellness classes. His specialization in the PhD program was Health Promotion. He has also had the opportunity professionally to work in and manage a university wellness program as well as serve as a wellness consultant to both individuals and corporations. He stays current with the changes that occur to the health and wellness field through a listserv, current research, and webinars specific to the topic. Expertise in the field of geriatrics has been gained through his physical therapy program, work experience in different geriatric settings, continuing education, and research.
Course Information

Course Description: This course is a clinical and community based practical learning experience that occurs through a variety of settings/programs. This clinical and community correlation experience occurs in the community setting, in the pro bono clinic, and in the classroom during the spring semester of the first year of the program. The student attends each clinical or community based education experience throughout the semester (a minimum of 5 experiences in all) for a to be determined set amount of time. Each faculty member or clinical instructor provides the student with opportunities to promote and expand their knowledge and practice of the physical therapy profession. As a component of this course, each student will also complete a final practical demonstrating success and a level of achievement required for progression in the DPT program.

Credit Hours: 1

Clock Hours: 15

Required DPT Course: Yes

Prerequisites: Admission to DPT Program or instructor consent. For DPT students, successful completion of didactic coursework of the DPT Curriculum, including HSC 501, HSC 502, HSC 503, HSC 504, HSC 505, HSC 506, HSC 507, HSC 508, and HSC 520.

Location: To be determined individually for each student.

Meeting Time(s): See schedule

Teaching and Learning Methods: The student will participate in a community based setting and the pro bono clinic under the guidance and supervision of a licensed health care professional to promote interprofessional development. The student will work under the supervision of the skilled professional to achieve the clinical or community based experience. The health care professional reinforces the didactic knowledge and promotes effective communication and professional skills throughout this integrated clinical education experience.
The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student will have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved and underpopulated areas. Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient-centered care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams. As a component of each student’s full time clinical education experience, the student should practice with the Franciscan values to reflect their education at Briar Cliff University.

Within a Catholic Franciscan University, with a tradition of service, caring and openness to all, broad intellectual background with career development, and encouragement of growth in self-awareness and in one’s relationship to others and to God, the mission of Briar Cliff University’s Doctor of Physical Therapy Program is to pursue academic excellence in preparing the next generation of physical therapists to practice autonomously, be leaders within their profession and communities, and respond to patient and societal needs of the region, including the underserved. By challenging students to provide contemporary, skilled, reflective, ethical, legal, compassionate, culturally competent, interprofessional, evidence-based, and patient-centered care, graduates will be prepared to restore, maintain, and promote optimal movement, activity participation, and wellness of clients, while being effective leaders and health care providers within their communities and the ever-changing health care environment.

BCU students are living our Franciscan values by building a caring community, creating peace, reverencing creation and connecting in joyful service.
### Student Learning Outcomes

Upon completion of this course, the student will have met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Taxonomic Type and Level</th>
<th>CAPTE Evaluative Criteria</th>
<th>CAPTE Proposed Standard(s)</th>
<th>Program Goal(s)</th>
<th>Learning Activities</th>
<th>Method of Assessing Students’ Learning</th>
<th>Minimal Expectation</th>
<th>Specific Outcome Measurement</th>
<th>Taxonomy of Level of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate objective data examination needed for a simple patient with appropriate repositioning with one verbal cue from instructor in pro bono clinic as measured by SOAP Evaluation.</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.7 CC- 5.20 CC-5.29 CC-5.30 CC-5.53</td>
<td>1</td>
<td>Exam in pro-bono clinic</td>
<td>SOAP Evaluation</td>
<td>16/20 points</td>
<td>SOAP Evaluation with coding and billing</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>2. Integrate professional behaviors with patient and professor interaction consistent with APTA Core Values under faculty supervision in the pro bono</td>
<td>Affective Responding</td>
<td>CC-5.1 CC-5.3 CC-5.4 CC-5.7 CC-5.8 CC-5.10 CC-5.11 CC-5.53</td>
<td>1, 3</td>
<td>Exam and intervention in pro bono clinic</td>
<td>Professionalism Form</td>
<td>Scores of excellent and good</td>
<td>Professionalism Form</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>Clinic as measured by professionalism form in pro bono clinic as measured by attached professionalism form.</td>
<td>Psychomotor Guided Response</td>
<td>CC-5.7 CC-5.39a CC-5.39d CC-5.39h</td>
<td>1</td>
<td>Intervention in pro bono clinic</td>
<td>SOAP Note</td>
<td>16/20 points</td>
<td>SOAP Note with coding and billing</td>
<td>Psychomotor</td>
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<tr>
<td>3. Demonstrate 2 appropriate intervention techniques for a simple patient with guidance by the faculty member in the pro bono clinic as measured by SOAP Note.</td>
<td>Affective Receiving</td>
<td>CC-5.10 CC-5.11 CC-5.13 CC-5.14 CC5.17</td>
<td>1, 2, 3</td>
<td>Nursing simulation lab experience</td>
<td>Professionalism and simulation lab experience</td>
<td>Scores of excellent or good</td>
<td>Professionalism Form</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>4. Recognize the need for interaction between nurses and physical therapists in the clinical setting following simulation experience in the nursing lab as measured by assignment 4</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.5 CC-5.10 CC-5.17 CC-5.18</td>
<td>1, 2, 3</td>
<td>Service Learning Experience</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/written</td>
<td>Reflective Essay 1</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>Adequately and safely provide screens as conducted during service learning activity as measured by reflective essay 1.</td>
<td>CC-5.27</td>
<td></td>
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<tr>
<td>6. Determine the role of physical therapists in service learning activities to benefit the community as measured by reflective essay 1.</td>
<td>Psychomotor Guided Response</td>
<td>CC-5.8 CC-5.18 CC-5.62</td>
<td>1, 2, 3</td>
<td>Service Learning Experience</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/written</td>
<td>Reflective Essay 1</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>7. Complete HIPAA, OSHA, Mandatory Reporter, and other trainings required for clinical education experiences as measured by assignment 6.</td>
<td>Psychomotor Set</td>
<td>CC-2 CC-4 CC5.25</td>
<td>1</td>
<td>Classroom Trainings</td>
<td>Completion of Trainings</td>
<td>Full Completion</td>
<td>Training certificates</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>8. Safely complete and pass a final</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.30b CC-5.30c CC-5.30d</td>
<td>1, 2, 3</td>
<td>Practical Exam</td>
<td>Practical Exam</td>
<td>Passing</td>
<td>Practical Exam</td>
<td>Psychomotor</td>
<td></td>
</tr>
</tbody>
</table>
practical exam indicating appropriate continuation in the DPT program as measured by assignment 7.

| 9. Examine and assess ergonomics and body mechanics for Briar Cliff University faculty safely and appropriately as measured by assigned 5. | Psychomotor Complex Overt Response | CC-5.30h CC-5.62 | 1 | Ergonomics Assessment | Professionalism Form | Scores of excellent or good | Professionalism Form | Psychomotor |

*For definitions, please see Appendix A
COURSE MATERIALS

Required Textbooks, Readings, and Resources:

Supplemental/ Recommended Readings and Resources:
Texts utilized in didactic coursework from related areas of physical therapy practice.

Required Equipment:
Student equipment kit required for purchase as a textbook in the first year of the program.
COURSE EXPECTATIONS

The student is referred to the student handbooks of Briar Cliff University, the School of Graduate Studies, the Department of Physical Therapy Student Handbook, and the Clinical Education Handbook for all academic performance and professional behavior expectations and policies.

The DPT curriculum and the associated courses are academically rigorous. Success in this course will require a significant investment of time. On average, students should assume the need to invest at least two hours of time outside of scheduled course time for preparation, studying, and completing assignments for each hour of time that the student is physically participating in the course (e.g., a one credit course = 15 contact hours = a minimum of 30 outside of class hours). Based on individual past experiences, study habits, etc., some courses may require more time be devoted to the course, some may require less.

Attendance is an important aspect of professional education and therefore expected for each integrated clinical education experience. Students are expected to attend each integrated clinical education experience on the days that they are scheduled and to arrive on time as active presence is critical to the professional development of the student and peers. Students who miss the integrated clinical education experience are responsible for contacting the DCE and an additional experience with a faculty member.

Excused absences from class must be requested prior to the start of the day and must be validated by the DCE. Examples of excused absences include illness, a death in the family, etc. If there are special circumstances please inform the instructor on or before the first day of class, or as soon as possible. Students experiencing health or personal problems that prevent full participation in the course should attempt to contact the DCE prior to class. The DCE reserve the right to determine the legitimacy of all excuses and may request written documentation verifying the absence. It is at the discretion of the DCE to require additional assignments to be completed in lieu of absences. If a DCE is concerned about a student’s attendance in a course, including multiple excused absences, he/she may submit a professional behavior citation to the Progress and Conduct Committee.

Students are discouraged from planning vacations and/or appointments that will result in missed integrated clinical education experiences; an elective physician’s appointment may not be considered an excused absence. Tardiness of over 15 minutes will be deemed as an unexcused absence, unless the student has prior approval from his/her course instructor of DCE. There will be minimal opportunities to make up for missed time in integrated clinical education experiences. More than one unexcused absence and/or failure to complete any additional assignments required by the instructor may result in a 10% reduction in a student’s final grade and/or a professional behavior citation to the Progress and Conduct Committee.

In addition to attendance, success in this course is dependent on the participation of each individual enrolled in the course. As part of adult-centered learning, each student is expected to
be prepared to participate in each integrated clinical education experience prior to the start of each experience day. Students who do not bring the necessary materials and/or do not wear appropriate clothing for class will be dismissed from the experience to retrieve materials and/or change into appropriate attire. Each student is also expected to contribute to the integrated clinical education experience during each experience. Failure to do so will make it difficult for a student to gain a good understanding of the purpose of the integrated clinical education experience, thus potentially negatively effecting learning and the student’s overall progress/grade in the course. If the DCE feels a student is not properly participating and/or preparing for clinical, the DCE is encouraged to speak individually with the student. The DCE may submit a professional behavior citation to the Progress and Conduct Committee.

Recognizing that true professionalism is the integration of knowledge and skill with altruistic attitudes, values and behaviors, the DPT Program expects its students to develop the dispositions of competent and compassionate health care professionals, and requires that they behave in a manner that brings honor on their profession at all times. In keeping with this philosophy, faculty will act consistently and officially to guide students towards acceptable behaviors, and to take corrective action in the event of repeated or serious infractions of expected professional conduct. Upon the witnessing of behavior that is in conflict with that articulated in Departmental and profession-based documents outlining expected behaviors (e.g., professional Code of Ethics, HIPAA, Student Handbook, etc.), but which falls short of academic or non-academic misconduct, a course instructor or the DCE can submit a professional behavior citation to the DPT Progress and Conduct Committee. This includes appropriate use of electronic technology during the integrated clinical education experience. Laptops, tablets, and cell phones may be used for learning activities, such as online research, reviewing PowerPoint slides, and taking notes during lecture or in class activities, although students should follow the program’s policies on technology use in integrated clinical education experiences. Students using electronic technology to view social media outlets, check email, work on other course assignments or study for an upcoming exam will receive a professional behavior citation to the DPT Progress and Conduct Committee. Actions that are more severe (e.g., academic misconduct, sexual violence, violation of laws), will be referred to process defined in the School of Graduate Studies and University Student Handbooks.

Part of becoming a professional is the ability to peer-assess. In an effort to comply with University standards, as well as accreditation and ongoing programmatic quality assurance, completion of all DPT course evaluations and graduate curriculum assessments is required in order for the student to be assigned a course grade and/or graduate.
### Assessment Policies

Keeping consistent with University standards, the grading scale below will be utilized for this course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9%</td>
</tr>
<tr>
<td>B+</td>
<td>88-89.9%</td>
</tr>
<tr>
<td>B</td>
<td>83-87.9%</td>
</tr>
<tr>
<td>B-</td>
<td>80-82.9%</td>
</tr>
<tr>
<td>C+</td>
<td>78-79.9%</td>
</tr>
<tr>
<td>C</td>
<td>73-77.9%</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9%</td>
</tr>
<tr>
<td>D+</td>
<td>68-69.9%</td>
</tr>
<tr>
<td>D</td>
<td>60-67.9%</td>
</tr>
<tr>
<td>F</td>
<td>≤59.9%</td>
</tr>
</tbody>
</table>

Please note that when grades are calculated, instructors will not round the percent up or down. For example, an 89.9 is a B+. For the purposes of pass/fail courses, a student must achieve a score of 80% or better in the course, as well as successfully complete all required course components to the satisfaction of the course instructor.

Unless otherwise noted by the course instructor or specified below, all assignments are to be typed, completed individually, and submitted to drop boxes on the course website by 11:59 PM CST. Assignments should be titled as follows: Lastname_Firstname_Courseprefix and number_Brief assignment description (e.g., Cross_Patrick_DPT600_codeofethicsassignment). Students should complete assignments early to avoid lateness due to computer problems and other issues that arise when completing assignments at the last minute. Scores will be reduced 10% per day for late assignments or projects.

Students are expected to adhere to Briar Cliff University’s policies on academic integrity. Violations, as outlined in University policies, will be reported.

- **Academic dishonesty** is defined as, but not limited to the following: copying a classmate’s work, using crib notes during a test, stealing or conveying examination questions, informing classmates of information on practical examination, maintaining library materials so that classmates cannot utilize the materials, falsely representing clinical cases, turning in written assignments that are not authentic, or fabrication of any sort. No credit can be given for a dishonest assignment. At the discretion of the instructor, a student caught engaging in any form of academic dishonesty may, at a minimum, receive a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.

- **Plagiarism** is defined as using the words and/or ideas of another and representing them to be one’s own, without proper credit to the author or source. The act of writing is an integral part of the learning process. If a student tries to pass off the work of another writer as their own, whether intentional or unintentional, plagiarism will result, at a minimum, in a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.
All students will have one week after the distribution of an exam or assignment to dispute a response or grade. The dispute must be typed and include the following: item number or what is being challenged, why the response should be considered correct, and an accurate reference(s). If an error was made in the grading (e.g., instructor marked an answer wrong and it was correct per the answer key or instructor did not add up points correctly), a dispute is not necessary. However, it must be brought to the instructor’s attention within one week of the distribution of the exam or assignment.

In order to make sure that a student is properly trained and safe to go to long term clinicals, clinical correlations courses are integrated throughout the curriculum. A student must pass all portions of this course, including the practical exam, in order to receive a passing grade for this course. Failure to do so will result in a failing or “incomplete” grade. In parallel to policies established by the School of Graduate Studies and the DPT Program, an assignment of a failing or “incomplete” grade may affect a DPT student’s progression in the program.

Please see course expectations regarding how unexcused absences and/or failure to complete course evaluation may effect a grade. In addition, there will not be any extra credit opportunities unless otherwise noted by the instructor.
### Assignments:

1. **SOAP Evaluation**
   - a. The student will write a SOAP note evaluation, including billing and coding, of the examination on one patient in the pro bono clinic.
   - b. Turn in professionalism form (See Appendix C) completed by academic faculty in pro bono clinic to DCE.
   - c. Due within 1 week of the experience.
   - d. 20 Points

2. **SOAP Note**
   - a. The student will write a SOAP note, including billing and coding for the treatment of a patient in the pro bono clinic.
   - b. Turn in professionalism form completed by academic faculty in pro bono clinic to DCE.
   - c. Due within 1 week of the experience.
   - d. 20 points

3. **Reflective Essay 1**
   - a. The student will write a reflective essay regarding the benefits of service learning from the perspective of a physical therapist and a summary of events completed during service learning experience.
   - b. Turn in professionalism form completed by professional to DCE.
   - c. Due 1 week following service learning experience.
   - d. 20 points

4. **Simulation Experience with Nursing**
   - a. The student will actively participate in a simulation experience with nursing students to experience interdisciplinary and interprofessional healthcare.
   - b. Turn in professionalism form completed by PT or nursing faculty in simulation experience.
   - c. 20 points

5. **Students will complete ergonomics assessments for faculty at Briar Cliff University.**
   - a. The student will actively participate in ergonomics assessments and provide feedback to faculty members.
   - b. Turn in professionalism form completed by BCU faculty.
   - c. 20 points

6. **HIPAA/OSHA/Infection Control/Blood borne Pathogens Trainings**
   - a. The student will complete an in class video of the HIPAA and OSHA trainings prior to clinical education experiences.
   - b. Pass/Fail based on attendance and passing quizzes.
7. Practical Exam
   a. The student will complete a practical exam at the end of the semester incorporating all techniques learned in the spring semester.
   b. See attached grading rubric (See Appendix D) for grading purposes.
   c. Pass/Fail.

<table>
<thead>
<tr>
<th>Evaluative Item</th>
<th>Due Date</th>
<th>Overall Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOAP Evaluation</td>
<td>Within 1 week of experience</td>
<td>20 points</td>
</tr>
<tr>
<td>SOAP Note</td>
<td>Within 1 week of experience</td>
<td>20 points</td>
</tr>
<tr>
<td>Reflective Essay 1</td>
<td>Within 1 week of experience</td>
<td>20 points</td>
</tr>
<tr>
<td>Simulation Experience</td>
<td>TBD</td>
<td>20 points</td>
</tr>
<tr>
<td>Ergonomics Assessments</td>
<td>TBD</td>
<td>20 points</td>
</tr>
<tr>
<td>Practical Exam</td>
<td>Last week of semester</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Trainings</td>
<td>First week of semester</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>100 points/ Pass/Fail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 80-100 points</td>
<td>• Less than 80 points</td>
</tr>
<tr>
<td>• No professionalism concerns</td>
<td>• Professionalism concerns on assessment form</td>
</tr>
<tr>
<td>• Completion of all assignments and class participation</td>
<td>• Failure to complete one assignment or participate in class</td>
</tr>
<tr>
<td>• Timeliness with completion of assignments</td>
<td>• Assignment turned into DCE greater than 1 week past due</td>
</tr>
<tr>
<td>• Active participation in simulation experience</td>
<td>• No participation in simulation experience</td>
</tr>
<tr>
<td>• Passage of practical exam</td>
<td>• Failure of Practical Exam</td>
</tr>
<tr>
<td>• Essay must be well written, cohesive, high level of reflection</td>
<td></td>
</tr>
</tbody>
</table>
Communication:
Physical Therapy Faculty Members are committed to being as accessible as possible to students, but cannot be available at every moment a student needs. Email will be the best way to try to get in touch with the instructors. Please do not try to send text messages to the phone number listed on page one, unless it is very important (i.e. death of family member in the middle of the night for which the student needs to leave immediately). When a student e-mails an instructor in regards to this course, the person should include the course prefix and number the subject line. Faculty will make every effort possible to respond to all email messages within 48 hours, and much faster whenever possible. At the same time, students should also be checking e-mail regularly and open and read any e-mails received from an instructor.

If there is something urgent that a student needs addressed during regular business hours, the student can try calling the instructor or stopping by the instructor’s office. Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet. Any message that a student leaves on an instructor’s work voicemail will be forwarded via BCU e-mail.

Freedom in Learning:
Students are responsible for learning the content of any course of study in which they are enrolled. Student academic performance shall be evaluated solely on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards, but is related instead to judgment of their personal opinion or conduct should contact the Dean of Academic Affairs.

Policy on Fair Evaluation:
Each student is entitled to earn and receive a fair grade in each course for which he or she enrolls. It is the right and the responsibility of an instructor to establish criteria for evaluation for each course which he or she teaches and to determine the degree to which an individual student has fulfilled the standards set for the course. Students should be apprised that extraneous factors, such as the eligibility of a student for an organization’s membership, for scholarship and fellowship awards, for admission to graduate schools, or for participation on an athletic team, for example, have no bearing on the determination of the fairness of a grade or grades received. The quality of the student’s overall performance with respect to evaluation standards will be the only criterion for judgment.

Grievance Procedure:
Please consult the student handbook or catalog for specific guidance on BCU’s grievance procedures.

ADA Policy:
Students having legitimately evaluated physical conditions or learning difficulties are eligible for reasonable modifications of classroom and teaching conditions. Disability evaluations
should be registered through the Student Support Services Office. If a student has a registered disability, please see the Course Director about arranging for accommodations as soon as possible.

**University Assessments/Surveys:**
The assessment of student learning is an integral part of the educational experience at Briar Cliff University. To this end, the faculty continually assess student learning to improve our teaching and to monitor student success. Occasionally a student will be requested to participate in both college-wide and discipline-specific assessment activities. Please take these assessments and surveys seriously. The data that is collected will provide valuable information to faculty and will be used to improve student learning at Briar Cliff University.
**Student Support Services:**
The Student Support Services office provides accommodations for students with disabilities. To obtain this service, students must make an appointment with the director to submit documentation, talk about the disability, and discuss the accommodations needed. Ideally, this should be done as soon as the student knows he/she will be attending Briar Cliff University because some accommodations require more lead time to provide. See the student disability handbook for more detailed information. Contact Brenda Parkhill by phone at 712-279-5531, or by e-mail at brenda.parkhill@briarcliff.edu.

**Writing Center:**
The Writing Center, located in the Bishop Mueller Library, is available to all Briar Cliff students for strengthening academic writing development. The Center provides one-on-one peer mentoring, workshops and computer-based tutorials. The Writing Center’s number is 712-279-5520 or a student can email the Writing Center mentors at writing.center@briarcliff.edu. The Center’s web address is bcuwritingcenter.wordpress.com.

**Academic Resource Commons:**
The Academic Resource Commons provides students with the resources and services necessary for academic success and recovery. Located in the ARC are the following: ELL support services, the Writing Center, Academic Peer Mentors, the Early Alert Project Manager and the Director of Academic Support and Achievement. Through one-on-one appointments, peer support and mentoring, workshops, and academic advising (in addition to faculty advising), the Academic Resource Commons empowers students to develop a comprehensive set of life and academic skills, connects students with all campus bodies, and offers the social, academic and personal support necessary to persist. Contact Stephanie Andell at Stephanie.Andell@briarcliff.edu.

**ELL Support Services:**
Located in the Academic Resource Commons, ELL support services provide students with additional help in reading comprehension, vocabulary development and grammar, writing skills, listening proficiency, and oral communication. Students closely work one-on-one with an ELL Specialist to help with their specific learning needs.

**Office of Academic Achievement:**
Recognizing there are a variety of reasons why a student may struggle academically, the director of academic support and achievement helps students overcome obstacles while empowering them to create their own unique, college experience. The director meets with students to 1) connect them with necessary campus resources; 2) provide the support and services necessary to aid in students’ success; and, 3) enable the development of programs that fit students’ ever-changing personal and academic needs as they persist at Briar Cliff University.
The office of academic support and achievement serves students in all ways, and welcomes the opportunity to meet with a student for any reason—whether it be social, academic or personal. Contact Jessica McCormick at Jessica.McCormick@briarcliff.edu.
*This syllabus is subject to change if it is determined to be in the best interest of the students’ learning. Additional learning resources may be added to the course website that are not listed in the required or recommended readings columns of this schedule.

<table>
<thead>
<tr>
<th>Day/Date/Time</th>
<th>Topics/Activities</th>
<th>Session Learning Objectives</th>
<th>Required Readings (prior to class)</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Friday</td>
<td>TBD – Individualized for students</td>
<td>TBD once course materials completed</td>
<td>Class Syllabus</td>
<td>TBD – Individualized for students</td>
</tr>
<tr>
<td>Throughout Semester</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX A. CURRICULUM CONTENT

Taxonomic Levels:
Affective Domain:  [http://www.assessment.uconn.edu/docs/LearningTaxonomy_Affective.pdf](http://www.assessment.uconn.edu/docs/LearningTaxonomy_Affective.pdf)
Psychomotor Domain:

CAPTE Curriculum Content:

CC-1. The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (e.g., anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

CC-2. The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (e.g., applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

CC-3. The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (e.g., content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

CC-4. The physical therapist professional curriculum includes clinical education experiences for each student that encompass:
   a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
   b) Practice in settings representative of those in which physical therapy is commonly practiced;
   c) Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
   d) Opportunities for involvement in interdisciplinary care; and
   e) Other experiences that lead to the achievement of expected student outcomes.

CC-5. The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required
for initial practice of the profession of physical therapy.1(pp43-121),2(pp16-80)
The curriculum is designed to prepare students to meet the practice expectations
listed in CC-5.1 through CC-5.66.

Professional Practice Expectation: Accountability

CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional
regulations related to patient/client care and fiscal management.
CC-5.2 Have a fiduciary responsibility for all patient/clients.
CC-5.3 Practice in a manner consistent with the professional Code of Ethics.
CC-5.4 Change behavior in response to understanding the consequences (positive and
negative) of his or her actions.
CC-5.5 Participate in organizations and efforts that support the role of the physical
therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism

CC-5.6 Place patient’s/client’s needs above the physical therapist’s needs.
CC-5.7 Incorporate pro bono services into practice.

Professional Practice Expectation: Compassion/Caring

CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.
CC-5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity

CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members,
caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty

CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family
members, caregivers, other health care providers, students, other consumers, and
payers.
CC-5.12 Participate in self-assessment to improve the effectiveness of care.
CC-5.13 Participate in peer assessment activities.
CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment
activities.
CC-5.15 Participate in clinical education of students.
CC-5.16 Participate in professional organizations.

Professional Practice Expectation: Communication

CC-5.17 Expressively and receptively communicate in a culturally competent manner with
patients/clients, family members, caregivers, practitioners, interdisciplinary team
members, consumers, payers, and policymakers.
Professional Practice Expectation: Cultural Competence

CC-5.18 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: Clinical Reasoning

CC-5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.
CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice

CC-5.21 Consistently use information technology to access sources of information to support clinical decisions.
CC-5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
CC-5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.
CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.
CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education

CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening

CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination

CC-5.28 Examine patients/clients by obtaining a history from them and from other sources.
CC-5.29 Examine patients/clients by performing systems reviews.
CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
   a) Aerobic Capacity/Endurance
   b) Anthropometric Characteristics
   c) Arousal, Attention, and Cognition
d) Assistive and Adaptive Devices

e) Circulation (Arterial, Venous, Lymphatic)

f) Cranial and Peripheral Nerve Integrity

g) Environmental, Home, and Work (Job/School/Play) Barriers

h) Ergonomics and Body Mechanics

i) Gait, Locomotion, and Balance

j) Integumentary Integrity

k) Joint Integrity and Mobility

l) Motor Function (Motor Control and Motor Learning)

m) Muscle Performance (including Strength, Power, and Endurance)

n) Neuromotor Development and Sensory Integration

o) Orthotic, Protective, and Supportive Devices

p) Pain

q) Posture

r) Prosthetic Requirements

s) Range of Motion (including Muscle Length)

t) Reflex Integrity

u) Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])

v) Sensory Integrity

w) Ventilation and Respiration/Gas Exchange

x) Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Patient/Client Management Expectation: Evaluation

CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Patient/Client Management Expectation: Diagnosis

CC-5.32 Determine a diagnosis that guides future patient/client management.

Patient/Client Management Expectation: Prognosis

CC-5.33 Determine patient/client prognoses.

Patient/Client Management Expectation: Plan of Care

CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.

CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.

CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
CC-5.37  Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC-5.38  Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention

CC-5.39  Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a)  Therapeutic Exercise
   b)  Functional Training in Self-Care and Home Management
   c)  Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
   d)  Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
   e)  Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
   f)  Airway Clearance Techniques
   g)  Integumentary Repair and Protection Techniques
   h)  Electrotherapeutic Modalities
   i)  Physical Agents and Mechanical Modalities

CC-5.40  Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA’s ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.

CC-5.41  Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC-5.42  Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC-5.43  Practice using principles of risk management.

CC-5.44  Respond effectively to patient/client and environmental emergencies in one’s practice setting.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45  Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC-5.46  Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47  Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48  Use analysis from individual outcome measurements to modify the plan of care.

CC-5.49  Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.
Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50  Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
CC-5.51  Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.
CC-5.52  Apply principles of prevention to defined population groups.

Practice Management Expectation: Management of Care Delivery

CC-5.53  Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
CC-5.54  Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.
CC-5.55  Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
CC-5.56  Participate in the case management process.

Practice Management Expectation: Practice Management

CC-5.57  Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.
CC-5.58  Participate in financial management of the practice.
CC-5.59  Establish a business plan on a programmatic level within a practice.
CC-5.60  Participate in activities related to marketing and public relations.
CC-5.61  Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: Consultation

CC-5.62  Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.63  Challenge the status quo of practice to raise it to the most effective level of care.
CC-5.64  Advocate for the health and wellness needs of society.
CC-5.65  Participate and show leadership in community organizations and volunteer service.
CC-5.66  Influence legislative and political processes.

Proposed CAPTE Standards:
DPT Goals
In parallel with the Program’s mission, upon completion of all requirements of the Briar Cliff University School of Physical Therapy, the **graduate** will be prepared to:

1. Practice physical therapy autonomously.
2. Be leaders within their communities and profession.
3. Provide health care services in underserved settings.
Name: __________________________________________ Date: _______________
(Print)

PLEASE INITIAL THE FOLLOWING:

_____ I understand the assignment expectations as stated in the syllabus.

_____ I understand the policies regarding performance expectations for this class.

_____ I understand the policies regarding attendance and late work/papers for this class.

_____ I understand the attendance policy in place for this class, including my missed tests, assignments, and in-class work.

_____ I understand the expectations regarding before class preparation and in-class participation.

_____ I understand the expectations regarding classroom conduct, including the use of electronic devices and tardiness.

_____ I understand the importance of maintaining a constructive and respectful environment during all class sessions.

_____ I have read the above and understand that failure of any of the above will affect my grade in a negative manner even to the result of failing this course.

_____________________________________________________
Student’s Signature
APPENDIX C. PROFESSIONALISM FORM

BRIAR CLIFF UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
Spring 2016
DPT CLINICAL CORRELATIONS 1

Student: ___________________________________
Facility: ____________________________________

From a clinical stand point please indicate quality of student professional behavior during the time this student spent with you. Ratings will be used to identify issues of professionalism and to provide an opportunity for any necessary discussions addressing professional behaviors.

1. Student exhibited caring, compassion, & empathy in providing service/care to patient/client.
   □ Excellent   □ Good   □ Fair   □ Poor   □ Not applicable

2. Demonstrated professional behavior in interactions with patients/clients.
   □ Excellent   □ Good   □ Fair   □ Poor   □ Not applicable

3. Demonstrated appropriate expressive & receptive communication with patient/client, family members, or other health care professionals.
   □ Excellent   □ Good   □ Fair   □ Poor   □ Not applicable

4. Exhibited cultural competence when dealing with patients/clients.
   □ Excellent   □ Good   □ Fair   □ Poor   □ Not applicable

This student was (indicate all that apply):
   □ Respectful □ Polite □ Pleasant □ Dressed Appropriately

Please take a moment to comment on this student’s professionalism during this one day experience:

Signature of clinical personnel completing questionnaire:

_________________________________________________________________
# Appendix D. Practical Exam Grading Rubric

<table>
<thead>
<tr>
<th>Year One, Spring Semester Practical Exam Grading Rubric and Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student:</td>
</tr>
<tr>
<td>Case:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Instructor:</td>
</tr>
</tbody>
</table>

A student must achieve a score of 80% to pass each portion of the examination. A score of <4 on items in red will require remedial work or second attempt at practical exam.

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>SCORE</th>
<th>POSSIBLE</th>
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</thead>
<tbody>
<tr>
<td><strong>1 Professional Dress</strong></td>
<td></td>
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<tr>
<td><em>Clinic attire as per Briar Cliff PT student handbook</em></td>
<td></td>
<td><strong>0-5</strong></td>
</tr>
<tr>
<td><strong>2 Professional patient interaction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Introduction (handshake), eye contact, posture, connecting behaviors, pt. appropriate language.</em></td>
<td></td>
<td><strong>0-5</strong></td>
</tr>
<tr>
<td><strong>3 Infection control: follows standard precautions and adheres to infection control principles</strong></td>
<td></td>
<td><strong>0-5</strong></td>
</tr>
<tr>
<td><em>Hand hygiene, equipment (incl. stethoscope), linen etc.</em></td>
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<td></td>
</tr>
<tr>
<td><strong>4 Attention to learning barriers &amp; style</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Attending to any unique personal barriers as per case, addressing learning styles</em></td>
<td></td>
<td><strong>0-5</strong></td>
</tr>
<tr>
<td><strong>5 Vital signs: checks HR, RR, and blood pressure with appropriate technique</strong></td>
<td></td>
<td><strong>0-5</strong></td>
</tr>
<tr>
<td><em>Accuracy, position, technique</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6 Transfers/Gait Training - Utilized appropriate and safe technique</strong></td>
<td></td>
<td><strong>0-5</strong></td>
</tr>
<tr>
<td><em>Patient safety (gait belt. feet on ground), therapist safety (body mechanics), appropriate technique, set up, planning</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7 Transfers/Gait Training - communicates appropriately with the patient for this task.</strong></td>
<td></td>
<td><strong>0-5</strong></td>
</tr>
<tr>
<td><em>Patient instructions, teaching (teach-back), timing of feedback</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8 Selects at least 2 appropriate physical agent/modalities to treat each impairment</strong></td>
<td></td>
<td><strong>0-5</strong></td>
</tr>
<tr>
<td><em>Provides reasoning for each option</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9 Assists patient in making an informed decision regarding physical agent/modality</strong></td>
<td></td>
<td><strong>0-5</strong></td>
</tr>
</tbody>
</table>

Approved 11/2014
<table>
<thead>
<tr>
<th></th>
<th>Requirement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Explains the physical agent/modality procedure to the patient</td>
<td>0-5</td>
</tr>
<tr>
<td></td>
<td><em>patient appropriate language</em></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Checks for appropriate precautions and contraindications</td>
<td>0-5</td>
</tr>
<tr>
<td></td>
<td><em>includes skin check</em></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Positions and drapes the patient appropriately</td>
<td>0-5</td>
</tr>
<tr>
<td>13</td>
<td>Prepares treatment area and physical agent/modality properly</td>
<td>0-5</td>
</tr>
<tr>
<td></td>
<td><em>cleaning skin and equipment, positioning (equipment/patient/therapist)</em></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Selects appropriate parameters</td>
<td>0-5</td>
</tr>
<tr>
<td>15</td>
<td>Applies physical agent/modality in a safe manner with good techniques</td>
<td>0-5</td>
</tr>
<tr>
<td>16</td>
<td>Checks on patient comfort, safety, and response during and after the treatment and modifies treatment, as needed.</td>
<td>0-5</td>
</tr>
<tr>
<td>17</td>
<td>Selects appropriate interventions(s) for a home program</td>
<td>0-5</td>
</tr>
<tr>
<td>18</td>
<td>Provides patient-centered instruction for the home program</td>
<td>0-5</td>
</tr>
<tr>
<td></td>
<td><em>clear, concise, complete</em></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Manages time efficiently throughout patient care.</td>
<td>0-5</td>
</tr>
</tbody>
</table>

**Students may choose either SOAP or P/C Management format and will be graded accordingly.**

**DOCUMENTATION (SOAP)**

<table>
<thead>
<tr>
<th></th>
<th>Requirement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Documents subjective information appropriately</td>
<td>0-3</td>
</tr>
<tr>
<td></td>
<td><em>Include patient history and chart review</em></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Documents objective information accurately</td>
<td>0-3</td>
</tr>
<tr>
<td></td>
<td><em>includes tests and measures, interventions, patient response</em></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Documents assessment appropriately</td>
<td>0-3</td>
</tr>
<tr>
<td>23</td>
<td><em>includes practice pattern diagnosis from the Guide, prognosis and PT assessment of the problem</em></td>
<td>0-3</td>
</tr>
<tr>
<td>24</td>
<td>Writes one short term goal and one long term goal with appropriate format</td>
<td>0-3</td>
</tr>
<tr>
<td>25</td>
<td>Documents plan of care appropriately in SOAP note format.</td>
<td>0-3</td>
</tr>
<tr>
<td></td>
<td><em>includes freq, duration, interventions with reasoning, consults as needed</em></td>
<td></td>
</tr>
</tbody>
</table>

**OR**

**DOCUMENTATION (PATIENT/CLIENT MANAGEMENT MODEL)**

<table>
<thead>
<tr>
<th></th>
<th>Requirement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Documents History and Systems Review accurately</td>
<td>0-3</td>
</tr>
<tr>
<td></td>
<td>Documents tests and measures/objective findings appropriately.</td>
<td>0-3</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>22</td>
<td>Interventions</td>
<td>0-3</td>
</tr>
<tr>
<td></td>
<td>Accurately documents interventions performed that day.</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Documents evaluation appropriately</td>
<td>0-3</td>
</tr>
<tr>
<td></td>
<td>Diagnosis (Practice pattern from the Guide) and Prognosis</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Writes one short term goal and one long term goal with appropriate format.</td>
<td>0-3</td>
</tr>
<tr>
<td>25</td>
<td>Plan of Care</td>
<td>0-3</td>
</tr>
<tr>
<td></td>
<td>proposed interventions, freq, duration, consults, equipment needs etc.</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Chooses appropriate billing codes and units from provided billing sheet, reflective of patient care.</td>
<td>0-3</td>
</tr>
</tbody>
</table>

**Foundational Rehab Tests and Measures Grading (1-7, 12, 21-26)**

| Overall Score:__________/56 |

**Foundational Rehab Intervention Grading (1-4, 8-26)**

| Overall Score:__________/93 |

**Scoring**

0= incorrect/unsafe  
1 = maximal corrections needed  
2 = moderate corrections needed  
3 = moderate corrections needed  
4 = minimal corrections needed  
5 = correct  

**Scoring for Documentation/Billing**

0 = incorrect  
1 = moderate corrections needed  
2 = minimal corrections needed  
3 = correct
PRACTICAL EXAMINATION CASES
Year 1, Spring Semester
Spring 2016

Cases:

I. Pt’s referral is for “Outpatient PT for L4 – L5 disc herniation – evaluate and treat”
   a. Information from the primary provider’s note attached to the referral: Gradual onset 4 weeks ago, disc herniation confirmed by MRI, pain is 8/10 in lower lumbar spine, N/T and weakness in L L4 – L5 dermatome and myotome (foot drop), patient has been lying in bed a lot since injury. English is the patient’s second language.

II. Pt’s referral is for “Nursing home PT for L LE weakness s/p R CVA – evaluate and treat”
   a. Information from nursing: Right CVA 1 week ago, no spasticity, good sensation in L LE, good cognition, poor L LE strength, poor balance, transferred to nursing home yesterday. Patient is excessively eager to return home to family and is quite hard of hearing.

III. Pt’s referral is for “Emergency room PT for R ATFL sprain – evaluate and treat”
   a. Information from the primary provider in the emergency room: Athlete sprained ankle 1/2 hour ago, radiographs -, large amount of inflammation, pain 8/10 R ankle, patient is allowed to WBAT, but is ambulating poorly, patient has history of orthostatic hypotension. This patient has been diagnosed with ADHD.

IV. Pt’s referral is for “Outpatient PT for gait training and L lateral epicondylitis – evaluate and treat”
   a. Information from the primary provider’s note attached to the referral: Patient has difficulty weight bearing on L LE due to osteoarthritis. Pt also has complaints of elbow pain near L lateral epicondyle x 2 days after using crutches at home. Pt notes it hurts to put pressure over the area. Patient has an intellectual disability.
DEPARTMENT OF PHYSICAL THERAPY  
DPT CLINICAL CORRELATIONS II  
DPT 620  
SUMMER YEAR 2 2016

INSTRUCTORS

Course Director: Heidi M Nelson, PT, DPT  
Office: Mayfair 106  
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.  
Office Phone: 712-279-5478  
Cell Phone: 608-293-0000  
Work E-mail: Heidi.nelson@briarcliff.edu  
Faculty Biosketch: Dr. Nelson was hired by Briar Cliff University as the Director of Clinical Education for the developing Doctor of Physical Therapy Program in 2014. Dr. Nelson came to Briar Cliff after working in clinical physical therapy in the fields of pediatrics, geriatrics, and clinic management. During her pediatric physical therapy residency at the Munroe-Meyer Institute, she also was a teaching assistant and lab assistant for the Pediatrics course in the Doctor of Physical Therapy Program. She has recently become an American Physical Therapy Association (APTA) Advanced Credentialed Clinical Instructor in July 2014.

Course Instructor: Patrick Cross, PT, DPT, RHF  
Office: Mayfair 107  
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.  
Office Phone: 712-279-1708  
Cell Phone: 605-202-0997  
Work E-mail: Patrick.Cross@briarcliff.edu  
Faculty Biosketch: Dr. Cross has been practicing as a PT since 2002. He practiced PT in different capacities for 10 years on an American Indian reservation, including director of a wellness center and rehabilitation. Dr. Cross has also practiced in inpatient, nursing home, and home health settings. Additionally, Dr. Cross has spent many hours training athletes and on the sidelines of rural high school sporting events. His favorite task is to teach students and then take them to community-based settings, in which services are minimal, so that they can apply what they have learned, as well as extend access to physical therapy services to those in need.

Course Instructor: Patrick Hauer, Ed, PT, MHS
Office: Mayfair 105
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone:
Cell Phone: 605-661-3740
Work E-mail: Patrick.hauer@briarcliff.edu
Faculty Biosketch: Dr. Hauer has been practicing as a physical therapist and educator who has focused on cardiovascular and pulmonary, pathophysiology, orthotics and prosthetics, gait, and certain musculoskeletal topics within the curriculum as well as in the clinical setting. Likewise, his research areas have focused on cardiovascular areas associated with young asymptomatic populations and older populations with chronic respiratory problems.

Course Instructor: Eric Strong, PhD, PT
Office: Mayfair 108
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone:
Cell Phone:
Work E-mail: Eric.Strong@briarcliff.edu
Faculty Biosketch: Dr. Strong completed a doctoral program which set the stage for his expertise in health and wellness classes. His specialization in the PhD program was Health Promotion. He has also had the opportunity professionally to work in and manage a university wellness program as well as serve as a wellness consultant to both individuals and corporations. He stays current with the changes that occur to the health and wellness field through a listserv, current research, and webinars specific to the topic. Expertise in the field of geriatrics has been gained through his physical therapy program, work experience in different geriatric settings, continuing education, and research.
Course Description: This course is a clinical and community based practical learning experience that occurs through a variety of settings/programs. This clinical and community correlation experience occurs in the community setting, in the pro bono clinic, and in the classroom during the summer semester of the second year of the program. The student attends each clinical or community based education experience throughout the semester (a minimum of 5 experiences in all) for a to be determined set amount of time. Each faculty member or clinical instructor provides the student with opportunities to promote and expand their knowledge and practice of the physical therapy profession. As a component of this course, each student will also complete a final practical demonstrating success and a level of achievement required for progression in the DPT program.

Credit Hours: 1

Clock Hours: 15

Required DPT Course: Yes

Prerequisites: Admission to DPT Program or instructor consent. For DPT students, successful completion of didactic coursework of the DPT Curriculum from the Summer, Fall, and Spring semesters of year 1 of the program.

Location: To be determined individually for each student.

Meeting Time(s): See schedule

Teaching and Learning Methods: The student will participate in a community based setting and the pro bono clinic under the guidance and supervision of a licensed health care professional to promote interprofessional development. The student will work under the supervision of the skilled professional to achieve the clinical or community based experience. The health care professional reinforces the didactic knowledge and promotes effective communication and professional skills throughout this integrated clinical education experience.
The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student with have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved and underpopulated areas. Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient center care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams. As a component of each student’s full time clinical education experience, the student should practice with the Franciscan values to reflect their education at Briar Cliff University.

Within a Catholic Franciscan University, with a tradition of service, caring and openness to all, broad intellectual background with career development, and encouragement of growth in self-awareness and in one's relationship to others and to God, the mission of Briar Cliff University’s Doctor of Physical Therapy Program is to pursue academic excellence in preparing the next generation of physical therapists to practice autonomously, be leaders within their profession and communities, and respond to patient and societal needs of the region, including the underserved. By challenging students to provide contemporary, skilled, reflective, ethical, legal, compassionate, culturally competent, interprofessional, evidence-based, and patient-centered care, graduates will be prepared to restore, maintain, and promote optimal movement, activity participation, and wellness of clients, while being effective leaders and health care providers within their communities and the ever-changing health care environment.

BCU students are living our Franciscan values by building a caring community, creating peace, reverencing creation and connecting in joyful service.
### STUDENT LEARNING OUTCOMES

Upon completion of this course, the student will have met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Taxonomic Type and Level</th>
<th>CAPTE Evaluative Criteria</th>
<th>CAPTE Proposed Standard(s)</th>
<th>Program Goal(s)</th>
<th>Learning Activities</th>
<th>Method of Assessing Students’ Learning</th>
<th>Minimal Expectation</th>
<th>Specific Outcome Measurement</th>
<th>Minimal Requirement</th>
<th>Taxonomy of Level of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate knowledge of the documentation process in pro bono clinic settings to allow for translation to full time clinic setting as measured by reflective essay 2</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.42</td>
<td></td>
<td>1, 2</td>
<td>Treatment pro-bono clinic</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/written</td>
<td>Reflective Essay 2</td>
<td>Reflective Essay 2</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>2. Describe individual differences of patients and health care providers that can enhance and/or limit successful outcomes as measured by nursing simulation experience.</td>
<td>Cognitive Comprehension</td>
<td>CC-5.12 CC-5.13 CC-5.14 CC-5.25 CC-5.26</td>
<td></td>
<td>1, 3</td>
<td>Nursing simulation experience</td>
<td>Professionalism Form</td>
<td>Scores of excellent and good</td>
<td>Professionalism Form</td>
<td>Professionalism Form</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>3. Demonstrate and provide rationale for appropriate tests and measures for individual patients in pro bono clinic setting based on medical diagnosis, potential PT diagnosis, and necessity for efficiency and efficacy in PT practice as measured by reflective essay 2</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.28 CC-5.29 CC-5.30</td>
<td>1</td>
<td>Evaluation and examination in pro bono clinic</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/written</td>
<td>Reflective Essay 2</td>
<td>Psychomotor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 4. Demonstrate and provide rationale for various physical therapy intervention strategies and projected outcomes on individual patient symptoms, diagnosis, indications, precautions, and contraindications in pro bono | Psychomotor Complex Overt Response | CC-5.31 CC-5.35 CC-5.39 | 1, 2, 3 | Treatment in pro bono clinic | Reflective Essay | Completion and well-thought/written | Reflective Essay 1 | Psychomotor |
5. Describe the advantages and limitations for a particular rehab program and recommend alterations and/or modifications that may be necessitated by changing patient status as measured by pro bono clinic experience as measured by reflective essay 1

<table>
<thead>
<tr>
<th>Clinic as measured by reflective essay 1</th>
<th>Cognitive Comprehension</th>
<th>CC-5.19, CC-5.35</th>
<th>1, 2, 3</th>
<th>Treatment in pro bono clinic</th>
<th>Reflective Essay</th>
<th>Completion and well-thought/written</th>
<th>Reflective Essay 1</th>
<th>Psychomotor</th>
</tr>
</thead>
</table>

6. Develop and provide rationale for patient prognosis and discharge plan as measured by reflective essay 2

<table>
<thead>
<tr>
<th>Psychomotor Adaptation</th>
<th>CC-5.32, CC-5.33</th>
<th>1, 2, 3</th>
<th>Evaluation in pro bono clinic</th>
<th>Reflective Essay</th>
<th>Completion and well-thought/written</th>
<th>Reflective Essay 2</th>
<th>Psychomotor</th>
</tr>
</thead>
</table>

7. Demonstrate time management skills important for the clinical setting as

<table>
<thead>
<tr>
<th>Psychomotor Complex Overt response</th>
<th>CC-5.10, CC-5.11</th>
<th>1</th>
<th>Practical Exam</th>
<th>Practical Exam</th>
<th>Passing</th>
<th>Practical Exam</th>
<th>Psychomotor</th>
</tr>
</thead>
</table>

Approved 11/2014
|               | Psychomotor Complex Overt Response | CC-5.17  
|              |                                  | CC-5.41  
| 8. Demonstrate use of Spanish terms in the nursing simulation lab experience used fluently by healthcare professionals | 1, 2, 3  
|               | Nursing simulation experience      | Professionalism Form  
|               | Scores of excellent or good        | Professionalism Form  
| 9. Demonstrate appropriate treatment techniques safely and effectively for orthopedic conditions as measured by reflective essay | 1  
|               | Clinical day in Orthopedic clinic   | Professionalism Form and reflective essay  
|               | Scores of excellent or good and well-written essay | Reflective Essay 4  
| 10. Demonstrate communication and collaboration with healthcare team members, include nursing students, during simulation lab experience | 1, 2, 3  
|               | Nursing simulation experience      | Professionalism Form  
|               | Scores of excellent or good        | Professionalism Form  

*For definitions, please see Appendix A*
## COURSE MATERIALS

**Required Textbooks, Readings, and Resources:**

**Supplemental/ Recommended Readings and Resources:**
Texts utilized in didactic coursework from related areas of physical therapy practice.

**Required Equipment:**
Student equipment kit required for purchase as a textbook in the first year of the program.
The student is referred to the student handbooks of Briar Cliff University, the School of Graduate Studies, the Department of Physical Therapy Student Handbook, and the Clinical Education Handbook for all academic performance and professional behavior expectations and policies.

The DPT curriculum and the associated courses are academically rigorous. Success in this course will require a significant investment of time. On average, students should assume the need to invest at least two hours of time outside of scheduled course time for preparation, studying, and completing assignments for each hour of time that the student is physically participating in the course (e.g., a one credit course = 15 contact hours = a minimum of 30 outside of class hours). Based on individual past experiences, study habits, etc., some courses may require more time be devoted to the course, some may require less.

Attendance is an important aspect of professional education and therefore expected for each integrated clinical education experience. Students are expected to attend each integrated clinical education experience on the days that they are scheduled and to arrive on time as active presence is critical to the professional development of the student and peers. Students who miss the integrated clinical education experience are responsible for contacting the DCE and an additional experience with a faculty member.

Excused absences from class must be requested prior to the start of the day and must be validated by the DCE. Examples of excused absences include illness, a death in the family, etc. If there are special circumstances please inform the instructor on or before the first day of class, or as soon as possible. Students experiencing health or personal problems that prevent full participation in the course should attempt to contact the DCE prior to class. The DCE reserve the right to determine the legitimacy of all excuses and may request written documentation verifying the absence. It is at the discretion of the DCE to require additional assignments to be completed in lieu of absences. If a DCE is concerned about a student’s attendance in a course, including multiple excused absences, he/she may submit a professional behavior citation to the Progress and Conduct Committee.

Students are discouraged from planning vacations and/or appointments that will result in missed integrated clinical education experiences; an elective physician’s appointment may not be considered an excused absence. Tardiness of over 15 minutes will be deemed as an unexcused absence, unless the student has prior approval from his/her course instructor of DCE. There will be minimal opportunities to make up for missed time in integrated clinical education experiences. More than one unexcused absence and/or failure to complete any additional assignments required by the instructor may result in a 10% reduction in a student’s final grade and/or a professional behavior citation to the Progress and Conduct Committee.

In addition to attendance, success in this course is dependent on the participation of each individual enrolled in the course. As part of adult-centered learning, each student is expected to
be prepared to participate in each integrated clinical education experience prior to the start of each experience day. Students who do not bring the necessary materials and/or do not wear appropriate clothing for class will be dismissed from the experience to retrieve materials and/or change into appropriate attire. Each student is also expected to contribute to the integrated clinical education experience during each experience. Failure to do so will make it difficult for a student to gain a good understanding of the purpose of the integrated clinical education experience, thus potentially negatively effecting learning and the student’s overall progress/grade in the course. If the DCE feels a student is not properly participating and/or preparing for clinical, the DCE is encouraged to speak individually with the student. The DCE may submit a professional behavior citation to the Progress and Conduct Committee.

Recognizing that true professionalism is the integration of knowledge and skill with altruistic attitudes, values and behaviors, the DPT Program expects its students to develop the dispositions of competent and compassionate health care professionals, and requires that they behave in a manner that brings honor on their profession at all times. In keeping with this philosophy, faculty will act consistently and officially to guide students towards acceptable behaviors, and to take corrective action in the event of repeated or serious infractions of expected professional conduct. Upon the witnessing of behavior that is in conflict with that articulated in Departmental and profession-based documents outlining expected behaviors (e.g., professional Code of Ethics, HIPAA, Student Handbook, etc.), but which falls short of academic or non-academic misconduct, a course instructor or the DCE can submit a professional behavior citation to the DPT Progress and Conduct Committee. This includes appropriate use of electronic technology during the integrated clinical education experience. Laptops, tablets, and cell phones may be used for learning activities, such as online research, reviewing PowerPoint slides, and taking notes during lecture or in class activities, although students should follow the program’s policies on technology use in integrated clinical education experiences. Students using electronic technology to view social media outlets, check email, work on other course assignments or study for an upcoming exam will receive a professional behavior citation to the DPT Progress and Conduct Committee. Actions that are more severe (e.g., academic misconduct, sexual violence, violation of laws), will be referred to process defined in the School of Graduate Studies and University Student Handbooks.

Part of becoming a professional is the ability to peer-assess. In an effort to comply with University standards, as well as accreditation and ongoing programmatic quality assurance, completion of all DPT course evaluations and graduate curriculum assessments is required in order for the student to be assigned a course grade and/or graduate.
Keeping consistent with University standards, the grading scale below will be utilized for this course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9%</td>
</tr>
<tr>
<td>B+</td>
<td>88-89.9%</td>
</tr>
<tr>
<td>B</td>
<td>83-87.9%</td>
</tr>
<tr>
<td>B-</td>
<td>80-82.9%</td>
</tr>
<tr>
<td>C+</td>
<td>78-79.9%</td>
</tr>
<tr>
<td>C</td>
<td>73-77.9%</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9%</td>
</tr>
<tr>
<td>D+</td>
<td>68-69.9%</td>
</tr>
<tr>
<td>D</td>
<td>60-67.9%</td>
</tr>
<tr>
<td>F</td>
<td>≤59.9%</td>
</tr>
</tbody>
</table>

Please note that when grades are calculated, instructors will not round the percent up or down. For example, an 89.9 is a B+. For the purposes of pass/fail courses, a student must achieve a score of 80% or better in the course, as well as successfully complete all required course components to the satisfaction of the course instructor.

Unless otherwise noted by the course instructor or specified below, all assignments are to be typed, completed individually, and submitted to drop boxes on the course website by 11:59 PM CST. Assignments should be titled as follows: Lastname_Fname_Courseprefix and number_Brief assignment description (e.g., Cross_Patrick_DPT600_codeofethicsassignment). Students should complete assignments early to avoid lateness due to computer problems and other issues that arise when completing assignments at the last minute. Scores will be reduced 10% per day for late assignments or projects.

Students are expected to adhere to Briar Cliff University’s policies on academic integrity. Violations, as outlined in University policies, will be reported.

- **Academic dishonesty** is defined as, but not limited to the following: copying a classmate’s work, using crib notes during a test, stealing or conveying examination questions, informing classmates of information on practical examination, maintaining library materials so that classmates cannot utilize the materials, falsely representing clinical cases, turning in written assignments that are not authentic, or fabrication of any sort. No credit can be given for a dishonest assignment. At the discretion of the instructor, a student caught engaging in any form of academic dishonesty may, at a minimum, receive a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.

- **Plagiarism** is defined as using the words and/or ideas of another and representing them to be one’s own, without proper credit to the author or source. The act of writing is an integral part of the learning process. If a student tries to pass off the work of another writer as their own, whether intentional or unintentional, plagiarism will result, at a minimum, in a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.
All students will have one week after the distribution of an exam or assignment to dispute a response or grade. The dispute must be typed and include the following: item number or what is being challenged, why the response should be considered correct, and an accurate reference(s). If an error was made in the grading (e.g., instructor marked an answer wrong and it was correct per the answer key or instructor did not add up points correctly), a dispute is not necessary. However, it must be brought to the instructor’s attention within one week of the distribution of the exam or assignment.

In order to make sure that a student is properly trained and safe to go to long term clinicals, clinical correlations courses are integrated throughout the curriculum. A student must pass all portions of this course, including the practical exam, in order to receive a passing grade for this course. Failure to do so will result in a failing or “incomplete” grade. In parallel to policies established by the School of Graduate Studies and the DPT Program, an assignment of a failing or “incomplete” grade may affect a DPT student’s progression in the program.

Please see course expectations regarding how unexcused absences and/or failure to complete course evaluation may effect a grade. In addition, there will not be any extra credit opportunities unless otherwise noted by the instructor.
Assignments:

1. Reflective Essay 1
   a. The student will write a reflective essay regarding completion of a treatment session utilizing techniques previously learned in physical therapy curriculum including what treatments were effective in treating the patient’s condition, what assistance was needed from clinician, and what techniques may have been more effective.
   b. Turn in professionalism form completed by academic faculty in pro bono clinic to DCE.
   c. Due by July 15, 2016.
   d. 20 Points

2. Reflective Essay 2
   a. The student will write a reflective essay regarding completion of a full evaluation with guidance from clinician or physical therapy instructor. The student will include in the essay three points that the student performed well and three areas of improvement on future evaluations.
   b. Turn in professionalism form completed by academic faculty in pro bono clinic to DCE.
   c. Due by July 15, 2016.
   d. 20 points

3. Reflective Essay 3
   a. The student will write a reflective essay regarding the benefits of service learning from the perspective of a physical therapist and a summary of events completed during service learning experience.
   b. Turn in professionalism form completed by professional to DCE.
   c. Due 1 week following service learning experience.
   d. 20 points

4. Reflective Essay 4
   a. The student will write a reflective essay discussing three orthopedic conditions treated in a community orthopedic clinic with treatment techniques used and efficacy of treatment techniques used with outcome assessment.
   b. Turn in professionalism form completed by academic faculty in pro bono clinic to DCE.
   c. Due within 1 week of experience.
   d. 20 Points

5. Simulation Experience
   a. The student will actively participate in an interdisciplinary/interprofessional simulation experience with nursing students and will including Spanish use by the
healthcare provider to demonstrate communication between healthcare providers and patients.
b. Turn in professionalism form completed by academic faculty in simulation experience.
c. 20 points

6. Practical Exam
   a. The student will complete a practical exam at the end of the semester incorporating all techniques learned in the spring semester.
   b. See attached grading rubric for grading purposes.
   c. Pass/Fail.

<table>
<thead>
<tr>
<th>Evaluative Item</th>
<th>Due Date</th>
<th>Overall Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflective Essay 1</td>
<td>July 15, 2016</td>
<td>20 points</td>
</tr>
<tr>
<td>Reflective Essay 2</td>
<td>Within 1 week of experience</td>
<td>20 points</td>
</tr>
<tr>
<td>Reflective Essay 3</td>
<td>Within 1 week of experience</td>
<td>20 points</td>
</tr>
<tr>
<td>Reflective Essay 4</td>
<td>Within 1 week of experience</td>
<td>20 points</td>
</tr>
<tr>
<td>Simulation Experience</td>
<td>TBD</td>
<td>20 points</td>
</tr>
<tr>
<td>Musculoskeletal Practical</td>
<td>TBD</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>100 points/ Pass/Fail</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 80-100 points</td>
<td>• Less than 80 points</td>
</tr>
<tr>
<td>• No professionalism concerns</td>
<td>• Professionalism concerns on assessment form</td>
</tr>
<tr>
<td>• Completion of all assignments and class participation</td>
<td>• Failure to complete one assignment or participate in class</td>
</tr>
<tr>
<td>• Timeliness with completion of assignments</td>
<td>• Assignment turned into DCE greater than 1 week past due</td>
</tr>
<tr>
<td>• Active participation in simulation experience</td>
<td>• No participation in simulation experience</td>
</tr>
<tr>
<td>• Passage of musculoskeletal practical exam</td>
<td>• Failure of Practical Exam</td>
</tr>
<tr>
<td>• Essay must be well written, cohesive, high level of reflection</td>
<td></td>
</tr>
</tbody>
</table>
Communication:
Physical Therapy Faculty Members are committed to being as accessible as possible to students, but cannot be available at every moment a student needs. Email will be the best way to try to get in touch with the instructors. Please do not try to send text messages to the phone number listed on page one, unless it is very important (i.e. death of family member in the middle of the night for which the student needs to leave immediately). When a student e-mails an instructor in regards to this course, the person should include the course prefix and number in the subject line. Faculty will make every effort possible to respond to all email messages within 48 hours, and much faster whenever possible. At the same time, students should also be checking e-mail regularly and open and read any e-mails received from an instructor.

If there is something urgent that a student needs addressed during regular business hours, the student can try calling the instructor or stopping by the instructor’s office. Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet. Any message that a student leaves on an instructor’s work voicemail will be forwarded via BCU e-mail.

Freedom in Learning:
Students are responsible for learning the content of any course of study in which they are enrolled. Student academic performance shall be evaluated solely on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards, but is related instead to judgment of their personal opinion or conduct should contact the Dean of Academic Affairs.

Policy on Fair Evaluation:
Each student is entitled to earn and receive a fair grade in each course for which he or she enrolls. It is the right and the responsibility of an instructor to establish criteria for evaluation for each course which he or she teaches and to determine the degree to which an individual student has fulfilled the standards set for the course. Students should be apprised that extraneous factors, such as the eligibility of a student for an organization’s membership, for scholarship and fellowship awards, for admission to graduate schools, or for participation on an athletic team, for example, have no bearing on the determination of the fairness of a grade or grades received. The quality of the student’s overall performance with respect to evaluation standards will be the only criterion for judgment.

Grievance Procedure:
Please consult the student handbook or catalog for specific guidance on BCU’s grievance procedures.

ADA Policy:
Students having legitimately evaluated physical conditions or learning difficulties are eligible for reasonable modifications of classroom and teaching conditions. Disability evaluations
should be registered through the Student Support Services Office. If a student has a registered disability, please see the Course Director about arranging for accommodations as soon as possible.

**University Assessments/Surveys:**
The assessment of student learning is an integral part of the educational experience at Briar Cliff University. To this end, the faculty continually assess student learning to improve our teaching and to monitor student success. Occasionally a student will be requested to participate in both college-wide and discipline-specific assessment activities. Please take these assessments and surveys seriously. The data that is collected will provide valuable information to faculty and will be used to improve student learning at Briar Cliff University.
**Student Support Services:**
The Student Support Services office provides accommodations for students with disabilities. To obtain this service, students must make an appointment with the director to submit documentation, talk about the disability, and discuss the accommodations needed. Ideally, this should be done as soon as the student knows he/she will be attending Briar Cliff University because some accommodations require more lead time to provide. See the student disability handbook for more detailed information. Contact Brenda Parkhill by phone at 712-279-5531, or by e-mail at brenda.parkhill@briarcliff.edu.

**Writing Center:**
The Writing Center, located in the Bishop Mueller Library, is available to all Briar Cliff students for strengthening academic writing development. The Center provides one-on-one peer mentoring, workshops and computer-based tutorials. The Writing Center’s number is 712-279-5520 or a student can email the Writing Center mentors at writing.center@briarcliff.edu. The Center’s web address is bcuwritingcenter.wordpress.com.

**Academic Resource Commons:**
The Academic Resource Commons provides students with the resources and services necessary for academic success and recovery. Located in the ARC are the following: ELL support services, the Writing Center, Academic Peer Mentors, the Early Alert Project Manager and the Director of Academic Support and Achievement. Through one-on-one appointments, peer support and mentoring, workshops, and academic advising (in addition to faculty advising), the Academic Resource Commons empowers students to develop a comprehensive set of life and academic skills, connects students with all campus bodies, and offers the social, academic and personal support necessary to persist. Contact Stephanie Andell at Stephanie.Andell@briarcliff.edu.

**ELL Support Services:**
Located in the Academic Resource Commons, ELL support services provide students with additional help in reading comprehension, vocabulary development and grammar, writing skills, listening proficiency, and oral communication. Students closely work one-on-one with an ELL Specialist to help with their specific learning needs.

**Office of Academic Achievement:**
Recognizing there are a variety of reasons why a student may struggle academically, the director of academic support and achievement helps students overcome obstacles while empowering them to create their own unique, college experience. The director meets with students to 1) connect them with necessary campus resources; 2) provide the support and services necessary to aid in students’ success; and, 3) enable the development of programs that fit students’ ever-changing personal and academic needs as they persist at Briar Cliff University.
The office of academic support and achievement serves students in all ways, and welcomes the opportunity to meet with a student for any reason—whether it be social, academic or personal. Contact Jessica McCormick at Jessica.McCormick@briarcliff.edu.
**Tentative Course Outline/Schedule**

*This syllabus is subject to change if it is determined to be in the best interest of the students’ learning. Additional learning resources may be added to the course website that are not listed in the required or recommended readings columns of this schedule.*

<table>
<thead>
<tr>
<th>Day/Date/Time</th>
<th>Topics/Activities</th>
<th>Session Learning Objectives</th>
<th>Required Readings (prior to class)</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Friday</td>
<td>TBD – Individualized for students</td>
<td>TBD once course materials completed</td>
<td>Class Syllabus</td>
<td>TBD – Individualized for students</td>
</tr>
<tr>
<td>Throughout first half of Semester</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX A. CURRICULUM CONTENT

Taxonomic Levels:
Affective Domain:  http://www.assessment.uconn.edu/docs/LearningTaxonomy_Affective.pdf

CAPTE Curriculum Content:

CC-1. The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (e.g., anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

CC-2. The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (e.g., applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

CC-3. The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (e.g., content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

CC-4. The physical therapist professional curriculum includes clinical education experiences for each student that encompass:
   a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
   b) Practice in settings representative of those in which physical therapy is commonly practiced;
   c) Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
   d) Opportunities for involvement in interdisciplinary care; and
   e) Other experiences that lead to the achievement of expected student outcomes.

CC-5. The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required
for initial practice of the profession of physical therapy.1(pp43-121),2(pp16-80)
The curriculum is designed to prepare students to meet the practice expectations
listed in CC-5.1 through CC-5.66.

Professional Practice Expectation: Accountability

CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional
regulations related to patient/client care and fiscal management.
CC-5.2 Have a fiduciary responsibility for all patient/clients.
CC-5.3 Practice in a manner consistent with the professional Code of Ethics.
CC-5.4 Change behavior in response to understanding the consequences (positive and
negative) of his or her actions.
CC-5.5 Participate in organizations and efforts that support the role of the physical
therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism

CC-5.6 Place patient’s/client’s needs above the physical therapist’s needs.
CC-5.7 Incorporate pro bono services into practice.

Professional Practice Expectation: Compassion/Caring

CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.
CC-5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity

CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members,
caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty

CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family
members, caregivers, other health care providers, students, other consumers, and
payers.
CC-5.12 Participate in self-assessment to improve the effectiveness of care.
CC-5.13 Participate in peer assessment activities.
CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment
activities.
CC-5.15 Participate in clinical education of students.
CC-5.16 Participate in professional organizations.

Professional Practice Expectation: Communication

CC-5.17 Expressively and receptively communicate in a culturally competent manner with
patients/clients, family members, caregivers, practitioners, interdisciplinary team
members, consumers, payers, and policymakers.

Approved 11/2014
Professional Practice Expectation: Cultural Competence

CC-5.18 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: Clinical Reasoning

CC-5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.

CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice

CC-5.21 Consistently use information technology to access sources of information to support clinical decisions.

CC-5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

CC-5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.

CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education

CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening

CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination

CC-5.28 Examine patients/clients by obtaining a history from them and from other sources.

CC-5.29 Examine patients/clients by performing systems reviews.

CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:

a) Aerobic Capacity/Endurance

b) Anthropometric Characteristics

c) Arousal, Attention, and Cognition
d) Assistive and Adaptive Devices
e) Circulation (Arterial, Venous, Lymphatic)
f) Cranial and Peripheral Nerve Integrity
g) Environmental, Home, and Work (Job/School/Play) Barriers
h) Ergonomics and Body Mechanics
i) Gait, Locomotion, and Balance
j) Integumentary Integrity
k) Joint Integrity and Mobility
l) Motor Function (Motor Control and Motor Learning)
m) Muscle Performance (including Strength, Power, and Endurance)
n) Neuromotor Development and Sensory Integration
o) Orthotic, Protective, and Supportive Devices
p) Pain
q) Posture
r) Prosthetic Requirements
s) Range of Motion (including Muscle Length)
t) Reflex Integrity
u) Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])
v) Sensory Integrity
w) Ventilation and Respiration/Gas Exchange
x) Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Patient/Client Management Expectation: Evaluation

CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Patient/Client Management Expectation: Diagnosis

CC-5.32 Determine a diagnosis that guides future patient/client management.

Patient/Client Management Expectation: Prognosis

CC-5.33 Determine patient/client prognoses.

Patient/Client Management Expectation: Plan of Care

CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.

CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.

CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
CC-5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC-5.38 Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention

CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a) Therapeutic Exercise
   b) Functional Training in Self-Care and Home Management
   c) Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
   d) Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
   e) Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
   f) Airway Clearance Techniques
   g) Integumentary Repair and Protection Techniques
   h) Electrotherapeutic Modalities
   i) Physical Agents and Mechanical Modalities

CC-5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA’s ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.

CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC-5.43 Practice using principles of risk management.

CC-5.44 Respond effectively to patient/client and environmental emergencies in one’s practice setting.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.

CC-5.49 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.
Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50  Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
CC-5.51  Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.
CC-5.52  Apply principles of prevention to defined population groups.

Practice Management Expectation: Management of Care Delivery

CC-5.53  Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
CC-5.54  Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.
CC-5.55  Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
CC-5.56  Participate in the case management process.

Practice Management Expectation: Practice Management

CC-5.57  Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.
CC-5.58  Participate in financial management of the practice.
CC-5.59  Establish a business plan on a programmatic level within a practice.
CC-5.60  Participate in activities related to marketing and public relations.
CC-5.61  Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: Consultation

CC-5.62  Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.63  Challenge the status quo of practice to raise it to the most effective level of care.
CC-5.64  Advocate for the health and wellness needs of society.
CC-5.65  Participate and show leadership in community organizations and volunteer service.
CC-5.66  Influence legislative and political processes.

Proposed CAPTE Standards:
DPT Goals
In parallel with the Program’s mission, upon completion of all requirements of the Briar Cliff University School of Physical Therapy, the graduate will be prepared to:
   1. Practice physical therapy autonomously.
   2. Be leaders within their communities and profession.
   3. Provide health care services in underserved settings.
APPENDIX B. SYLLABUS CONTRACT

Name: ____________________________ Date: ________________
(Print)

PLEASE INITIAL THE FOLLOWING:

_____ I understand the assignment expectations as stated in the syllabus.

_____ I understand the policies regarding performance expectations for this class.

_____ I understand the policies regarding attendance and late work/papers for this class.

_____ I understand the attendance policy in place for this class, including my missed tests, assignments, and in-class work.

_____ I understand the expectations regarding before class preparation and in-class participation.

_____ I understand the expectations regarding classroom conduct, including the use of electronic devices and tardiness.

_____ I understand the importance of maintaining a constructive and respectful environment during all class sessions.

_____ I have read the above and understand that failure of any of the above will affect my grade in a negative manner even to the result of failing this course.

_______________________________________________
Student’s Signature
APPENDIX C. PROFESSIONALISM FORM

BRIAR CLIFF UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
Summer 2016
DPT CLINICAL CORRELATIONS 2

Student: ___________________________________
Facility: ____________________________________

From a clinical stand point please indicate quality of student professional behavior during the time this student spent with you. Ratings will be used to identify issues of professionalism and to provide an opportunity for any necessary discussions addressing professional behaviors.

1. Student exhibited caring, compassion, & empathy in providing service/care to patient/client.
   - Excellent  □  Good  □  Fair  □  Poor  □  Not applicable

2. Demonstrated professional behavior in interactions with patients/clients.
   - Excellent  □  Good  □  Fair  □  Poor  □  Not applicable

3. Demonstrated appropriate expressive & receptive communication with patient/client, family members, or other health care professionals.
   - Excellent  □  Good  □  Fair  □  Poor  □  Not applicable

4. Exhibited cultural competence when dealing with patients/clients.
   - Excellent  □  Good  □  Fair  □  Poor  □  Not applicable

This student was (indicate all that apply):
- □ Respectful  □ Polite  □ Pleasant  □ Dressed Appropriately

Please take a moment to comment on this student’s professionalism during this one day experience:

Signature of clinical personnel completing questionnaire:

_______________________________________________

Approved 11/2014
## APPENDIX D. PRACTICAL EXAM GRADING RUBRIC

**BRIAR CLIFF UNIVERSITY**  
**PHYSICAL THERAPY DEPARTMENT**

**DPT CLINICAL CORRELATIONS 2**  
**COMPREHENSIVE MUSCULOSKELETAL PRACTICAL GRADING SHEET**

**STUDENT NAME ____________________________**

**FACULTY MEMBER PERFORMING TESTING: __________________**

**VERSION TESTED ON: __________________**

### HISTORY (75 POINTS):

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<thead>
<tr>
<th>Question</th>
<th>YES (Points)</th>
<th>REQUIRED PROMPTING (Subpoints)</th>
<th>NO (Points)</th>
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</thead>
<tbody>
<tr>
<td>Did the student introduce themselves?</td>
<td>10 (10)</td>
<td>5</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Flow of questioning appropriate for the case</td>
<td>20 (15, 10, 5)</td>
<td></td>
<td>0 (0)</td>
</tr>
<tr>
<td>Asked appropriate differential diagnosis questions</td>
<td>20 (15, 10, 5)</td>
<td></td>
<td>0 (0)</td>
</tr>
<tr>
<td>Performed appropriate systems review</td>
<td>20 (15, 10, 5)</td>
<td></td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

### TEST AND MEASURES (75 POINTS):

<table>
<thead>
<tr>
<th>Question</th>
<th>YES (Points)</th>
<th>REQUIRED PROMPTING (Subpoints)</th>
<th>NO (Points)</th>
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</thead>
<tbody>
<tr>
<td>Postural/ limb alignment assessment appropriate for case</td>
<td>10 (10)</td>
<td>5</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Range of motion assessment appropriate for case and performed correctly</td>
<td>10 (10)</td>
<td>5</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Palpation appropriate (location and structure) for the case</td>
<td>15 (10, 5)</td>
<td></td>
<td>0 (0)</td>
</tr>
<tr>
<td>Neurological examination appropriate for case and performed correctly</td>
<td>15 (10, 5)</td>
<td></td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

Approved 11/2014
WAS SELECTION OF SPECIAL TESTING APPROPRIATE FOR CASE
YES (5) REQUIRED PROMPTING (2) NO (0)

MOST IMPORTANT SPECIAL TEST IDENTIFIED BY STUDENT
NAME OF SPECIAL TEST ___________________

IS THIS APPROPRIATE FOR THIS CASE?
YES (5) NO (0)

WAS SPECIAL TEST PERFORMED CORRECTLY?
YES (5) NO (0)

DID STUDENT UNDERSTAND PURPOSE OF SPECIAL TEST
YES (5) NO (0)

WERE OTHER SPECIAL TESTS IDENTIFIED BY THE STUDENT AS NECESSARY?
YES NO

IF YES, WERE THE SPECIAL TESTS APPROPRIATE?
YES NO

EVALUATION: (___/25 points)
IS THE STUDENT EVALUATION APPROPRIATE FOR THE CASE?
YES (25) PARTIALLY (20, 15, 10, 5) NO (0)

COMMENTS:

PLAN OF CARE: (___/50 points)
APPROPRIATE FOR THE CASE
YES (25) PARTIALLY (20, 15, 10, 5) NO (0)

COMMENTS:

PERFORMED PROPERLY
YES (25) PARTIALLY (20, 15, 10, 5) NO (0)

COMMENTS:

ASSESSMENT OF HANDLING TECHNIQUES BY SUBJECT AND FACULTY (25 POINTS)
HANDLING APPEARS/FELT TO BE COMFORTABLE YES NO
HANDLING APPEARS/FELT TO BE APPROPRIATE YES NO
SAFETY (PASS/FAIL)

DID STUDENT PERFORM ANY UNSAFE ACTIONS DURING THE EXAM

NO       YES – IF YES, SPECIFY

WAS THE UNSAFE ACT:  MINOR  MAJOR

IF MAJOR, THE STUDENT AUTOMATICALLY FAILS THE EXAM

TOTAL POINTS

HISTORY       ___________ /75
TESTS AND MEAURES _______ /75
EVALUATION    _______ /25
PLAN OF CARE  _______ /50
HANDLING TECHNIQUES ________________________ /25

/250 POINTS
Course Director: TBD, ADCE

Office: 
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone: 
Cell Phone: 
Work E-mail: 
Faculty Biosketch:

Course Instructor: Patrick Cross, PT, DPT, RHF

Office: Mayfair 107
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone: 712-279-1708
Cell Phone: 605-202-0997
Work E-mail: Patrick.Cross@briarcliff.edu
Faculty Biosketch: Dr. Cross has been practicing as a PT since 2002. He practiced PT in different capacities for 10 years on an American Indian reservation, including director of a wellness center and rehabilitation. Dr. Cross has also practiced in inpatient, nursing home, and home health settings. Additionally, Dr. Cross has spent many hours training athletes and on the sidelines of rural high school sporting events. His favorite task is to teach students and then take them to community-based settings, in which services are minimal, so that they can apply what they have learned, as well as extend access to physical therapy services to those in need.

Course Instructor: Patrick Hauer, Ed, PT, MHS

Office: Mayfair 105
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone: 
Cell Phone: 605-661-3740
Work E-mail: Patrick.hauer@briarcliff.edu
Faculty Biosketch: Dr. Hauer has been practicing as a physical therapist and educator who has focused on cardiovascular and pulmonary, pathophysiology, orthotics and prosthetics, gait, and certain musculoskeletal topics within the curriculum as well as in the clinical setting. Likewise, his research areas have focused on cardiovascular areas associated with young asymptomatic populations and older populations with chronic respiratory problems.

Course Instructor: Heidi M Nelson, PT, DPT
Office: Mayfair 106
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone: 712-279-5478
Cell Phone: 608-293-0000
Work E-mail: Heidi.nelson@briarcliff.edu
Faculty Biosketch: Dr. Nelson was hired by Briar Cliff University as the Director of Clinical Education for the developing Doctor of Physical Therapy Program in 2014. Dr. Nelson came to Briar Cliff after working in clinical physical therapy in the fields of pediatrics, geriatrics, and clinic management. During her pediatric physical therapy residency at the Munroe-Meyer Institute, she also was a teaching assistant and lab assistant for the Pediatrics course in the Doctor of Physical Therapy Program. She has recently become an American Physical Therapy Association (APTA) Advanced Credentialed Clinical Instructor in July 2014.

Course Instructor: Eric Strong, PhD, PT
Office: Mayfair 108
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone:
Cell Phone:
Work E-mail: Eric.Strong@briarcliff.edu
Faculty Biosketch: Dr. Strong completed a doctoral program which set the stage for his expertise in health and wellness classes. His specialization in the PhD program was Health Promotion. He has also had the opportunity professionally to work in and manage a university wellness program as well as serve as a wellness consultant to both individuals and corporations. He stays current with the changes that occur to the health and wellness field through a listserv, current research, and webinars specific to the topic. Expertise in the field of geriatrics has been gained through his physical therapy program, work experience in different geriatric settings, continuing education, and research.
Course Description: This course is a clinical and community based practical learning experience that occurs through a variety of settings/programs. This clinical and community correlation experience occurs in the community setting, in the pro bono clinic, and in the classroom during the fall semester of the second year of the program. The student attends each clinical or community based education experience throughout the semester (a minimum of 5 experiences in all) for a to be determined set amount of time. Each faculty member or clinical instructor provides the student with opportunities to promote and expand their knowledge and practice of the physical therapy profession. As a component of this course, each student will also complete a final practical demonstrating success and a level of achievement required for progression in the DPT program.

Credit Hours: 1

Clock Hours: 15

Required DPT Course: Yes

Prerequisites: Admission to DPT Program or instructor consent. For DPT students, successful completion of didactic coursework of the DPT Curriculum from the Summer, Fall, and Spring semesters of year 1 of the program as well as the Summer semester for year 2.

Location: To be determined individually for each student.

Meeting Time(s): See schedule

Teaching and Learning Methods: The student will participate in a community based setting and the pro bono clinic under the guidance and supervision of a licensed health care professional to promote interprofessional development. The student will work under the supervision of the skilled professional to achieve the clinical or community based experience. The health care professional reinforces the didactic knowledge and promotes effective communication and professional skills throughout this integrated clinical education experience.
The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student will have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved and underpopulated areas. Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient center care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams. As a component of each student’s full time clinical education experience, the student should practice with the Franciscan values to reflect their education at Briar Cliff University.

Within a Catholic Franciscan University, with a tradition of service, caring and openness to all, broad intellectual background with career development, and encouragement of growth in self-awareness and in one’s relationship to others and to God, the mission of Briar Cliff University’s Doctor of Physical Therapy Program is to pursue academic excellence in preparing the next generation of physical therapists to practice autonomously, be leaders within their profession and communities, and respond to patient and societal needs of the region, including the underserved. By challenging students to provide contemporary, skilled, reflective, ethical, legal, compassionate, culturally competent, interprofessional, evidence-based, and patient-centered care, graduates will be prepared to restore, maintain, and promote optimal movement, activity participation, and wellness of clients, while being effective leaders and health care providers within their communities and the ever-changing health care environment.

BCU students are living our Franciscan values by building a caring community, creating peace, reverencing creation and connecting in joyful service.
### Student Learning Outcomes

Upon completion of this course, the student will have met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Taxonomic Type and Level</th>
<th>CAPTE Evaluative Criteria</th>
<th>CAPTE Proposed Standard(s)</th>
<th>Program Goal(s)</th>
<th>Learning Activities</th>
<th>Method of Assessing Students’ Learning</th>
<th>Minimal Expectation</th>
<th>Specific Outcome Measurement</th>
<th>Taxonomy of Level of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate appropriate selection and performance of treatment techniques safely and effectively for neurological conditions as measured by reflective essay 1.</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.39a CC-5.39b CC-5.39c</td>
<td>1, 2</td>
<td>Treatment in community or pro bono clinic</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/ written</td>
<td>Reflective Essay 1</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>2. Develop strategies to promote cardiovascular/pulmonary physical therapy techniques in every day practice as measured by reflective essay 4.</td>
<td>CC-5.30a CC-5.30e CC-5.30w CC-5.39a</td>
<td>1, 2</td>
<td>Treatment in community or pro bono clinic</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/ written</td>
<td>Reflective Essay 4</td>
<td>Psychomotor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Describe working knowledge of wound care treatment following one day clinical education experience as measured by reflective essay 2.</td>
<td>CC-5.30b CC-5.30j CC-5.39g</td>
<td>1, 2</td>
<td>Treatment in community clinic</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/ written</td>
<td>Reflective Essay 2</td>
<td>Psychomotor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Demonstrate effective peer mentoring skills by education lower level nursing students interprofessional techniques completed in</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.40 CC-5.15 CC-5.56</td>
<td>1, 2, 3</td>
<td>Nursing simulation experience</td>
<td>Professionalism Form</td>
<td>Scores of excellent or good</td>
<td>Professionalism Form</td>
<td>Psychomotor</td>
<td></td>
</tr>
</tbody>
</table>
the nursing simulation lab.

| 5. Provide safe and adequate screens and patient education during service learning activity with minimal faculty guidance as measured by reflective essay 3. | CC-5.62  
CC-5.63  
CC-5.64  
CC-5.65 | 1, 2, 3 | Service Learning Experience | Reflective Essay | Completion and well-thought/written | Reflective Essay 3 | Psychomotor |

| 6. Demonstrate understanding of connection between neurological disorder with integumentary and cardiovascular or pulmonary concerns in a complex patient during the semester practical. | Psychomotor Complex Overt response | CC-5.10  
CC-5.11 | 1 | Practical Exam | Practical Exam | Passing | Practical Exam | Psychomotor |

*For definitions, please see Appendix A
COURSE MATERIALS

Required Textbooks, Readings, and Resources:

Supplemental/ Recommended Readings and Resources:
Texts utilized in didactic coursework from related areas of physical therapy practice.

Required Equipment:
Student equipment kit required for purchase as a textbook in the first year of the program.
COURSE EXPECTATIONS

The student is referred to the student handbooks of Briar Cliff University, the School of Graduate Studies, the Department of Physical Therapy Student Handbook, and the Clinical Education Handbook for all academic performance and professional behavior expectations and policies.

The DPT curriculum and the associated courses are academically rigorous. Success in this course will require a significant investment of time. On average, students should assume the need to invest at least two hours of time outside of scheduled course time for preparation, studying, and completing assignments for each hour of time that the student is physically participating in the course (e.g., a one credit course = 15 contact hours = a minimum of 30 outside of class hours). Based on individual past experiences, study habits, etc., some courses may require more time be devoted to the course, some may require less.

Attendance is an important aspect of professional education and therefore expected for each integrated clinical education experience. Students are expected to attend each integrated clinical education experience on the days that they are scheduled and to arrive on time as active presence is critical to the professional development of the student and peers. Students who miss the integrated clinical education experience are responsible for contacting the DCE and an additional experience with a faculty member.

Excused absences from class must be requested prior to the start of the day and must be validated by the DCE. Examples of excused absences include illness, a death in the family, etc. If there are special circumstances please inform the instructor on or before the first day of class, or as soon as possible. Students experiencing health or personal problems that prevent full participation in the course should attempt to contact the DCE prior to class. The DCE reserve the right to determine the legitimacy of all excuses and may request written documentation verifying the absence. It is at the discretion of the DCE to require additional assignments to be completed in lieu of absences. If a DCE is concerned about a student’s attendance in a course, including multiple excused absences, he/she may submit a professional behavior citation to the Progress and Conduct Committee.

Students are discouraged from planning vacations and/or appointments that will result in missed integrated clinical education experiences; an elective physician’s appointment may not be considered an excused absence. Tardiness of over 15 minutes will be deemed as an unexcused absence, unless the student has prior approval from his/her course instructor of DCE. There will be minimal opportunities to make up for missed time in integrated clinical education experiences. More than one unexcused absence and/or failure to complete any additional assignments required by the instructor may result in a 10% reduction in a student’s final grade and/or a professional behavior citation to the Progress and Conduct Committee.

In addition to attendance, success in this course is dependent on the participation of each individual enrolled in the course. As part of adult-centered learning, each student is expected to
be prepared to participate in each integrated clinical education experience prior to the start of each experience day. Students who do not bring the necessary materials and/or do not wear appropriate clothing for class will be dismissed from the experience to retrieve materials and/or change into appropriate attire. Each student is also expected to contribute to the integrated clinical education experience during each experience. Failure to do so will make it difficult for a student to gain a good understanding of the purpose of the integrated clinical education experience, thus potentially negatively effecting learning and the student’s overall progress/grade in the course. If the DCE feels a student is not properly participating and/or preparing for clinical, the DCE is encouraged to speak individually with the student. The DCE may submit a professional behavior citation to the Progress and Conduct Committee.

Recognizing that true professionalism is the integration of knowledge and skill with altruistic attitudes, values and behaviors, the DPT Program expects its students to develop the dispositions of competent and compassionate health care professionals, and requires that they behave in a manner that brings honor on their profession at all times. In keeping with this philosophy, faculty will act consistently and officially to guide students towards acceptable behaviors, and to take corrective action in the event of repeated or serious infractions of expected professional conduct. Upon the witnessing of behavior that is in conflict with that articulated in Departmental and profession-based documents outlining expected behaviors (e.g., professional Code of Ethics, HIPAA, Student Handbook, etc.), but which falls short of academic or non-academic misconduct, a course instructor or the DCE can submit a professional behavior citation to the DPT Progress and Conduct Committee. This includes appropriate use of electronic technology during the integrated clinical education experience. Laptops, tablets, and cell phones may be used for learning activities, such as online research, reviewing PowerPoint slides, and taking notes during lecture or in class activities, although students should follow the program’s policies on technology use in integrated clinical education experiences. Students using electronic technology to view social media outlets, check email, work on other course assignments or study for an upcoming exam will receive a professional behavior citation to the DPT Progress and Conduct Committee. Actions that are more severe (e.g., academic misconduct, sexual violence, violation of laws), will be referred to process defined in the School of Graduate Studies and University Student Handbooks.

Part of becoming a professional is the ability to peer-assess. In an effort to comply with University standards, as well as accreditation and ongoing programmatic quality assurance, completion of all DPT course evaluations and graduate curriculum assessments is required in order for the student to be assigned a course grade and/or graduate.
Assessment Policies

Keeping consistent with University standards, the grading scale below will be utilized for this course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9%</td>
</tr>
<tr>
<td>B+</td>
<td>88-89.9%</td>
</tr>
<tr>
<td>B</td>
<td>83-87.9%</td>
</tr>
<tr>
<td>B-</td>
<td>80-82.9%</td>
</tr>
<tr>
<td>C+</td>
<td>78-79.9%</td>
</tr>
<tr>
<td>C</td>
<td>73-77.9%</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9%</td>
</tr>
<tr>
<td>D+</td>
<td>68-69.9%</td>
</tr>
<tr>
<td>D</td>
<td>60-67.9%</td>
</tr>
<tr>
<td>F</td>
<td>≤ 59.9%</td>
</tr>
</tbody>
</table>

Please note that when grades are calculated, instructors will not round the percent up or down. For example, an 89.9 is a B+. For the purposes of pass/fail courses, a student must achieve a score of 80% or better in the course, as well as successfully complete all required course components to the satisfaction of the course instructor.

Unless otherwise noted by the course instructor or specified below, all assignments are to be typed, completed individually, and submitted to drop boxes on the course website by 11:59 PM CST. Assignments should be titled as follows: Lastname_Firstname_Courseprefix and number_Brief assignment description (e.g., Cross_Patrick_DPT600_codeofethicsassignment). Students should complete assignments early to avoid lateness due to computer problems and other issues that arise when completing assignments at the last minute. Scores will be reduced 10% per day for late assignments or projects.

Students are expected to adhere to Briar Cliff University’s policies on academic integrity. Violations, as outlined in University policies, will be reported.

- Academic dishonesty is defined as, but not limited to the following: copying a classmate’s work, using crib notes during a test, stealing or conveying examination questions, informing classmates of information on practical examination, maintaining library materials so that classmates cannot utilize the materials, falsely representing clinical cases, turning in written assignments that are not authentic, or fabrication of any sort. No credit can be given for a dishonest assignment. At the discretion of the instructor, a student caught engaging in any form of academic dishonesty may, at a minimum, receive a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.

- Plagiarism is defined as using the words and/or ideas of another and representing them to be one’s own, without proper credit to the author or source. The act of writing is an integral part of the learning process. If a student tries to pass off the work of another writer as their own, whether intentional or unintentional, plagiarism will result, at a minimum, in a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.
All students will have one week after the distribution of an exam or assignment to dispute a response or grade. The dispute must be typed and include the following: item number or what is being challenged, why the response should be considered correct, and an accurate reference(s). If an error was made in the grading (e.g., instructor marked an answer wrong and it was correct per the answer key or instructor did not add up points correctly), a dispute is not necessary. However, it must be brought to the instructor’s attention within one week of the distribution of the exam or assignment.

In order to make sure that a student is properly trained and safe to go to long term clinicals, clinical correlations courses are integrated throughout the curriculum. A student must pass all portions of this course, including the practical exam, in order to receive a passing grade for this course. Failure to do so will result in a failing or “incomplete” grade. In parallel to policies established by the School of Graduate Studies and the DPT Program, an assignment of a failing or “incomplete” grade may affect a DPT student’s progression in the program.

Please see course expectations regarding how unexcused absences and/or failure to complete course evaluation may effect a grade. In addition, there will not be any extra credit opportunities unless otherwise noted by the instructor.
Assignments:

1. Simulation Experience
   a. The student will complete an interprofessional/interdisciplinary simulation experience with nursing students to demonstrate communication and effective teaching between healthcare providers.
   b. Turn in professionalism form (See Appendix C) completed by academic faculty in simulation lab.
   c. 20 Points

2. Reflective Essay 1
   a. The student will write a reflective essay discussing two neurological conditions treated in the pro bono clinic or a neurological clinic based setting with treatment techniques utilized and additional techniques with justification that may be able to be utilized in the future.
   b. Turn in professionalism form completed by academic faculty in pro bono clinic to DCE
   c. Due by December 9, 2016
   d. 20 points

3. Reflective Essay 2
   a. The student will write a reflective essay regarding two-three different types of wounds with effective treatments utilized during one day wound care experience.
   b. Turn in professionalism form completed by healthcare professional to DCE.
   c. Due 1 week following integumentary experience.
   d. 20 points

4. Reflective Essay 3
   a. The student will write a reflective essay regarding the benefits of service learning from the perspective of a physical therapist and a summary of events completed during service learning experience.
   b. Turn in professionalism form completed by professional to DCE.
   c. Due 1 week following service learning experience.
   d. 20 points

5. Reflective Essay 4
   a. The student will write a reflective essay regarding cardiovascular/pulmonary physical therapy integrated clinical experience including three ways to promote cardiovascular/pulmonary physical therapy in practice.
   b. Turn in professionalism form completed by academic faculty in pro bono clinic to DCE
   c. Due 1 week following cardiovascular/pulmonary experience.
   d. 20 points
6. Practical Exam
   a. The student will complete a practical exam at the end of the semester incorporating all techniques learned in the fall semester.
   b. See attached grading rubric (See Appendix D) for grading purposes.
   c. Pass/Fail.

<table>
<thead>
<tr>
<th>Evaluative Item</th>
<th>Due Date</th>
<th>Overall Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simulation Experience</td>
<td>TBD</td>
<td>20 points</td>
</tr>
<tr>
<td>Reflective Essay 1</td>
<td>Within 1 week of experience</td>
<td>20 points</td>
</tr>
<tr>
<td>Reflective Essay 2</td>
<td>Within 1 week of experience</td>
<td>20 points</td>
</tr>
<tr>
<td>Reflective Essay 3</td>
<td>Within 1 week of experience</td>
<td>20 points</td>
</tr>
<tr>
<td>Reflective Essay 4</td>
<td>Within 1 week of experience</td>
<td>20 points</td>
</tr>
<tr>
<td>Semester end Practical</td>
<td>TBD</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>100 points/ Pass/Fail</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 80-100 points</td>
<td>• Less than 80 points</td>
</tr>
<tr>
<td>• No professionalism concerns</td>
<td>• Professionalism concerns on assessment form</td>
</tr>
<tr>
<td>• Completion of all assignments and class participation</td>
<td>• Failure to complete one assignment or participate in class</td>
</tr>
<tr>
<td>• Timeliness with completion of assignments</td>
<td>• Assignment turned into DCE greater than 1 week past due</td>
</tr>
<tr>
<td>• Active participation in simulation experience</td>
<td>• No participation in simulation experience</td>
</tr>
<tr>
<td>• Passage of musculoskeletal practical exam</td>
<td>• Failure of Practical Exam</td>
</tr>
<tr>
<td>• Essay must be well written, cohesive, high level of reflection</td>
<td></td>
</tr>
</tbody>
</table>
Communication:
Physical Therapy Faculty Members are committed to being as accessible as possible to students, but cannot be available at every moment a student needs. Email will be the best way to try to get in touch with the instructors. Please do not try to send text messages to the phone number listed on page one, unless it is very important (i.e. death of family member in the middle of the night for which the student needs to leave immediately). When a student e-mails an instructor in regards to this course, the person should include the course prefix and number the subject line. Faculty will make every effort possible to respond to all email messages within 48 hours, and much faster whenever possible. At the same time, students should also be checking e-mail regularly and open and read any e-mails received from an instructor.

If there is something urgent that a student needs addressed during regular business hours, the student can try calling the instructor or stopping by the instructor’s office. Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet. Any message that a student leaves on an instructor’s work voicemail will be forwarded via BCU e-mail.

Freedom in Learning:
Students are responsible for learning the content of any course of study in which they are enrolled. Student academic performance shall be evaluated solely on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards, but is related instead to judgment of their personal opinion or conduct should contact the Dean of Academic Affairs.

Policy on Fair Evaluation:
Each student is entitled to earn and receive a fair grade in each course for which he or she enrolls. It is the right and the responsibility of an instructor to establish criteria for evaluation for each course which he or she teaches and to determine the degree to which an individual student has fulfilled the standards set for the course. Students should be apprised that extraneous factors, such as the eligibility of a student for an organization’s membership, for scholarship and fellowship awards, for admission to graduate schools, or for participation on an athletic team, for example, have no bearing on the determination of the fairness of a grade or grades received. The quality of the student’s overall performance with respect to evaluation standards will be the only criterion for judgment.

Grievance Procedure:
Please consult the student handbook or catalog for specific guidance on BCU’s grievance procedures.

ADA Policy:
Students having legitimately evaluated physical conditions or learning difficulties are eligible for reasonable modifications of classroom and teaching conditions. Disability evaluations
should be registered through the Student Support Services Office. If a student has a registered
disability, please see the Course Director about arranging for accommodations as soon as
possible.

**University Assessments/Surveys:**
The assessment of student learning is an integral part of the educational experience at Briar Cliff
University. To this end, the faculty continually assess student learning to improve our teaching
and to monitor student success. Occasionally a student will be requested to participate in both
college-wide and discipline-specific assessment activities. Please take these assessments and
surveys seriously. The data that is collected will provide valuable information to faculty and
will be used to improve student learning at Briar Cliff University.
Support Services and Resources

Student Support Services:
The Student Support Services office provides accommodations for students with disabilities. To obtain this service, students must make an appointment with the director to submit documentation, talk about the disability, and discuss the accommodations needed. Ideally, this should be done as soon as the student knows he/she will be attending Briar Cliff University because some accommodations require more lead time to provide. See the student disability handbook for more detailed information. Contact Brenda Parkhill by phone at 712-279-5531, or by e-mail at brenda.parkhill@briarcliff.edu.

Writing Center:
The Writing Center, located in the Bishop Mueller Library, is available to all Briar Cliff students for strengthening academic writing development. The Center provides one-on-one peer mentoring, workshops and computer-based tutorials. The Writing Center’s number is 712-279-5520 or a student can email the Writing Center mentors at writing.center@briarcliff.edu. The Center’s web address is bcuwritingcenter.wordpress.com.

Academic Resource Commons:
The Academic Resource Commons provides students with the resources and services necessary for academic success and recovery. Located in the ARC are the following: ELL support services, the Writing Center, Academic Peer Mentors, the Early Alert Project Manager and the Director of Academic Support and Achievement. Through one-on-one appointments, peer support and mentoring, workshops, and academic advising (in addition to faculty advising), the Academic Resource Commons empowers students to develop a comprehensive set of life and academic skills, connects students with all campus bodies, and offers the social, academic and personal support necessary to persist. Contact Stephanie Andell at Stephanie.Andell@briarcliff.edu.

ELL Support Services:
Located in the Academic Resource Commons, ELL support services provide students with additional help in reading comprehension, vocabulary development and grammar, writing skills, listening proficiency, and oral communication. Students closely work one-on-one with an ELL Specialist to help with their specific learning needs.

Office of Academic Achievement:
Recognizing there are a variety of reasons why a student may struggle academically, the director of academic support and achievement helps students overcome obstacles while empowering them to create their own unique, college experience. The director meets with students to 1) connect them with necessary campus resources; 2) provide the support and services necessary to aid in students’ success; and, 3) enable the development of programs that fit students’ ever-changing personal and academic needs as they persist at Briar Cliff University.
The office of academic support and achievement serves students in all ways, and welcomes the opportunity to meet with a student for any reason—whether it be social, academic or personal. Contact Jessica McCormick at Jessica.McCormick@briarcliff.edu.
**Tentative Course Outline/Schedule**

*This syllabus is subject to change if it is determined to be in the best interest of the students’ learning. Additional learning resources may be added to the course website that are not listed in the required or recommended readings columns of this schedule.*

<table>
<thead>
<tr>
<th>Day/Date/Time</th>
<th>Topics/Activities</th>
<th>Session Learning Objectives</th>
<th>Required Readings (prior to class)</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Thursday and Friday throughout the semester</td>
<td>TBD – Individualized for students</td>
<td>TBD once course materials completed</td>
<td>Class Syllabus</td>
<td>TBD – Individualized for students</td>
</tr>
</tbody>
</table>
APPENDIX A. CURRICULUM CONTENT

Taxonomic Levels:
Affective Domain:  http://www.assessment.uconn.edu/docs/LearningTaxonomy_Affective.pdf
Psychomotor Domain:  

CAPTE Curriculum Content:

CC-1. The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (e.g., anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

CC-2. The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (e.g., applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

CC-3. The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (e.g., content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

CC-4. The physical therapist professional curriculum includes clinical education experiences for each student that encompass:
   a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
   b) Practice in settings representative of those in which physical therapy is commonly practiced;
   c) Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
   d) Opportunities for involvement in interdisciplinary care; and
   e) Other experiences that lead to the achievement of expected student outcomes.

CC-5. The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required
for initial practice of the profession of physical therapy.1(pp43-121),2(pp16-80)
The curriculum is designed to prepare students to meet the practice expectations
listed in CC-5.1 through CC-5.66.

Professional Practice Expectation: Accountability

CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional
regulations related to patient/client care and fiscal management.
CC-5.2 Have a fiduciary responsibility for all patient/clients.
CC-5.3 Practice in a manner consistent with the professional Code of Ethics.
CC-5.4 Change behavior in response to understanding the consequences (positive and
negative) of his or her actions.
CC-5.5 Participate in organizations and efforts that support the role of the physical
therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism

CC-5.6 Place patient’s/client’s needs above the physical therapist’s needs.
CC-5.7 Incorporate pro bono services into practice.

Professional Practice Expectation: Compassion/Caring

CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.
CC-5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity

CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members,
caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty

CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family
members, caregivers, other health care providers, students, other consumers, and
payers.
CC-5.12 Participate in self-assessment to improve the effectiveness of care.
CC-5.13 Participate in peer assessment activities.
CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment
activities.
CC-5.15 Participate in clinical education of students.
CC-5.16 Participate in professional organizations.

Professional Practice Expectation: Communication

CC-5.17 Expressively and receptively communicate in a culturally competent manner with
patients/clients, family members, caregivers, practitioners, interdisciplinary team
members, consumers, payers, and policymakers.
Professional Practice Expectation: Cultural Competence

CC-5.18 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: Clinical Reasoning

CC-5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.
CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice

CC-5.21 Consistently use information technology to access sources of information to support clinical decisions.
CC-5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
CC-5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.
CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.
CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education

CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening

CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination

CC-5.28 Examine patients/clients by obtaining a history from them and from other sources.
CC-5.29 Examine patients/clients by performing systems reviews.
CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
   a) Aerobic Capacity/Endurance
   b) Anthropometric Characteristics
   c) Arousal, Attention, and Cognition
d) Assistive and Adaptive Devices  
e) Circulation (Arterial, Venous, Lymphatic)  
f) Cranial and Peripheral Nerve Integrity  
g) Environmental, Home, and Work (Job/School/Play) Barriers  
h) Ergonomics and Body Mechanics  
i) Gait, Locomotion, and Balance  
j) Integumentary Integrity  
k) Joint Integrity and Mobility  
l) Motor Function (Motor Control and Motor Learning)  
m) Muscle Performance (including Strength, Power, and Endurance)  
n) Neuromotor Development and Sensory Integration  
o) Orthotic, Protective, and Supportive Devices  
p) Pain  
q) Posture  
r) Prosthetic Requirements  
s) Range of Motion (including Muscle Length)  
t) Reflex Integrity  
u) Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])  
v) Sensory Integrity  
w) Ventilation and Respiration/Gas Exchange  
x) Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Patient/Client Management Expectation: Evaluation

CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Patient/Client Management Expectation: Diagnosis

CC-5.32 Determine a diagnosis that guides future patient/client management.

Patient/Client Management Expectation: Prognosis

CC-5.33 Determine patient/client prognoses.

Patient/Client Management Expectation: Plan of Care

CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.

CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.

CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
CC-5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC-5.38 Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention

CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a) Therapeutic Exercise
   b) Functional Training in Self-Care and Home Management
   c) Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
   d) Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
   e) Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
   f) Airway Clearance Techniques
   g) Integumentary Repair and Protection Techniques
   h) Electrotherapeutic Modalities
   i) Physical Agents and Mechanical Modalities

CC-5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA’s ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.

CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC-5.43 Practice using principles of risk management.

CC-5.44 Respond effectively to patient/client and environmental emergencies in one’s practice setting.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.

CC-5.49 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.
Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50  Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
CC-5.51  Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.
CC-5.52  Apply principles of prevention to defined population groups.

Practice Management Expectation: Management of Care Delivery

CC-5.53  Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
CC-5.54  Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.
CC-5.55  Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
CC-5.56  Participate in the case management process.

Practice Management Expectation: Practice Management

CC-5.57  Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.
CC-5.58  Participate in financial management of the practice.
CC-5.59  Establish a business plan on a programmatic level within a practice.
CC-5.60  Participate in activities related to marketing and public relations.
CC-5.61  Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: Consultation

CC-5.62  Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.63  Challenge the status quo of practice to raise it to the most effective level of care.
CC-5.64  Advocate for the health and wellness needs of society.
CC-5.65  Participate and show leadership in community organizations and volunteer service.
CC-5.66  Influence legislative and political processes.

Proposed CAPTE Standards:
DPT Goals
In parallel with the Program’s mission, upon completion of all requirements of the Briar Cliff University School of Physical Therapy, the graduate will be prepared to:

1. Practice physical therapy autonomously.
2. Be leaders within their communities and profession.
3. Provide health care services in underserved settings.
APPENDIX B. SYLLABUS CONTRACT

Name: ______________________________ Date: ______________
(Print)

PLEASE INITIAL THE FOLLOWING:

_____ I understand the assignment expectations as stated in the syllabus.

_____ I understand the policies regarding performance expectations for this class.

_____ I understand the policies regarding attendance and late work/papers for this class.

_____ I understand the attendance policy in place for this class, including my missed tests, assignments, and in-class work.

_____ I understand the expectations regarding before class preparation and in-class participation.

_____ I understand the expectations regarding classroom conduct, including the use of electronic devices and tardiness.

_____ I understand the importance of maintaining a constructive and respectful environment during all class sessions.

_____ I have read the above and understand that failure of any of the above will affect my grade in a negative manner even to the result of failing this course.

_______________________________________________
Student’s Signature
APPENDIX C. PROFESSIONALISM FORM

BRIAR CLIFF UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
FALL 2016
DPT CLINICAL CORRELATIONS 3

Student: _________________________________
Facility: _________________________________

From a clinical stand point please indicate quality of student professional behavior during the time this student spent with you. Ratings will be used to identify issues of professionalism and to provide an opportunity for any necessary discussions addressing professional behaviors.

1. Student exhibited caring, compassion, & empathy in providing service/care to patient/client.
   □ Excellent  □ Good  □ Fair  □ Poor  □ Not applicable

2. Demonstrated professional behavior in interactions with patients/clients.
   □ Excellent  □ Good  □ Fair  □ Poor  □ Not applicable

3. Demonstrated appropriate expressive & receptive communication with patient/client, family members, or other health care professionals.
   □ Excellent  □ Good  □ Fair  □ Poor  □ Not applicable

4. Exhibited cultural competence when dealing with patients/clients.
   □ Excellent  □ Good  □ Fair  □ Poor  □ Not applicable

This student was (indicate all that apply):
   □ Respectful  □ Polite  □ Pleasant  □ Dressed Appropriately

Please take a moment to comment on this student’s professionalism during this one day experience:

__________________________________________________________________________

Signature of clinical personnel completing questionnaire:
__________________________________________________________________________
## APPENDIX D. PRACTICAL EXAM GRADING RUBRICS

BRIAR CLIFF UNIVERSITY  
PHYSICAL THERAPY DEPARTMENT  
DPT CLINICAL CORRELATIONS 3  
PRACTICAL EXAMINATION GRADING RUBRIC

Name: _________________________________

<table>
<thead>
<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
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<td>Problem list</td>
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<td>PT intervention</td>
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</tbody>
</table>

Total score: ___________  
Examiner: _________________________________

### Grading scale:
- 10  Excellent—no improvement or prompting needed
- 9  Only 1-2 improvements or prompts needed
- 8  2-4 improvements or prompts needed
- 7-2 ≥5 prompts needed, or multiple improvements needed or missed very important information
- 1-0 Inadequate

**Below 8 in safety may require a retest**
# Practical Examination Rubric

<table>
<thead>
<tr>
<th>COMMUNICATION &amp; MEDICAL RECORD REVIEW (14 points)</th>
<th>Points</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Able to accurately &amp; concisely verbally report key medical information from patient’s medical record</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to accurately provide verbal report but not concise</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to summarize key medical information</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Able to clearly and accurately answer all questions related to clinical significance of the information in the medical record</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to clearly and/or accurately answer some but not all questions related to clinical significance of the information in the medical record</td>
<td>4-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to answer any questions related to clinical significance of the information in the medical record</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Introduces self to patient using first and last names and qualifications, and addresses patient in a culturally competent manner.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not greet patient or introduce self in any manner, or is disrespectful in introduction.</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Explains procedures clearly to patient.</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes an attempt to inform patient of procedures but is somewhat ineffective (e.g. Leaves out pertinent information, patient expresses confusion and student does not respond).</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not inform patient of procedures.</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Adjusts verbal communication to patient’s level of understanding without using technical jargon, through effective word choice, and appropriate tone of voice. Actively listens to the patient.</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasionally uses technical terms but explains what they mean to patient.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repetitively uses technical terms and/or inappropriate jargon; does not make adjustments when it is clear that patient does not understand instructions.</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Develops a professional rapport with the patient that demonstrates mutual respect and self-confidence.</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develops a good personal rapport with patient but seems to lack confidence in professional ability.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates an insensitive or disrespectful attitude/action toward the patient.</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal</td>
<td>14</td>
<td></td>
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<td>----------</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**PREPARATION** (1 point)  
- Prepares treatment area by gathering equipment efficiently and washes hands or uses disinfectant prior to and at the conclusion of treatment.  
  - Is inefficient or does not wash hands/use disinfectant.  
  - Is disorganized, does not prepare the treatment area, and does not wash hands or use disinfectant.  
  
| Subtotal | 1 |

**SAFETY & PATIENT DIGNITY** (9 points)  
- Uses appropriate safety precautions at ALL times to provide a secure, comfortable and dignified environment for patient care. This includes removing obstacles, donning personal protective equipment if necessary, inspecting all necessary equipment, and draping patient to maintain dignity.  
  - Misses one key component in maintaining a secure, comfortable and dignified environment for patient care.  
  - Patient’s safety, comfort and dignity are disregarded/compromise.  
  
- Consistently demonstrates safe and appropriate body mechanics during all procedures.  
  - Occasionally positions self or patient in a manner which causes undue stress to therapist’s or patient’s body.  
  - Does not use proper body mechanics or positions patient in an unsafe manner.  
  
- Considers pertinent factors that may influence treatment or position choice/position.  
  - Disregards pertinent information resulting in incorrect treatment choice/position.  
  - Completely disregards pertinent information.
<table>
<thead>
<tr>
<th></th>
<th>Is fully present and aware of actions and interactions upon patient</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does not consistently display awareness of actions and interactions upon patient.</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Is totally unaware of actions and interactions upon patient.</td>
<td>0</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

### EXAMINATION & INTERVENTION

**Examination (5 points)**

<table>
<thead>
<tr>
<th></th>
<th>Comments</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Accurately &amp; efficiently completes the assigned assessment referring to notes &lt;10% of time</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Refers to notes &gt;10% but less than 50% of time, and/or not consistently accurate or efficient</td>
<td>4-1</td>
</tr>
<tr>
<td></td>
<td>Unable to complete assessment and/or refers to notes &gt;50% of time</td>
<td>0</td>
</tr>
</tbody>
</table>

**Clinical Application of Examination Findings (5 points)**

<table>
<thead>
<tr>
<th></th>
<th>Comments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Able to clearly and accurately answer all questions related to the clinical application of procedure &amp; implications of findings</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Able to clearly and/or accurately answer some but not all questions related to clinical application of procedure and/or implications of findings</td>
<td>4-1</td>
</tr>
<tr>
<td></td>
<td>Unable to answer any questions related to clinical application of procedure and implications of findings</td>
<td>0</td>
</tr>
</tbody>
</table>

**Intervention (5 points)**

<table>
<thead>
<tr>
<th></th>
<th>Comments</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>Accurately and efficiently completes the assigned treatment referring to notes &lt;10% of time</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Refers to notes &gt;10% but less than 50% of time, and/or not consistently accurate or efficient</td>
<td>4-2</td>
</tr>
<tr>
<td></td>
<td>Unable to complete treatment and/or refers to notes &gt;50% of time</td>
<td>1-0</td>
</tr>
</tbody>
</table>

**Clinical Application of Intervention & Patient’s Response to Intervention (5 points)**

<table>
<thead>
<tr>
<th></th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>Able to clearly and accurately answer all questions related to the clinical application of procedure and patient’s response</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Able to clearly and/or accurately answer some but not all questions related to clinical application of procedure and patient’s response</td>
<td>4-1</td>
</tr>
<tr>
<td></td>
<td>Unable to answer any questions related to clinical application of procedure and patient’s response</td>
<td>0</td>
</tr>
</tbody>
</table>

**Subtotal** | **20** |
| OVERALL PERFORMANCE (6 points) |  
| 1 | Demonstrates a well-prepared, yet flexible approach to patient care. | 3 |
|  | Is occasionally disorganized or inflexible. | 2 |
|  | Frequently becomes confused or disorganized. | 1 |
|  | Demonstrates a disorganized or poorly prepared approach to patient care. | 0 |
| 2 | Easily completes the practical exam within the 15 minute time period. | 1 |
|  | Tends to rush through the exam but does not omit essential aspects. | .75 |
|  | Tends to waste time by performing needless or repetitive therapeutic procedures or not performing at all. | .5 |
|  | Does not complete the exam within a reasonable time period. | 0 |
| 3 | Assesses the patient’s response to examination/treatment and makes appropriate modifications as needed. | 2 |
|  | Assesses response to treatment but does not make appropriate modifications. | 1 |
|  | Does not assess response to treatment. | 0 |

Subtotal 6

SELF ASSESSMENT & STRATEGIES FOR IMPROVEMENT:

Practical Score
Communication & medical record review _____ /14
Preparation _____ /1 Assessment & treatment_____/20
Safety _____ /9 Overall_____/6

LATE for exam: -1 point for each 1 minute late

Not dressed in clinic attire: -5 points

Does not arrive with rubric: -50 points

TOTAL _____/50=_____ %
INSTRUCTORS

Course Director: TBD, ADCE
Office: 
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.  
Office Phone:  
Cell Phone:  
Work E-mail:  
Faculty Biosketch: 

Course Instructor: Patrick Cross, PT, DPT, RHF
Office: Mayfair 107
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.  
Office Phone: 712-279-1708  
Cell Phone: 605-202-0997  
Work E-mail: Patrick.Cross@briarcliff.edu  
Faculty Biosketch: Dr. Cross has been practicing as a PT since 2002.  He practiced PT in different capacities for 10 years on an American Indian reservation, including director of a wellness center and rehabilitation.  Dr. Cross has also practiced in inpatient, nursing home, and home health settings.  Additionally, Dr. Cross has spent many hours training athletes and on the sidelines of rural high school sporting events.  His favorite task is to teach students and then take them to community-based settings, in which services are minimal, so that they can apply what they have learned, as well as extend access to physical therapy services to those in need.  

Course Instructor: Patrick Hauer, Ed, PT, MHS  
Office: Mayfair 105  
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.  
Office Phone:  
Cell Phone: 605-661-3740
Work E-mail: Patrick.hauer@briarcliff.edu

Faculty Biosketch: Dr. Hauer has been practicing as a physical therapist and educator who has focused on cardiovascular and pulmonary, pathophysiology, orthotics and prosthetics, gait, and certain musculoskeletal topics within the curriculum as well as in the clinical setting. Likewise, his research areas have focused on cardiovascular areas associated with young asymptomatic populations and older populations with chronic respiratory problems.

Course Instructor: Heidi M Nelson, PT, DPT
Office: Mayfair 106
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone: 712-279-5478
Cell Phone: 608-293-0000
Work E-mail: Heidi.nelson@briarcliff.edu

Faculty Biosketch: Dr. Nelson was hired by Briar Cliff University as the Director of Clinical Education for the developing Doctor of Physical Therapy Program in 2014. Dr. Nelson came to Briar Cliff after working in clinical physical therapy in the fields of pediatrics, geriatrics, and clinic management. During her pediatric physical therapy residency at the Munroe-Meyer Institute, she also was a teaching assistant and lab assistant for the Pediatrics course in the Doctor of Physical Therapy Program. She has recently become an American Physical Therapy Association (APTA) Advanced Credentialed Clinical Instructor in July 2014.

Course Instructor: Eric Strong, PhD, PT
Office: Mayfair 108
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone:
Cell Phone:
Work E-mail: Eric.Strong@briarcliff.edu

Faculty Biosketch: Dr. Strong completed a doctoral program which set the stage for his expertise in health and wellness classes. His specialization in the PhD program was Health Promotion. He has also had the opportunity professionally to work in and manage a university wellness program as well as serve as a wellness consultant to both individuals and corporations. He stays current with the changes that occur to the health and wellness field through a listserv, current research, and webinars specific to the topic. Expertise in the field of geriatrics has been gained through his physical therapy program, work experience in different geriatric settings, continuing education, and research.
Course Information

Course Description: This course is a clinical and community based practical learning experience that occurs through a variety of settings/programs. This clinical and community correlation experience occurs in the community setting, in the pro bono clinic, and in the classroom during the spring semester of the second year of the program. The student attends each clinical or community based education experience throughout the semester (a minimum of 5 experiences in all) for a to be determined set amount of time. Each faculty member or clinical instructor provides the student with opportunities to promote and expand their knowledge and practice of the physical therapy profession. As a component of this course, each student will also complete a final practical demonstrating success and a level of achievement required for progression in the DPT program.

Credit Hours: 2

Clock Hours: 30

Required DPT Course: Yes

Prerequisites: Admission to DPT Program or instructor consent. For DPT students, successful completion of didactic coursework of the DPT Curriculum from the Summer, Fall, and Spring semesters of year 1 of the program as well as the Summer and Fall semesters for year 2.

Location: To be determined individually for each student.

Meeting Time(s): See schedule

Teaching and Learning Methods: The student will participate in a community based setting and the pro bono clinic under the guidance and supervision of a licensed health care professional to promote interprofessional development. The student will work under the supervision of the skilled professional to achieve the clinical or community based experience. The health care professional reinforces the didactic knowledge and promotes effective communication and professional skills throughout this integrated clinical education experience.
The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student will have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved and underpopulated areas. Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient-centered care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams. As a component of each student’s full-time clinical education experience, the student should practice with the Franciscan values to reflect their education at Briar Cliff University.

Within a Catholic Franciscan University, with a tradition of service, caring and openness to all, broad intellectual background with career development, and encouragement of growth in self-awareness and in one’s relationship to others and to God, the mission of Briar Cliff University’s Doctor of Physical Therapy Program is to pursue academic excellence in preparing the next generation of physical therapists to practice autonomously, be leaders within their profession and communities, and respond to patient and societal needs of the region, including the underserved. By challenging students to provide contemporary, skilled, reflective, ethical, legal, compassionate, culturally competent, interprofessional, evidence-based, and patient-centered care, graduates will be prepared to restore, maintain, and promote optimal movement, activity participation, and wellness of clients, while being effective leaders and health care providers within their communities and the ever-changing health care environment.

BCU students are living our Franciscan values by building a caring community, creating peace, reverencing creation and connecting in joyful service.
# Student Learning Outcomes

Upon completion of this course, the student will have met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Taxonomic Type and Level</th>
<th>CAPTE Evaluative Criteria</th>
<th>CAPTE Proposed Standard(s)</th>
<th>Program Goal(s)</th>
<th>Learning Activities</th>
<th>Method of Assessing Students' Learning</th>
<th>Minimal Expectation</th>
<th>Specific Outcome Measurement</th>
<th>Taxonomy of Level of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Value the importance of a relationship between physical therapists and DME providers regarding effective patient care via reflective essay 3</td>
<td>Affective Valuing</td>
<td>CC-5.57, CC-5.30d</td>
<td>1, 2</td>
<td>Visit with DME provider</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/written</td>
<td>Reflective Essay 3</td>
<td>Specific Outcome Measurement</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>2. Demonstrate appropriate supervision and communication with PTA students under supervision of academic faculty while treating simple conditions in the pro bono clinic as measured by reflective essay 1.</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.58, CC-5.56</td>
<td>1, 2, 3</td>
<td>Treatment in community or pro bono clinic with PTA</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/written</td>
<td>Reflective Essay 1</td>
<td>Specific Outcome Measurement</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>3. Describe complexities associated with congenital or genetic pediatric disorders and the importance of an interdisciplinary approach in the treatment of pediatric patients as</td>
<td>Cognitive Comprehension</td>
<td>CC-5.10 CC-5.27 CC-5.52, CC-5.56, CC-5.30x CC-5.30g CC-5.39c</td>
<td>1, 2</td>
<td>Treatment in community or pro bono clinic</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/written</td>
<td>Reflective Essay 4</td>
<td>Specific Outcome Measurement</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>Objective</td>
<td>Domain</td>
<td>Competency</td>
<td>Course</td>
<td>Activity</td>
<td>Evidence</td>
<td>Assessment</td>
<td>Reflection</td>
<td>Grade</td>
<td>Competency</td>
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<tr>
<td>4. Demonstrate safe and effective treatment of geriatric patients with application of appropriate knowledge and precautions with this population as measured by reflective essay 2.</td>
<td>Psychomotor</td>
<td>CC-5.52</td>
<td>1, 2</td>
<td>Treatment in community or pro bono clinic</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/written</td>
<td>Reflective Essay 2</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>5. Appraise use of orthotics and prosthetics in physical therapy intervention and importance of education and communication with patient regarding their device as measured by reflective essay 5.</td>
<td>Cognitive</td>
<td>CC-5.9, CC-5.39e, CC-5.30r, CC-5.30o, CC-5.30g</td>
<td>1, 2</td>
<td>Visit with orthotist or prosthetist</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/written</td>
<td>Reflective Essay 5</td>
<td>Psychomotor</td>
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<tr>
<td>6. Examine the importance of effective communicate and conflict management resolution involved with management of a clinic as measured by reflective essay 7.</td>
<td>Affective</td>
<td>CC-5.61, CC-5.58</td>
<td>1, 2</td>
<td>Clinic experience with clinic management</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/written</td>
<td>Reflective Essay 7</td>
<td>Psychomotor</td>
<td></td>
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<tr>
<td>7. Demonstrate independence with test and measure skills in pro bono clinic to educate students in year I of the PT program.</td>
<td>Psychomotor</td>
<td>CC-5.6, CC-5.7, CC-5.15</td>
<td>1, 3</td>
<td>Evaluation and treatment in pro bono clinic</td>
<td>Clinical Education CPI</td>
<td>Entry-level performance</td>
<td>All criteria on CPI</td>
<td>Psychomotor</td>
<td></td>
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<tr>
<td>8. Construct culturally competent care to clients through first-contact direct access in service.</td>
<td>Psychomotor</td>
<td>CC-5.16, CC-5.17, CC-5.18, CC-5.26</td>
<td>1, 2, 3</td>
<td>Service Learning Experience</td>
<td>Reflective Essay</td>
<td>Completion and well-thought/written</td>
<td>Reflective Essay 6</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>learning screening and examinations with education as measured by reflective essay 6</td>
<td>CC-5.53, CC-5.65, CC-5.51, CC-5.50</td>
<td></td>
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<tr>
<td>9. Complete the final practical examination with a passing grade indicating full preparation achieved for full time clinical education experiences.</td>
<td>Affective Responding</td>
<td>1, 2, 3</td>
<td>Practical Exam</td>
<td>Passing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Practical Exam</td>
<td>Psychomotor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For definitions, please see Appendix A*
COURSE MATERIALS

Required Textbooks, Readings, and Resources:

Supplemental/ Recommended Readings and Resources:
Texts utilized in didactic coursework from related areas of physical therapy practice.

Required Equipment:
Student equipment kit required for purchase as a textbook in the first year of the program.
COURSE EXPECTATIONS

The student is referred to the student handbooks of Briar Cliff University, the School of Graduate Studies, the Department of Physical Therapy Student Handbook, and the Clinical Education Handbook for all academic performance and professional behavior expectations and policies.

The DPT curriculum and the associated courses are academically rigorous. Success in this course will require a significant investment of time. On average, students should assume the need to invest at least two hours of time outside of scheduled course time for preparation, studying, and completing assignments for each hour of time that the student is physically participating in the course (e.g., a one credit course = 15 contact hours = a minimum of 30 outside of class hours). Based on individual past experiences, study habits, etc., some courses may require more time be devoted to the course, some may require less.

Attendance is an important aspect of professional education and therefore expected for each integrated clinical education experience. Students are expected to attend each integrated clinical education experience on the days that they are scheduled and to arrive on time as active presence is critical to the professional development of the student and peers. Students who miss the integrated clinical education experience are responsible for contacting the DCE and an additional experience with a faculty member.

Excused absences from class must be requested prior to the start of the day and must be validated by the DCE. Examples of excused absences include illness, a death in the family, etc. If there are special circumstances please inform the instructor on or before the first day of class, or as soon as possible. Students experiencing health or personal problems that prevent full participation in the course should attempt to contact the DCE prior to class. The DCE reserve the right to determine the legitimacy of all excuses and may request written documentation verifying the absence. It is at the discretion of the DCE to require additional assignments to be completed in lieu of absences. If a DCE is concerned about a student’s attendance in a course, including multiple excused absences, he/she may submit a professional behavior citation to the Progress and Conduct Committee.

Students are discouraged from planning vacations and/or appointments that will result in missed integrated clinical education experiences; an elective physician’s appointment may not be considered an excused absence. Tardiness of over 15 minutes will be deemed as an unexcused absence, unless the student has prior approval from his/her course instructor of DCE. There will be minimal opportunities to make up for missed time in integrated clinical education experiences. More than one unexcused absence and/or failure to complete any additional assignments required by the instructor may result in a 10% reduction in a student’s final grade and/or a professional behavior citation to the Progress and Conduct Committee.

In addition to attendance, success in this course is dependent on the participation of each individual enrolled in the course. As part of adult-centered learning, each student is expected to
be prepared to participate in each integrated clinical education experience prior to the start of each experience day. Students who do not bring the necessary materials and/or do not wear appropriate clothing for class will be dismissed from the experience to retrieve materials and/or change into appropriate attire. Each student is also expected to contribute to the integrated clinical education experience during each experience. Failure to do so will make it difficult for a student to gain a good understanding of the purpose of the integrated clinical education experience, thus potentially negatively effecting learning and the student’s overall progress/grade in the course. If the DCE feels a student is not properly participating and/or preparing for clinical, the DCE is encouraged to speak individually with the student. The DCE may submit a professional behavior citation to the Progress and Conduct Committee.

Recognizing that true professionalism is the integration of knowledge and skill with altruistic attitudes, values and behaviors, the DPT Program expects its students to develop the dispositions of competent and compassionate health care professionals, and requires that they behave in a manner that brings honor on their profession at all times. In keeping with this philosophy, faculty will act consistently and officially to guide students towards acceptable behaviors, and to take corrective action in the event of repeated or serious infractions of expected professional conduct. Upon the witnessing of behavior that is in conflict with that articulated in Departmental and profession-based documents outlining expected behaviors (e.g., professional Code of Ethics, HIPAA, Student Handbook, etc.), but which falls short of academic or non-academic misconduct, a course instructor or the DCE can submit a professional behavior citation to the DPT Progress and Conduct Committee. This includes appropriate use of electronic technology during the integrated clinical education experience. Laptops, tablets, and cell phones may be used for learning activities, such as online research, reviewing PowerPoint slides, and taking notes during lecture or in class activities, although students should follow the program’s policies on technology use in integrated clinical education experiences. Students using electronic technology to view social media outlets, check email, work on other course assignments or study for an upcoming exam will receive a professional behavior citation to the DPT Progress and Conduct Committee. Actions that are more severe (e.g., academic misconduct, sexual violence, violation of laws), will be referred to process defined in the School of Graduate Studies and University Student Handbooks.

Part of becoming a professional is the ability to peer-assess. In an effort to comply with University standards, as well as accreditation and ongoing programmatic quality assurance, completion of all DPT course evaluations and graduate curriculum assessments is required in order for the student to be assigned a course grade and/or graduate.
ASSessment Policies

Keeping consistent with University standards, the grading scale below will be utilized for this course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
<td>A-</td>
<td>90-92.9%</td>
</tr>
<tr>
<td>B+</td>
<td>88-89.9%</td>
<td>B</td>
<td>83-87.9%</td>
</tr>
<tr>
<td>C+</td>
<td>78-79.9%</td>
<td>C</td>
<td>73-77.9%</td>
</tr>
<tr>
<td>D+</td>
<td>68-69.9%</td>
<td>D</td>
<td>60-67.9%</td>
</tr>
<tr>
<td>F</td>
<td>≤69.9%</td>
<td></td>
<td>≤59.9%</td>
</tr>
</tbody>
</table>

Please note that when grades are calculated, instructors will not round the percent up or down. For example, an 89.9 is a B+. For the purposes of pass/fail courses, a student must achieve a score of 80% or better in the course, as well as successfully complete all required course components to the satisfaction of the course instructor.

Unless otherwise noted by the course instructor or specified below, all assignments are to be typed, completed individually, and submitted to drop boxes on the course website by 11:59 PM CST. Assignments should be titled as follows: Lastname_Firstname_Courseprefix and number_Brief assignment description (e.g., Cross_Patrick_DPT600_codeofethicsassignment). Students should complete assignments early to avoid lateness due to computer problems and other issues that arise when completing assignments at the last minute. Scores will be reduced 10% per day for late assignments or projects.

Students are expected to adhere to Briar Cliff University’s policies on academic integrity. Violations, as outlined in University policies, will be reported.

- Academic dishonesty is defined as, but not limited to the following: copying a classmate’s work, using crib notes during a test, stealing or conveying examination questions, informing classmates of information on practical examination, maintaining library materials so that classmates cannot utilize the materials, falsely representing clinical cases, turning in written assignments that are not authentic, or fabrication of any sort. No credit can be given for a dishonest assignment. At the discretion of the instructor, a student caught engaging in any form of academic dishonesty may, at a minimum, receive a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.

- Plagiarism is defined as using the words and/or ideas of another and representing them to be one’s own, without proper credit to the author or source. The act of writing is an integral part of the learning process. If a student tries to pass off the work of another writer as their own, whether intentional or unintentional, plagiarism will result, at a minimum, in a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.
All students will have one week after the distribution of an exam or assignment to dispute a response or grade. The dispute must be typed and include the following: item number or what is being challenged, why the response should be considered correct, and an accurate reference(s). If an error was made in the grading (e.g., instructor marked an answer wrong and it was correct per the answer key or instructor did not add up points correctly), a dispute is not necessary. However, it must be brought to the instructor’s attention within one week of the distribution of the exam or assignment.

In order to make sure that a student is properly trained and safe to go to long term clinicals, clinical correlations courses are integrated throughout the curriculum. A student must pass all portions of this course, including the practical exam, in order to receive a passing grade for this course. Failure to do so will result in a failing or “incomplete” grade. In parallel to policies established by the School of Graduate Studies and the DPT Program, an assignment of a failing or “incomplete” grade may affect a DPT student’s progression in the program.

Please see course expectations regarding how unexcused absences and/or failure to complete course evaluation may affect a grade. In addition, there will not be any extra credit opportunities unless otherwise noted by the instructor.
Assignments:

1. Reflective Essay 1
   a. The student will write a reflective essay regarding effective techniques for supervising PTA student who is completing a plan of care previously established by physical therapist.
   b. Turn in professionalism form completed by academic faculty supervising in pro bono clinic to DCE.
   d. 10 Points

2. Reflective Essay 2
   a. The student will write a reflective essay discussing differences in evaluation and treatment of a geriatric patient compared to a 30 year old patient with a similar condition.
   b. Turn in professionalism form completed by geriatric PT from SNF.
   c. Due within 1 week following geriatric experience.
   d. 10 points

3. Reflective Essay 3
   a. The student will write a reflective essay regarding importance of establishing and maintaining effective relationship with DME providers across three different settings of physical therapy.
   b. Turn in professionalism form completed by healthcare professional to DCE.
   c. Due 1 week following integumentary experience.
   d. 10 points

4. Reflective Essay 4
   a. The student will write a reflective essay regarding treatment of a pediatric patient and importance of interdisciplinary approach during pediatric care.
   b. Turn in professionalism form completed by professional to DCE.
   c. Due 1 week following pediatric experience
   d. 10 points

5. Reflective Essay 5
   a. The student will write a reflective essay regarding three education components important to working with individuals with a prosthesis or orthotic following experience with Orthotist/Prosthetist.
   b. Turn in professionalism form completed by professional to DCE.
   c. Due 1 week following orthotics/prosthetics experience.
   d. 10 points

6. Reflective Essay 6
a. The student will write a reflective essay regarding the benefits of service learning from the perspective of a physical therapist and a summary of events completed during service learning experience.  
b. Turn in professionalism form completed by professional to DCE.  
c. Due 1 week following service learning experience.  
d. 10 points

7. Simulation Experience  
   a. The student will actively participate in an interdisciplinary/interprofessional simulation lab experience with nursing students.  
   b. Turn in professionalism form completed by academic faculty.  
   c. 20 points

8. Reflective Essay 7  
   a. The student will spend a day completing clinic management tasks in the pro bono clinic or shadowing a clinic manager to learn effective managing strategies and will complete a one page essay discussion pros and cons of clinic management.  
   b. Turn in professionalism form completed by professional or academic faculty to DCE.  
   c. Due 1 week following clinic management experience.  
   d. 10 points

9. Demonstrate Entry-Level Performance  
   a. The student will demonstrate entry-level performance as dictated by CPI criteria for the simple diagnosis and patient of their choice in the pro bono clinic.  
   b. This will be determined by the academic faculty as dictated by the CPI criteria for entry level professional.  
   c. Turn in professionalism form and CPI checklist within 1 week of experience.  
   d. 10 points

10. Practical Exam  
    a. The student will complete a practical exam at the end of the semester incorporating all techniques learned in the spring semester.  
    b. See attached grading rubric for grading purposes.  
    c. Pass/Fail.

11. Cumulative Practical  
    a. The student will complete final cumulative practical prior to entering full time clinical education experiences. (One hour)  
    c. Pass/Fail

<table>
<thead>
<tr>
<th>Evaluative Item</th>
<th>Due Date</th>
<th>Overall Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflective Essay 1</td>
<td>May 5, 2017</td>
<td>10 points</td>
</tr>
<tr>
<td>Reflective Essay 2</td>
<td>Within 1 week of experience</td>
<td>10 points</td>
</tr>
</tbody>
</table>
Reflective Essay 3  |   Within 1 week of experience   |   10 points  
Reflective Essay 4  |   Within 1 week of experience   |   10 points  
Reflective Essay 5  |   Within 1 week of experience   |   10 points  
Reflective Essay 6  |   Within 1 week of experience   |   10 points  
Simulation Experience  |   TBD   |   20 points  
Reflective Essay 7  |   Within 1 week of experience   |   10 points  
Entry-Level Performance  |   Within 1 week of experience   |   10 points  
Semester end Practical  |   TBD   |   Pass/Fail  
Cumulative Practical  |   TBD   |   Pass/Fail  
**TOTAL**  |   TBD   |   **100 points/ Pass/Fail**  

<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
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<tbody>
<tr>
<td>• 80-100 points</td>
<td>• Less than 80 points</td>
</tr>
<tr>
<td>• No safety concerns indicated on professional student feedback evaluation</td>
<td>• Safety concerns indicated on professional student feedback evaluation</td>
</tr>
<tr>
<td>• Completion of all assignments and class participation</td>
<td>• Failure to complete one assignment or participate in class</td>
</tr>
<tr>
<td>• Timeliness with completion of assignments</td>
<td>• Assignment turned into DCE greater than 1 week past due</td>
</tr>
<tr>
<td>• Active participation in simulation experience</td>
<td>• No participation in simulation experience</td>
</tr>
<tr>
<td>• Passage of semester end practical Essay must be well written, cohesive, high level of reflection</td>
<td>• Failure of semester end practical</td>
</tr>
</tbody>
</table>
Communication:
Physical Therapy Faculty Members are committed to being as accessible as possible to students, but cannot be available at every moment a student needs. Email will be the best way to try to get in touch with the instructors. Please do not try to send text messages to the phone number listed on page one, unless it is very important (i.e. death of family member in the middle of the night for which the student needs to leave immediately). When a student e-mails an instructor in regards to this course, the person should include the course prefix and number the subject line. Faculty will make every effort possible to respond to all email messages within 48 hours, and much faster whenever possible. At the same time, students should also be checking e-mail regularly and open and read any e-mails received from an instructor.

If there is something urgent that a student needs addressed during regular business hours, the student can try calling the instructor or stopping by the instructor’s office. Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet. Any message that a student leaves on an instructor’s work voicemail will be forwarded via BCU e-mail.

Freedom in Learning:
Students are responsible for learning the content of any course of study in which they are enrolled. Student academic performance shall be evaluated solely on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards, but is related instead to judgment of their personal opinion or conduct should contact the Dean of Academic Affairs.

Policy on Fair Evaluation:
Each student is entitled to earn and receive a fair grade in each course for which he or she enrolls. It is the right and the responsibility of an instructor to establish criteria for evaluation for each course which he or she teaches and to determine the degree to which an individual student has fulfilled the standards set for the course. Students should be apprised that extraneous factors, such as the eligibility of a student for an organization’s membership, for scholarship and fellowship awards, for admission to graduate schools, or for participation on an athletic team, for example, have no bearing on the determination of the fairness of a grade or grades received. The quality of the student’s overall performance with respect to evaluation standards will be the only criterion for judgment.

Grievance Procedure:
Please consult the student handbook or catalog for specific guidance on BCU’s grievance procedures.

ADA Policy:
Students having legitimately evaluated physical conditions or learning difficulties are eligible for reasonable modifications of classroom and teaching conditions. Disability evaluations
should be registered through the Student Support Services Office. If a student has a registered disability, please see the Course Director about arranging for accommodations as soon as possible.

**University Assessments/Surveys:**
The assessment of student learning is an integral part of the educational experience at Briar Cliff University. To this end, the faculty continually assess student learning to improve our teaching and to monitor student success. Occasionally a student will be requested to participate in both college-wide and discipline-specific assessment activities. Please take these assessments and surveys seriously. The data that is collected will provide valuable information to faculty and will be used to improve student learning at Briar Cliff University.
SUPPORT SERVICES AND RESOURCES

Student Support Services:
The Student Support Services office provides accommodations for students with disabilities. To obtain this service, students must make an appointment with the director to submit documentation, talk about the disability, and discuss the accommodations needed. Ideally, this should be done as soon as the student knows he/she will be attending Briar Cliff University because some accommodations require more lead time to provide. See the student disability handbook for more detailed information. Contact Brenda Parkhill by phone at 712-279-5531, or by e-mail at brenda.parkhill@briarcliff.edu.

Writing Center:
The Writing Center, located in the Bishop Mueller Library, is available to all Briar Cliff students for strengthening academic writing development. The Center provides one-on-one peer mentoring, workshops and computer-based tutorials. The Writing Center’s number is 712-279-5520 or a student can email the Writing Center mentors at writing.center@briarcliff.edu. The Center’s web address is bcuwritingcenter.wordpress.com.

Academic Resource Commons:
The Academic Resource Commons provides students with the resources and services necessary for academic success and recovery. Located in the ARC are the following: ELL support services, the Writing Center, Academic Peer Mentors, the Early Alert Project Manager and the Director of Academic Support and Achievement. Through one-on-one appointments, peer support and mentoring, workshops, and academic advising (in addition to faculty advising), the Academic Resource Commons empowers students to develop a comprehensive set of life and academic skills, connects students with all campus bodies, and offers the social, academic and personal support necessary to persist. Contact Stephanie Andell at Stephanie.Andell@briarcliff.edu.

ELL Support Services:
Located in the Academic Resource Commons, ELL support services provide students with additional help in reading comprehension, vocabulary development and grammar, writing skills, listening proficiency, and oral communication. Students closely work one-on-one with an ELL Specialist to help with their specific learning needs.

Office of Academic Achievement:
Recognizing there are a variety of reasons why a student may struggle academically, the director of academic support and achievement helps students overcome obstacles while empowering them to create their own unique, college experience. The director meets with students to 1) connect them with necessary campus resources; 2) provide the support and services necessary to aid in students’ success; and, 3) enable the development of programs that fit students’ ever-changing personal and academic needs as they persist at Briar Cliff University.
The office of academic support and achievement serves students in all ways, and welcomes the opportunity to meet with a student for any reason—whether it be social, academic or personal. Contact Jessica McCormick at Jessica.McCormick@briarcliff.edu.
Tentative Course Outline/Schedule

*This syllabus is subject to change if it is determined to be in the best interest of the students’ learning. Additional learning resources may be added to the course website that are not listed in the required or recommended readings columns of this schedule.

<table>
<thead>
<tr>
<th>Day/Date/Time</th>
<th>Topics/Activities</th>
<th>Session Learning Objectives</th>
<th>Required Readings (prior to class)</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Thursday and Friday throughout the semester</td>
<td>TBD – Individualized for students</td>
<td>TBD once course materials completed</td>
<td>Class Syllabus</td>
<td>TBD – Individualized for students</td>
</tr>
</tbody>
</table>
APPENDIX A. CURRICULUM CONTENT

Taxonomic Levels:
Affective Domain: http://www.assessment.uconn.edu/docs/LearningTaxonomy_Affective.pdf

CAPTE Curriculum Content:

CC-1. The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (e.g., anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

CC-2. The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (e.g., applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

CC-3. The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (e.g., content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

CC-4. The physical therapist professional curriculum includes clinical education experiences for each student that encompass:
   a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
   b) Practice in settings representative of those in which physical therapy is commonly practiced;
   c) Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
   d) Opportunities for involvement in interdisciplinary care; and
   e) Other experiences that lead to the achievement of expected student outcomes.

CC-5. The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required
for initial practice of the profession of physical therapy.1(pp43-121),2(pp16-80)
The curriculum is designed to prepare students to meet the practice expectations listed in CC-5.1 through CC-5.66.

Professional Practice Expectation: Accountability

CC-5.1   Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
CC-5.2   Have a fiduciary responsibility for all patient/clients.
CC-5.3   Practice in a manner consistent with the professional Code of Ethics.
CC-5.4   Change behavior in response to understanding the consequences (positive and negative) of his or her actions.
CC-5.5   Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism

CC-5.6   Place patient’s/client’s needs above the physical therapist’s needs.
CC-5.7   Incorporate pro bono services into practice.

Professional Practice Expectation: Compassion/Caring

CC-5.8   Exhibit caring, compassion, and empathy in providing services to patients/clients.
CC-5.9   Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity

CC-5.10  Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty

CC-5.11  Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
CC-5.12  Participate in self-assessment to improve the effectiveness of care.
CC-5.13  Participate in peer assessment activities.
CC-5.14  Effectively deal with positive and negative outcomes resulting from assessment activities.
CC-5.15  Participate in clinical education of students.
CC-5.16  Participate in professional organizations.

Professional Practice Expectation: Communication

CC-5.17  Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.
Professional Practice Expectation: Cultural Competence

CC-5.18 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: Clinical Reasoning

CC-5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.

CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice

CC-5.21 Consistently use information technology to access sources of information to support clinical decisions.

CC-5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

CC-5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.

CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education

CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening

CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination

CC-5.28 Examine patients/clients by obtaining a history from them and from other sources.

CC-5.29 Examine patients/clients by performing systems reviews.

CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:

- Aerobic Capacity/Endurance
- Anthropometric Characteristics
- Arousal, Attention, and Cognition
d) Assistive and Adaptive Devices

e) Circulation (Arterial, Venous, Lymphatic)

f) Cranial and Peripheral Nerve Integrity

g) Environmental, Home, and Work (Job/School/Play) Barriers

h) Ergonomics and Body Mechanics

i) Gait, Locomotion, and Balance

j) Integumentary Integrity

k) Joint Integrity and Mobility

l) Motor Function (Motor Control and Motor Learning)

m) Muscle Performance (including Strength, Power, and Endurance)

n) Neuromotor Development and Sensory Integration

o) Orthotic, Protective, and Supportive Devices

p) Pain

q) Posture

r) Prosthetic Requirements

s) Range of Motion (including Muscle Length)

t) Reflex Integrity

u) Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])

v) Sensory Integrity

w) Ventilation and Respiration/Gas Exchange

x) Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Patient/Client Management Expectation: Evaluation

CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Patient/Client Management Expectation: Diagnosis

CC-5.32 Determine a diagnosis that guides future patient/client management.

Patient/Client Management Expectation: Prognosis

CC-5.33 Determine patient/client prognoses.

Patient/Client Management Expectation: Plan of Care

CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.

CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.

CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.
CC-5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC-5.38 Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention

CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a) Therapeutic Exercise
   b) Functional Training in Self-Care and Home Management
   c) Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
   d) Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
   e) Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
   f) Airway Clearance Techniques
   g) Integumentary Repair and Protection Techniques
   h) Electrotherapeutic Modalities
   i) Physical Agents and Mechanical Modalities

CC-5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of:
   (1) the needs of the patient/client,
   (2) the PTA’s ability,
   (3) jurisdictional law,
   (4) practice guidelines/policies/codes of ethics,
   and (5) facility policies.

CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC-5.43 Practice using principles of risk management.

CC-5.44 Respond effectively to patient/client and environmental emergencies in one’s practice setting.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.

CC-5.49 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.
Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50  Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
CC-5.51  Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.
CC-5.52  Apply principles of prevention to defined population groups.

Practice Management Expectation: Management of Care Delivery

CC-5.53  Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
CC-5.54  Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.
CC-5.55  Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
CC-5.56  Participate in the case management process.

Practice Management Expectation: Practice Management

CC-5.57  Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.
CC-5.58  Participate in financial management of the practice.
CC-5.59  Establish a business plan on a programmatic level within a practice.
CC-5.60  Participate in activities related to marketing and public relations.
CC-5.61  Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: Consultation

CC-5.62  Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.63  Challenge the status quo of practice to raise it to the most effective level of care.
CC-5.64  Advocate for the health and wellness needs of society.
CC-5.65  Participate and show leadership in community organizations and volunteer service.
CC-5.66  Influence legislative and political processes.

Proposed CAPTE Standards:
DPT Goals
In parallel with the Program’s mission, upon completion of all requirements of the Briar Cliff University School of Physical Therapy, the graduate will be prepared to:

1. Practice physical therapy autonomously.
2. Be leaders within their communities and profession.
3. Provide health care services in underserved settings.
APPENDIX B. SYLLABUS CONTRACT

Name: ______________________________________  Date: __________________
(Print)

PLEASE INITIAL THE FOLLOWING:

_____ I understand the assignment expectations as stated in the syllabus.

_____ I understand the policies regarding performance expectations for this class.

_____ I understand the policies regarding attendance and late work/papers for this class.

_____ I understand the attendance policy in place for this class, including my missed tests, assignments, and in-class work.

_____ I understand the expectations regarding before class preparation and in-class participation.

_____ I understand the expectations regarding classroom conduct, including the use of electronic devices and tardiness.

_____ I understand the importance of maintaining a constructive and respectful environment during all class sessions.

_____ I have read the above and understand that failure of any of the above will affect my grade in a negative manner even to the result of failing this course.

_____________________________________________  Student’s Signature
APPENDIX C. PROFESSIONALISM FORM

BRIAR CLIFF UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
SPRING 2017
DPT CLINICAL CORRELATIONS 4

Student: ___________________________________
Facility: ____________________________________

From a clinical stand point please indicate quality of student professional behavior during the time this student spent with you. Ratings will be used to identify issues of professionalism and to provide an opportunity for any necessary discussions addressing professional behaviors.

1. Student exhibited caring, compassion, & empathy in providing service/care to patient/client.
   □ Excellent  □ Good  □ Fair  □ Poor  □ Not applicable

2. Demonstrated professional behavior in interactions with patients/clients.
   □ Excellent  □ Good  □ Fair  □ Poor  □ Not applicable

3. Demonstrated appropriate expressive & receptive communication with patient/client, family members, or other health care professionals.
   □ Excellent  □ Good  □ Fair  □ Poor  □ Not applicable

4. Exhibited cultural competence when dealing with patients/clients.
   □ Excellent  □ Good  □ Fair  □ Poor  □ Not applicable

This student was (indicate all that apply):
   □ Respectful  □ Polite  □ Pleasant  □ Dressed Appropriately

Please take a moment to comment on this student’s professionalism during this one day experience:

Signature of clinical personnel completing questionnaire:

_______________________________________________

Approved 11/2014
### Individual’s ability to:

1. **Provide physical therapy services in a safe manner that minimizes risk to patients, others and self**  
   - **Performance Levels:**  
     - Beginning  
     - Advanced  
     - Intermediate  
     - Entry-level  
     - Beyond Entry-level  
   - **Comments:**

2. **Demonstrate professional behavior in all situations**  
   - **Performance Levels:**  
     - Beginning  
     - Advanced  
     - Intermediate  
     - Entry-level  
     - Beyond Entry-level  
   - **Comments:**

3. **Communicate in ways that are congruent with situational needs**  
   - **Performance Levels:**  
     - Beginning  
     - Advanced  
     - Intermediate  
     - Entry-level  
     - Beyond Entry-level  
   - **Comments:**

4. **Adapt delivery of physical therapy services in consideration for patients’ differences, values, preferences, and needs**  
   - **Performance Levels:**  
     - Beginning  
     - Advanced  
     - Intermediate  
     - Entry-level  
     - Beyond Entry-level  
   - **Comments:**

5. **Perform a physical therapy patient examination using evidence-based tests and measures**  
   - **Performance Levels:**  
     - Beginning  
     - Advanced  
     - Intermediate  
     - Entry-level  
     - Beyond Entry-level  
   - **Comments:**

Approved 11/2014
6. Perform physical therapy interventions in a competent manner

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<th>Beginning Performance</th>
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Comments:

7. Educate others using relevant and effective teaching methods

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Comments:

8. Evaluate data from the patient examination (history, systems review, and tests and measures) to make clinical judgments

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Comments:

9. Determine with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional

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Comments:

10. Establish a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based

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Comments:

11. Determine diagnosis and prognosis that guides future patient management

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Comments:

12. Produce quality documentation in a timely manner to support the delivery of physical therapy services

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Approved 11/2014
| 13. Submit accurate patient charges while adhering to reimbursement guidelines |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Beginning Performance         | Advanced Beginner Performance | Intermediate Performance      | Advanced Intermediate Performance | Entry-level Performance      | Beyond Entry-level Performance |
| Comments:                     |                               |                               |                               |                               | NA                           |

| 14. Use support personnel according to legal standards and ethical guidelines |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Beginning Performance         | Advanced Beginner Performance | Intermediate Performance      | Advanced Intermediate Performance | Entry-level Performance      | Beyond Entry-level Performance |
| Comments:                     |                               |                               |                               |                               | NA                           |

| 15. Apply current knowledge, theory, clinical judgment, and the patient's values and perspectives in patient management |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Beginning Performance         | Advanced Beginner Performance | Intermediate Performance      | Advanced Intermediate Performance | Entry-level Performance      | Beyond Entry-level Performance |
| Comments:                     |                               |                               |                               |                               | NA                           |

**Coding:** Blue = in room, Green = in room and written, Red = written

☐ Pass  ☐ Fail

Evaluators’ Signatures:

________________________________________________________________________

________________________________________________________________________
### Comprehensive final Grading Scale:

<table>
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<tr>
<th>Anchor</th>
<th>Description</th>
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| **Beginning performance**   | • Student requires close supervision with constant monitoring and feedback, even with patients with simple conditions  
                              • Performance is inconsistent and clinical reasoning is performed in an inefficient manner  
                              • Performance reflects little or no experience |
| **Advanced beginner**       | • Requires supervision 75-90% of time managing patients with simple conditions and 100% of the time managing patients with complex conditions  
                              • Demonstrates consistency in developing proficiency with simple tasks, but is unable to perform skilled examinations, interventions, and clinical reasoning skills |
| **Intermediate performance**| • Requires supervision less than 50% of the time managing patients with simple conditions and 75% of the time managing patients with complex conditions.  
                              • Student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. |
| **Advanced intermediate**   | • Requires supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions  
                              • Student is consistent and proficient in simple tasks and requires only occasional cuing for skilled examinations, interventions, and clinical reasoning. |
| **Entry-level performance** | • Capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.  
                              • Student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. |
| **Beyond entry-level**      | • Capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.  
                              • Student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is capable of serving as a consultant or resource for others.  
                              • Capable of supervising others  
                              • Capable of assuming a leadership role for managing patients with more difficult or complex conditions. |
Grading Criteria:

Pass:
- Items 1 and 2 achieve a score at or to the right of the “entry level” anchor.
- All remaining items achieve a score at or to the right of the “intermediate” anchor.

Fail:
- Items 1 and 2 achieve a score to the left of the “entry level” anchor.
- Any remaining items achieve a score to the left of the “intermediate” anchor.
Course Director: TBD, ADCE
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.

Office Phone:
Cell Phone:
Work E-mail:

Faculty Biosketch:

Course Instructor: Patrick Cross, PT, DPT, RHF
Office: Mayfair 107
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone: 712-279-1708
Cell Phone: 605-202-0997
Work E-mail: Patrick.Cross@briarcliff.edu
Faculty Biosketch: Dr. Cross has been practicing as a PT since 2002. He practiced PT in different capacities for 10 years on an American Indian reservation, including director of a wellness center and rehabilitation. Dr. Cross has also practiced in inpatient, nursing home, and home health settings. Additionally, Dr. Cross has spent many hours training athletes and on the sidelines of rural high school sporting events. His favorite task is to teach students and then take them to community-based settings, in which services are minimal, so that they can apply what they have learned, as well as extend access to physical therapy services to those in need.

Course Instructor: Patrick Hauer, Ed, PT, MHS
Office: Mayfair 105
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone:
Cell Phone: 605-661-3740
Work E-mail: Patrick.hauer@briarcliff.edu
Faculty Biosketch: Dr. Hauer has been practicing as a physical therapist and educator who has focused on cardiovascular and pulmonary, pathophysiology, orthotics and prosthetics, gait, and certain musculoskeletal topics within the curriculum as well as in the clinical setting. Likewise, his research areas have focused on cardiovascular areas associated with young asymptomatic populations and older populations with chronic respiratory problems.

Course Instructor: Heidi M Nelson, PT, DPT
Office: Mayfair 106
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone: 712-279-5478
Cell Phone: 608-293-0000
Work E-mail: Heidi.nelson@briarcliff.edu
Faculty Biosketch: Dr. Nelson was hired by Briar Cliff University as the Director of Clinical Education for the developing Doctor of Physical Therapy Program in 2014. Dr. Nelson came to Briar Cliff after working in clinical physical therapy in the fields of pediatrics, geriatrics, and clinic management. During her pediatric physical therapy residency at the Munroe-Meyer Institute, she also was a teaching assistant and lab assistant for the Pediatrics course in the Doctor of Physical Therapy Program. She has recently become an American Physical Therapy Association (APTA) Advanced Credentialled Clinical Instructor in July 2014.

Course Instructor: Eric Strong, PhD, PT
Office: Mayfair 108
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone:
Cell Phone:
Work E-mail: Eric.Strong@briarcliff.edu
Faculty Biosketch: Dr. Strong completed a doctoral program which set the stage for his expertise in health and wellness classes. His specialization in the PhD program was Health Promotion. He has also had the opportunity professionally to work in and manage a university wellness program as well as serve as a wellness consultant to both individuals and corporations. He stays current with the changes that occur to the health and wellness field through a listserv, current research, and webinars specific to the topic. Expertise in the field of geriatrics has been gained through his physical therapy program, work experience in different geriatric settings, continuing education, and research.
Course Description: This course is a clinical and community based practical learning experience that occurs through a variety of settings/programs. This clinical and community correlation experience occurs in the community setting, in the pro bono clinic, and in the classroom during the summer semester of the third year of the program. The student attends each clinical or community based education experience throughout the semester (a minimum of 5 experiences in all) for a to be determined set amount of time. Each faculty member or clinical instructor provides the student with opportunities to promote and expand their knowledge and practice of the physical therapy profession. As a component of this course, each student will also complete a final practical demonstrating success and a level of achievement required for progression in the DPT program.

Credit Hours: 2

Clock Hours: 30

Required DPT Course: Yes

Prerequisites: Admission to DPT Program or instructor consent. For DPT students, successful completion of didactic coursework of the DPT Curriculum from the first two years of the program.

Location: To be determined individually for each student.

Meeting Time(s): See schedule

Teaching and Learning Methods: The student will participate in a community based setting and the pro bono clinic under the guidance and supervision of a licensed health care professional to promote interprofessional development. The student will work under the supervision of the skilled professional to achieve the clinical or community based experience. The health care professional reinforces the didactic knowledge and promotes effective communication and professional skills throughout this integrated clinical education experience.
The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student will have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved and underpopulated areas. Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient center care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams. As a component of each student’s full time clinical education experience, the student should practice with the Franciscan values to reflect their education at Briar Cliff University.

Within a Catholic Franciscan University, with a tradition of service, caring and openness to all, broad intellectual background with career development, and encouragement of growth in self-awareness and in one’s relationship to others and to God, the mission of Briar Cliff University’s Doctor of Physical Therapy Program is to pursue academic excellence in preparing the next generation of physical therapists to practice autonomously, be leaders within their profession and communities, and respond to patient and societal needs of the region, including the underserved. By challenging students to provide contemporary, skilled, reflective, ethical, legal, compassionate, culturally competent, interprofessional, evidence-based, and patient-centered care, graduates will be prepared to restore, maintain, and promote optimal movement, activity participation, and wellness of clients, while being effective leaders and health care providers within their communities and the ever-changing health care environment.

BCU students are living our Franciscan values by building a caring community, creating peace, reverencing creation and connecting in joyful service.
Upon completion of this course, the student will have met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Taxonomic Type and Level</th>
<th>CAPTE Evaluative Criteria</th>
<th>CAPTE Proposed Standard(s)</th>
<th>Program Goal(s)</th>
<th>Learning Activities</th>
<th>Method of Assessing Students' Learning</th>
<th>Minimal Expectation</th>
<th>Specific Outcome Measurement</th>
<th>Taxonomy of Level of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discriminate the importance of service learning experiences completed throughout physical therapy curriculum to the physical therapy profession compared to if it were not included in the curriculum</td>
<td>Affective Organization</td>
<td>CC-5.8 CC-5.11 CC-5.41</td>
<td></td>
<td>1, 2, 3</td>
<td>Service Learning Experience</td>
<td>Professionalism Form</td>
<td>Scores of Excellent</td>
<td>Professionalism Form</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>2. Seek effective communication strategies between a skilled physical therapist and a physical therapy student or physical therapist assistant for teaching purposes during simulation experience</td>
<td>Affective Valuing</td>
<td>CC-5.11 CC-5.38 CC-5.40 CC-5.54</td>
<td></td>
<td>1, 2, 3</td>
<td>Simulation Experience</td>
<td>Professionalism Form</td>
<td>Scores of Excellent</td>
<td>Professionalism Form</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>3. Produce advanced intermediate skills with completion of evaluation and treatment of an elective patient of the student’s interest</td>
<td>Psychomotor Origination</td>
<td>CC-5.19 CC-5.20 CC-5.28 CC-5.29 CC-5.30c CC-5.30i CC-5.31 CC-5.33</td>
<td></td>
<td>1, 2</td>
<td>Evaluation and treatment in pro bono clinic</td>
<td>Elective Assignment</td>
<td>Advanced Intermediate Performance</td>
<td>CPI Rating Score</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>4. Demonstrate attendance and active participation in a two-day board preparation course.</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.52</td>
<td>1</td>
<td>Board Review Course</td>
<td>Attendance</td>
<td>Attendance</td>
<td>Attendance</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
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</tr>
<tr>
<td>5. Produce completed scholarly projects in verbal platform presentation form to the DPT department and clinicians</td>
<td>Psychomotor Origination</td>
<td>CC-5.9 CC-5.39e CC-5.30r CC-5.30o CC-5.30g</td>
<td>1, 3</td>
<td>Scholarly Project Presentation</td>
<td>Peer reviewed</td>
<td>Completion</td>
<td>TBD</td>
<td>Psychomotor</td>
<td></td>
</tr>
</tbody>
</table>

*For definitions, please see Appendix A*
**COURSE MATERIALS**

**Required Textbooks, Readings, and Resources:**

**Supplemental/ Recommended Readings and Resources:**
Texts utilized in didactic coursework from related areas of physical therapy practice.

**Required Equipment:**
Student equipment kit required for purchase as a textbook in the first year of the program.
The student is referred to the student handbooks of Briar Cliff University, the School of Graduate Studies, the Department of Physical Therapy Student Handbook, and the Clinical Education Handbook for all academic performance and professional behavior expectations and policies.

The DPT curriculum and the associated courses are academically rigorous. Success in this course will require a significant investment of time. On average, students should assume the need to invest at least two hours of time outside of scheduled course time for preparation, studying, and completing assignments for each hour of time that the student is physically participating in the course (e.g., a one credit course = 15 contact hours = a minimum of 30 outside of class hours). Based on individual past experiences, study habits, etc., some courses may require more time be devoted to the course, some may require less.

Attendance is an important aspect of professional education and therefore expected for each integrated clinical education experience. Students are expected to attend each integrated clinical education experience on the days that they are scheduled and to arrive on time as active presence is critical to the professional development of the student and peers. Students who miss the integrated clinical education experience are responsible for contacting the DCE and an additional experience with a faculty member.

Excused absences from class must be requested prior to the start of the day and must be validated by the DCE. Examples of excused absences include illness, a death in the family, etc. If there are special circumstances please inform the instructor on or before the first day of class, or as soon as possible. Students experiencing health or personal problems that prevent full participation in the course should attempt to contact the DCE prior to class. The DCE reserve the right to determine the legitimacy of all excuses and may request written documentation verifying the absence. It is at the discretion of the DCE to require additional assignments to be completed in lieu of absences. If a DCE is concerned about a student’s attendance in a course, including multiple excused absences, he/she may submit a professional behavior citation to the Progress and Conduct Committee.

Students are discouraged from planning vacations and/or appointments that will result in missed integrated clinical education experiences; an elective physician’s appointment may not be considered an excused absence. Tardiness of over 15 minutes will be deemed as an unexcused absence, unless the student has prior approval from his/her course instructor of DCE. There will be minimal opportunities to make up for missed time in integrated clinical education experiences. More than one unexcused absence and/or failure to complete any additional assignments required by the instructor may result in a 10% reduction in a student’s final grade and/or a professional behavior citation to the Progress and Conduct Committee.

In addition to attendance, success in this course is dependent on the participation of each individual enrolled in the course. As part of adult-centered learning, each student is expected to
be prepared to participate in each integrated clinical education experience prior to the start of each experience day. Students who do not bring the necessary materials and/or do not wear appropriate clothing for class will be dismissed from the experience to retrieve materials and/or change into appropriate attire. Each student is also expected to contribute to the integrated clinical education experience during each experience. Failure to do so will make it difficult for a student to gain a good understanding of the purpose of the integrated clinical education experience, thus potentially negatively effecting learning and the student’s overall progress/grade in the course. If the DCE feels a student is not properly participating and/or preparing for clinical, the DCE is encouraged to speak individually with the student. The DCE may submit a professional behavior citation to the Progress and Conduct Committee.

Recognizing that true professionalism is the integration of knowledge and skill with altruistic attitudes, values and behaviors, the DPT Program expects its students to develop the dispositions of competent and compassionate health care professionals, and requires that they behave in a manner that brings honor on their profession at all times. In keeping with this philosophy, faculty will act consistently and officially to guide students towards acceptable behaviors, and to take corrective action in the event of repeated or serious infractions of expected professional conduct. Upon the witnessing of behavior that is in conflict with that articulated in Departmental and profession-based documents outlining expected behaviors (e.g., professional Code of Ethics, HIPAA, Student Handbook, etc.), but which falls short of academic or non-academic misconduct, a course instructor or the DCE can submit a professional behavior citation to the DPT Progress and Conduct Committee. This includes appropriate use of electronic technology during the integrated clinical education experience. Laptops, tablets, and cell phones may be used for learning activities, such as online research, reviewing PowerPoint slides, and taking notes during lecture or in class activities, although students should follow the program’s policies on technology use in integrated clinical education experiences. Students using electronic technology to view social media outlets, check email, work on other course assignments or study for an upcoming exam will receive a professional behavior citation to the DPT Progress and Conduct Committee. Actions that are more severe (e.g., academic misconduct, sexual violence, violation of laws), will be referred to process defined in the School of Graduate Studies and University Student Handbooks.

Part of becoming a professional is the ability to peer-assess. In an effort to comply with University standards, as well as accreditation and ongoing programmatic quality assurance, completion of all DPT course evaluations and graduate curriculum assessments is required in order for the student to be assigned a course grade and/or graduate.
Keeping consistent with University standards, the grading scale below will be utilized for this course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
<td>A-</td>
<td>90-92.9%</td>
</tr>
<tr>
<td>B+</td>
<td>88-89.9%</td>
<td>B</td>
<td>83-87.9%</td>
</tr>
<tr>
<td>C+</td>
<td>78-79.9%</td>
<td>C</td>
<td>73-77.9%</td>
</tr>
<tr>
<td>D+</td>
<td>68-69.9%</td>
<td>D</td>
<td>60-67.9%</td>
</tr>
<tr>
<td>F</td>
<td>≤59.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please note that when grades are calculated, instructors will not round the percent up or down. For example, an 89.9 is a B+. For the purposes of pass/fail courses, a student must achieve a score of 80% or better in the course, as well as successfully complete all required course components to the satisfaction of the course instructor.

Unless otherwise noted by the course instructor or specified below, all assignments are to be typed, completed individually, and submitted to drop boxes on the course website by 11:59 PM CST. Assignments should be titled as follows: Lastname_Firstname_Courseprefix and number_Brief assignment description (e.g., Cross_Patrick_DPT600_codeofethicsassignment). Students should complete assignments early to avoid lateness due to computer problems and other issues that arise when completing assignments at the last minute. Scores will be reduced 10% per day for late assignments or projects.

Students are expected to adhere to Briar Cliff University’s policies on academic integrity. Violations, as outlined in University policies, will be reported.

- Academic dishonesty is defined as, but not limited to the following: copying a classmate’s work, using crib notes during a test, stealing or conveying examination questions, informing classmates of information on practical examination, maintaining library materials so that classmates cannot utilize the materials, falsely representing clinical cases, turning in written assignments that are not authentic, or fabrication of any sort. No credit can be given for a dishonest assignment. At the discretion of the instructor, a student caught engaging in any form of academic dishonesty may, at a minimum, receive a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.

- Plagiarism is defined as using the words and/or ideas of another and representing them to be one’s own, without proper credit to the author or source. The act of writing is an integral part of the learning process. If a student tries to pass off the work of another writer as their own, whether intentional or unintentional, plagiarism will result, at a minimum, in a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.
All students will have one week after the distribution of an exam or assignment to dispute a response or grade. The dispute must be typed and include the following: item number or what is being challenged, why the response should be considered correct, and an accurate reference(s). If an error was made in the grading (e.g., instructor marked an answer wrong and it was correct per the answer key or instructor did not add up points correctly), a dispute is not necessary. However, it must be brought to the instructor’s attention within one week of the distribution of the exam or assignment.

In order to make sure that a student is properly trained and safe to go to long term clinicals, clinical correlations courses are integrated throughout the curriculum. A student must pass all portions of this course, including the practical exam, in order to receive a passing grade for this course. Failure to do so will result in a failing or “incomplete” grade. In parallel to policies established by the School of Graduate Studies and the DPT Program, an assignment of a failing or “incomplete” grade may affect a DPT student’s progression in the program.

Please see course expectations regarding how unexcused absences and/or failure to complete course evaluation may affect a grade. In addition, there will not be any extra credit opportunities unless otherwise noted by the instructor.
Assignments:

1. Board Review Course
   a. The student will participate in a board review course for approximately 15 hours. If a student does not attend, the student will fail the course.
   b. Pass/Fail

2. Scholarly Project Presentation
   a. The student will present his/her scholarly project in the presence of academic and clinical education faculty. (One hour)
   b. Pass/Fail

3. Elective Assignment
   a. The student will complete 8 hours of experiences in the area of their elective choices.
   b. The student will have the professional complete the attached professionalism form.
   c. Turn form into DCE by June 23, 2017.
   d. Pass/Fail

4. Service Learning
   a. The student will complete a service learning experience and provide mentorship to second year physical therapy students. (6 hours)
   b. The student will have the professional or physical therapy faculty complete the attached professionalism form.
   c. Turn form into DCE by June 23, 2017.
   d. Pass/Fail

5. Simulation Experience
   a. The student will participate in a simulation experience with nursing students demonstrating active communication and teaching as a part of an interdisciplinary/interprofessional health care team.
   b. Turn in professionalism form completed by academic faculty to DCE.
   c. Pass/Fail

<table>
<thead>
<tr>
<th>Evaluative Item</th>
<th>Due Date</th>
<th>Overall Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Review Course Attendance</td>
<td>June 23, 2017</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Scholarly Project Presentation</td>
<td>June 23, 2017</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Elective Assignment Hours</td>
<td>June 23, 2017</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Service Learning</td>
<td>June 23, 2017</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Simulation Experience</td>
<td>June 23, 2017</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Pass</td>
<td>Fail</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>• 80-100 points</td>
<td>• Less than 80 points</td>
<td></td>
</tr>
<tr>
<td>• No safety concerns indicated on professional student feedback</td>
<td>• Safety concerns indicated on professional student feedback</td>
<td></td>
</tr>
<tr>
<td>evaluation</td>
<td>evaluation</td>
<td></td>
</tr>
<tr>
<td>• Completion of all assignments and class participation</td>
<td>• Failure to complete one assignment or participate in class</td>
<td></td>
</tr>
<tr>
<td>• Timeliness with completion of assignments</td>
<td>• Assignment turned into DCE greater than 1 week past due</td>
<td></td>
</tr>
<tr>
<td>• Active participation in simulation experience</td>
<td>• No participation in simulation experience</td>
<td></td>
</tr>
<tr>
<td>• Essay must be well written, cohesive, high level of reflection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Communication:**
Physical Therapy Faculty Members are committed to being as accessible as possible to students, but cannot be available at every moment a student needs. Email will be the best way to try to get in touch with the instructors. Please do not try to send text messages to the phone number listed on page one, unless it is very important (i.e. death of family member in the middle of the night for which the student needs to leave immediately). When a student e-mails an instructor in regards to this course, the person should include the course prefix and number the subject line. Faculty will make every effort possible to respond to all email messages within 48 hours, and much faster whenever possible. At the same time, students should also be checking e-mail regularly and open and read any e-mails received from an instructor.

If there is something urgent that a student needs addressed during regular business hours, the student can try calling the instructor or stopping by the instructor’s office. Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet. Any message that a student leaves on an instructor’s work voicemail will be forwarded via BCU e-mail.

**Freedom in Learning:**
Students are responsible for learning the content of any course of study in which they are enrolled. Student academic performance shall be evaluated solely on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards, but is related instead to judgment of their personal opinion or conduct should contact the Dean of Academic Affairs.

**Policy on Fair Evaluation:**
Each student is entitled to earn and receive a fair grade in each course for which he or she enrolls. It is the right and the responsibility of an instructor to establish criteria for evaluation for each course which he or she teaches and to determine the degree to which an individual student has fulfilled the standards set for the course. Students should be apprised that extraneous factors, such as the eligibility of a student for an organization’s membership, for scholarship and fellowship awards, for admission to graduate schools, or for participation on an athletic team, for example, have no bearing on the determination of the fairness of a grade or grades received. The quality of the student’s overall performance with respect to evaluation standards will be the only criterion for judgment.

**Grievance Procedure:**
Please consult the student handbook or catalog for specific guidance on BCU’s grievance procedures.

**ADA Policy:**
Students having legitimately evaluated physical conditions or learning difficulties are eligible for reasonable modifications of classroom and teaching conditions. Disability evaluations
should be registered through the Student Support Services Office. If a student has a registered disability, please see the Course Director about arranging for accommodations as soon as possible.

**University Assessments/Surveys:**
The assessment of student learning is an integral part of the educational experience at Briar Cliff University. To this end, the faculty continually assess student learning to improve our teaching and to monitor student success. Occasionally a student will be requested to participate in both college-wide and discipline-specific assessment activities. Please take these assessments and surveys seriously. The data that is collected will provide valuable information to faculty and will be used to improve student learning at Briar Cliff University.
Student Support Services:
The Student Support Services office provides accommodations for students with disabilities. To obtain this service, students must make an appointment with the director to submit documentation, talk about the disability, and discuss the accommodations needed. Ideally, this should be done as soon as the student knows he/she will be attending Briar Cliff University because some accommodations require more lead time to provide. See the student disability handbook for more detailed information. Contact Brenda Parkhill by phone at 712-279-5531, or by e-mail at brenda.parkhill@briarcliff.edu.

Writing Center:
The Writing Center, located in the Bishop Mueller Library, is available to all Briar Cliff students for strengthening academic writing development. The Center provides one-on-one peer mentoring, workshops and computer-based tutorials. The Writing Center’s number is 712-279-5520 or a student can email the Writing Center mentors at writing.center@briarcliff.edu. The Center’s web address is bcuwritingcenter.wordpress.com.

Academic Resource Commons:
The Academic Resource Commons provides students with the resources and services necessary for academic success and recovery. Located in the ARC are the following: ELL support services, the Writing Center, Academic Peer Mentors, the Early Alert Project Manager and the Director of Academic Support and Achievement. Through one-on-one appointments, peer support and mentoring, workshops, and academic advising (in addition to faculty advising), the Academic Resource Commons empowers students to develop a comprehensive set of life and academic skills, connects students with all campus bodies, and offers the social, academic and personal support necessary to persist. Contact Stephanie Andell at Stephanie.Andell@briarcliff.edu.

ELL Support Services:
Located in the Academic Resource Commons, ELL support services provide students with additional help in reading comprehension, vocabulary development and grammar, writing skills, listening proficiency, and oral communication. Students closely work one-on-one with an ELL Specialist to help with their specific learning needs.

Office of Academic Achievement:
Recognizing there are a variety of reasons why a student may struggle academically, the director of academic support and achievement helps students overcome obstacles while empowering them to create their own unique, college experience. The director meets with students to 1) connect them with necessary campus resources; 2) provide the support and services necessary to aid in students’ success; and, 3) enable the development of programs that fit students’ ever-changing personal and academic needs as they persist at Briar Cliff University.
The office of academic support and achievement serves students in all ways, and welcomes the opportunity to meet with a student for any reason—whether it be social, academic or personal. Contact Jessica McCormick at Jessica.McCormick@briarcliff.edu.
Tentative Course Outline/Schedule

*This syllabus is subject to change if it is determined to be in the best interest of the students’ learning. Additional learning resources may be added to the course website that are not listed in the required or recommended readings columns of this schedule.

<table>
<thead>
<tr>
<th>Day/Date/Time</th>
<th>Topics/Activities</th>
<th>Session Learning Objectives</th>
<th>Required Readings (prior to class)</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 22, 2017 through June 16, 2017</td>
<td>TBD – Individualized for students</td>
<td>TBD once course materials completed</td>
<td>Class Syllabus</td>
<td>TBD – Individualized for students</td>
</tr>
</tbody>
</table>
APPENDIX A. CURRICULUM CONTENT

Taxonomic Levels:
Affective Domain: http://www.assessment.uconn.edu/docs/LearningTaxonomy_Affective.pdf
Psychomotor Domain:

CAPTE Curriculum Content:

CC-1. The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (e.g., anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

CC-2. The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (e.g., applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

CC-3. The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (e.g., content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

CC-4. The physical therapist professional curriculum includes clinical education experiences for each student that encompass:
a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
b) Practice in settings representative of those in which physical therapy is commonly practiced;
c) Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
d) Opportunities for involvement in interdisciplinary care; and
e) Other experiences that lead to the achievement of expected student outcomes.

CC-5. The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required
for initial practice of the profession of physical therapy.1(pp43-121),2(pp16-80)
The curriculum is designed to prepare students to meet the practice expectations listed in CC-5.1 through CC-5.66.

Professional Practice Expectation: Accountability

CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
CC-5.2 Have a fiduciary responsibility for all patient/clients.
CC-5.3 Practice in a manner consistent with the professional Code of Ethics.
CC-5.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.
CC-5.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism

CC-5.6 Place patient’s/client’s needs above the physical therapist’s needs.
CC-5.7 Incorporate pro bono services into practice.

Professional Practice Expectation: Compassion/Caring

CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.
CC-5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity

CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty

CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
CC-5.12 Participate in self-assessment to improve the effectiveness of care.
CC-5.13 Participate in peer assessment activities.
CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment activities.
CC-5.15 Participate in clinical education of students.
CC-5.16 Participate in professional organizations.

Professional Practice Expectation: Communication

CC-5.17 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.
Professional Practice Expectation: Cultural Competence

CC-5.18 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: Clinical Reasoning

CC-5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.
CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice

CC-5.21 Consistently use information technology to access sources of information to support clinical decisions.
CC-5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
CC-5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.
CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.
CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education

CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening

CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination

CC-5.28 Examine patients/clients by obtaining a history from them and from other sources.
CC-5.29 Examine patients/clients by performing systems reviews.
CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
   a) Aerobic Capacity/Endurance
   b) Anthropometric Characteristics
   c) Arousal, Attention, and Cognition
d) Assistive and Adaptive Devices

e) Circulation (Arterial, Venous, Lymphatic)

f) Cranial and Peripheral Nerve Integrity

g) Environmental, Home, and Work (Job/School/Play) Barriers

h) Ergonomics and Body Mechanics

i) Gait, Locomotion, and Balance

j) Integumentary Integrity

k) Joint Integrity and Mobility

l) Motor Function (Motor Control and Motor Learning)

m) Muscle Performance (including Strength, Power, and Endurance)

n) Neuromotor Development and Sensory Integration

o) Orthotic, Protective, and Supportive Devices

p) Pain

q) Posture

r) Prosthetic Requirements

s) Range of Motion (including Muscle Length)

t) Reflex Integrity

u) Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])

v) Sensory Integrity

w) Ventilation and Respiration/Gas Exchange

x) Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Patient/Client Management Expectation: Evaluation

CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Patient/Client Management Expectation: Diagnosis

CC-5.32 Determine a diagnosis that guides future patient/client management.

Patient/Client Management Expectation: Prognosis

CC-5.33 Determine patient/client prognoses.

Patient/Client Management Expectation: Plan of Care

CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.

CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.

CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

Approved 11/2014
CC-5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC-5.38 Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention

CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:

a) Therapeutic Exercise
b) Functional Training in Self-Care and Home Management
c) Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
d) Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
e) Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
f) Airway Clearance Techniques
g) Integumentary Repair and Protection Techniques
h) Electrotherapeutic Modalities
i) Physical Agents and Mechanical Modalities

CC-5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA’s ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.

CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC-5.43 Practice using principles of risk management.

CC-5.44 Respond effectively to patient/client and environmental emergencies in one’s practice setting.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.

CC-5.49 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.
Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
CC-5.51 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.
CC-5.52 Apply principles of prevention to defined population groups.

Practice Management Expectation: Management of Care Delivery

CC-5.53 Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
CC-5.54 Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.
CC-5.55 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
CC-5.56 Participate in the case management process.

Practice Management Expectation: Practice Management

CC-5.57 Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.
CC-5.58 Participate in financial management of the practice.
CC-5.59 Establish a business plan on a programmatic level within a practice.
CC-5.60 Participate in activities related to marketing and public relations.
CC-5.61 Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: Consultation

CC-5.62 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.63 Challenge the status quo of practice to raise it to the most effective level of care.
CC-5.64 Advocate for the health and wellness needs of society.
CC-5.65 Participate and show leadership in community organizations and volunteer service.
CC-5.66 Influence legislative and political processes.

Proposed CAPTE Standards:
DPT Goals
In parallel with the Program’s mission, upon completion of all requirements of the Briar Cliff University School of Physical Therapy, the graduate will be prepared to:

1. Practice physical therapy autonomously.
2. Be leaders within their communities and profession.
3. Provide health care services in underserved settings.
APPENDIX B. SYLLABUS CONTRACT

Name: ______________________________ Date: ________________
(Print)

PLEASE INITIAL THE FOLLOWING:

_____ I understand the assignment expectations as stated in the syllabus.

_____ I understand the policies regarding performance expectations for this class.

_____ I understand the policies regarding attendance and late work/papers for this class.

_____ I understand the attendance policy in place for this class, including my missed
tests, assignments, and in-class work.

_____ I understand the expectations regarding before class preparation and in-class
participation.

_____ I understand the expectations regarding classroom conduct, including the use of
electronic devices and tardiness.

_____ I understand the importance of maintaining a constructive and respectful
environment during all class sessions.

_____ I have read the above and understand that failure of any of the above will affect
my grade in a negative manner even to the result of failing this course.

__________________________________________
Student’s Signature
APPENDIX C. PROFESSIONALISM FORM

BRIAR CLIFF UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
SUMMER 2017
DPT CLINICAL CORRELATIONS 5

Student: ___________________________________
Facility: ____________________________________

From a clinical standpoint please indicate quality of student professional behavior during the time this student spent with you. Ratings will be used to identify issues of professionalism and to provide an opportunity for any necessary discussions addressing professional behaviors.

1. Student exhibited caring, compassion, & empathy in providing service/care to patient/client.
   - Excellent  □  Good  □  Fair  □  Poor  □  Not applicable

2. Demonstrated professional behavior in interactions with patients/clients.
   - Excellent  □  Good  □  Fair  □  Poor  □  Not applicable

3. Demonstrated appropriate expressive & receptive communication with patient/client, family members, or other health care professionals.
   - Excellent  □  Good  □  Fair  □  Poor  □  Not applicable

4. Exhibited cultural competence when dealing with patients/clients.
   - Excellent  □  Good  □  Fair  □  Poor  □  Not applicable

This student was (indicate all that apply):
   - Respectful  □  Polite  □  Pleasant  □  Dressed Appropriately

Please take a moment to comment on this student’s professionalism during this one day experience:

Signature of clinical personnel completing questionnaire:
____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Course Director: Heidi M Nelson, PT, DPT
Office: Mayfair 106
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone: 712-279-5478
Cell Phone: 608-293-0000
Work E-mail: Heidi.nelson@briarcliff.edu

Faculty Biosketch: Dr. Nelson was hired by Briar Cliff University as the Director of Clinical Education for the developing Doctor of Physical Therapy Program in 2014. Dr. Nelson came to Briar Cliff after working in clinical physical therapy in the fields of pediatrics, geriatrics, and clinic management. During her pediatric physical therapy residency at the Munroe-Meyer Institute, she also was a teaching assistant and lab assistant for the Pediatrics course in the Doctor of Physical Therapy Program. She has recently become an American Physical Therapy Association (APTA) Advanced Credentialed Clinical Instructor in July 2014. 
Course Information

Course Description: This course is a clinical practical learning experience that occurs in a community setting during the summer semester of the second year of the program. The student attends the clinic each day for a full work day as dictated by his/her clinical instructor. While in this setting, the student practices physical therapy basic level professional management including patient/client management. The clinical instructor provides opportunities for students to promote their physical therapy standards of practice in a professional and ethical practice. The length of this clinical education experience is 4 weeks.

Credit Hours: 4 credits

Clock Hours: 160 hours

Required DPT Course: Yes

Prerequisites: Admission to DPT Program or instructor consent. For DPT students, successful completion of all prerequisite coursework of the DPT Curriculum, including all foundational sciences and basic patient/client management courses to date.

Location: To be determined individually for each student.

Meeting Time(s): July 25, 2016 – August 19, 2016

Teaching and Learning Methods: The student will participate in a community based clinic setting under the guidance and supervision of a licensed skilled physical therapist with a minimum of one year of clinical experience. The student will work under the supervision of the skilled physical therapist each day for a full work day as dictated by the clinical instructor’s schedule. The clinical instructor reinforces the didactic knowledge and promotes effective communication and professional skills through clinical education application.
The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student will have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved and underpopulated areas. Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient center care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams. As a component of each student’s full time clinical education experience, the student should practice with the Franciscan values to reflect their education at Briar Cliff University.

Within a Catholic Franciscan University, with a tradition of service, caring and openness to all, broad intellectual background with career development, and encouragement of growth in self-awareness and in one’s relationship to others and to God, the mission of Briar Cliff University’s Doctor of Physical Therapy Program is to pursue academic excellence in preparing the next generation of physical therapists to practice autonomously, be leaders within their profession and communities, and respond to patient and societal needs of the region, including the underserved. By challenging students to provide contemporary, skilled, reflective, ethical, legal, compassionate, culturally competent, interprofessional, evidence-based, and patient-centered care, graduates will be prepared to restore, maintain, and promote optimal movement, activity participation, and wellness of clients, while being effective leaders and health care providers within their communities and the ever-changing health care environment.

BCU students are living our Franciscan values by building a caring community, creating peace, reverencing creation and connecting in joyful service.
### Student Learning Outcomes

Upon completion of this course, the student will have met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Taxonomic Type and Level</th>
<th>CAPTE Evaluative Criteria</th>
<th>CAPTE Proposed Standard(s)</th>
<th>Program Goal(s)</th>
<th>Learning Activities</th>
<th>Method of Assessing Students' Learning</th>
<th>Minimal Expectation</th>
<th>Specific Outcome Measurement</th>
<th>Taxonomy Level of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Providing physical therapy services in a safe manner that minimizes risk to patients, others and self as measured by Clinical Performance Instrument (CPI) performance criteria #1 (Safety).</td>
<td>Psychomotor Origination</td>
<td>CC-5.35 \ CC-5.44</td>
<td></td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Beginning Performance</td>
<td>Performance Criteria #1 (Safety)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>2. Demonstrating professional behavior in all situations as measured by CPI performance criteria #2 (Professional Behavior).</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.8 \ CC-5.10 \ CC-5.11 \ CC-5.15 \ CC-5.16</td>
<td></td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Beginning Performance</td>
<td>Performance Criteria #2 (Professional Behavior)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>3. Providing physical therapy services in a manner consistent with established legal and</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.1 \ CC-5.2 \ CC-5.3 \ CC-5.4 \ CC-5.5 \ CC-5.6</td>
<td></td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Beginning Performance</td>
<td>Performance Criteria #3 (Accountability)</td>
<td>Psychomotor</td>
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<tr>
<td>Professional standards and ethical guidelines as measured by CPI performance criteria #3 (Accountability).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.7 CC-5.63 CC-5.64 CC-5.65 CC-5.66</td>
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<tr>
<td>4. Communicating in ways that are congruent with situational needs as measured by CPI performance criteria #4 (Communication).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.17</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Performance Criteria #4 (Communication)</td>
<td>Psychomotor</td>
<td></td>
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<tr>
<td>5. Adapting delivery of physical therapy services in consideration for patients’ differences, values, preferences, and needs as measured by CPI performance criteria #5. (Cultural Competence).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.18</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Performance Criteria #5 (Cultural Competence)</td>
<td>Psychomotor</td>
<td></td>
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<tr>
<td>6. Participating in self-assessment to improve clinical and professional performance as measured by CPI performance criteria #6</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.4 CC-5.5 CC-5.12 CC-5.13 CC-5.14 CC-5.15 CC-5.24 CC-5.25</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Performance Criteria #6 (Professional Development)</td>
<td>Psychomotor</td>
<td></td>
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</tbody>
</table>
7. Applying current knowledge, theory, clinical judgment, and the patient’s values in patient management as measured by CPI performance criteria #7 (Clinical Reasoning).

<table>
<thead>
<tr>
<th>Cognitive Application</th>
<th>CC-5.19</th>
<th>CC-5.20</th>
<th>CC-5.21</th>
<th>CC-5.22</th>
<th>CC-5.23</th>
<th>1, 2, 3</th>
<th>Clinical Education</th>
<th>Clinical Performance Instrument (CPI)</th>
<th>Beginning Performance</th>
<th>Performance Criteria #7 (Clinical Reasoning)</th>
<th>Psychomotor</th>
</tr>
</thead>
</table>

8. Determining with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional as measured by CPI performance criteria #8 (Screening).

<table>
<thead>
<tr>
<th>Psychomotor Origination</th>
<th>CC-5.27</th>
<th>CC-5.53</th>
<th>CC-5.54</th>
<th>CC-5.55</th>
<th>CC-5.62</th>
<th>1, 3</th>
<th>Clinical Education</th>
<th>Clinical Performance Instrument (CPI)</th>
<th>Beginning Performance</th>
<th>Performance Criteria #8 (Screening)</th>
<th>Psychomotor</th>
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</thead>
</table>


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<tr>
<th>Psychomotor Complex Overt Response</th>
<th>CC-5.28</th>
<th>CC-5.29</th>
<th>CC-5.30</th>
<th>1</th>
<th>Clinical Education</th>
<th>Clinical Performance Instrument (CPI)</th>
<th>Beginning Performance</th>
<th>Performance Criteria #9 (Examination)</th>
<th>Psychomotor</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Evaluating data from the patient examination (history, systems review, and tests and measures) to ensure clinical judgments as measured by CPI performance criteria #10 (Evaluation).</td>
<td>Cognitive Evaluation</td>
<td>CC-5.31</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Beginning Performance</td>
<td>Performance Criteria #10 (Evaluation)</td>
<td>Psychomotor</td>
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<tr>
<td>11. Determining a diagnosis and prognosis that guides future patient management as measured by CPI performance criteria #11 (Diagnosis &amp; Prognosis).</td>
<td>Psychomotor Origination</td>
<td>CC-5.32  CC-5.33</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Beginning Performance</td>
<td>Performance Criteria #11 (Diagnosis &amp; Prognosis)</td>
<td>Psychomotor</td>
<td></td>
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<tr>
<td>12. Establishing a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based as measured by CPI performance criteria #12 (Plan of Care).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.9  CC-5.34  CC-5.35  CC-5.36  CC-5.37  CC-5.38  CC-5.55  CC-5.56</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Beginning Performance</td>
<td>Performance Criteria #12 (Plan of Care)</td>
<td>Psychomotor</td>
<td></td>
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<tr>
<td>13. Performing physical therapy interventions in a competent manner</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.39  CC-5.50  CC-5.52</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Beginning Performance</td>
<td>Performance Criteria #13 (Procedural Interventions)</td>
<td>Psychomotor</td>
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<tr>
<td>14. Educating others (patients, caregivers, staff, students, and other health care providers, business, and industry representatives, school systems) using relevant and effective teaching methods as measured by CPI performance criteria #14 (Educational Interventions).</td>
<td>Psychomotor Origination</td>
<td>CC-5.26 CC-5.41 CC-5.51 CC-5.52 CC-5.62</td>
<td>1, 2, 3</td>
<td>Clinical Education Clinical Performance Instrument (CPI) Beginning Performance Performance Criteria #14 (Educational Interventions) Psychomotor</td>
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<tr>
<td>15. Producing quality documentation in a timely manner to support the delivery of physical therapy services as measured by CPI performance criteria #15 (Documentation).</td>
<td>Psychomotor Origination</td>
<td>CC-5.42</td>
<td>1</td>
<td>Clinical Education Clinical Performance Instrument (CPI) Beginning Performance Performance Criteria #15 (Documentation) Psychomotor</td>
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<tr>
<td>16. Collecting and analyzing data from selected</td>
<td>Cognitive Analysis</td>
<td>CC-5.45 CC-5.46 CC-5.47</td>
<td>1</td>
<td>Clinical Education Clinical Performance Beginning Performance Performance Criteria #16 Psychomotor</td>
<td></td>
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<tr>
<td>Outcome Measurements in a manner that supports accurate analysis of individual patient and group outcomes as measured by CPI performance criteria #16 (Outcomes Assessment).</td>
<td>Psychomotor Origination</td>
<td>CC-5.48 CC-5.49</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Beginning Performance</td>
<td>Performance Criteria #18 (Direction and Supervision of Personnel)</td>
<td>Psychomotor</td>
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<tr>
<td>17. Participating in the financial management (budgeting, billing &amp; reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines as measured by CPI performance criteria #17 (Financial Resources).</td>
<td>Psychomotor Mechanism</td>
<td>CC-5.40 CC-5.57</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Beginning Performance</td>
<td>Performance Criteria #17 (Financial Resources)</td>
<td>Psychomotor</td>
<td></td>
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</tbody>
</table>
according to legal standards and ethical guidelines as measured by CPI performance criteria #18 (Direction and Supervision of Personnel).

*For definitions, please see Appendix A
COURSE MATERIALS

Required Textbooks, Readings, and Resources:


Supplemental/ Recommended Readings and Resources:

Texts utilized in didactic coursework from related areas of physical therapy practice.

Required Equipment:

Student equipment kit required for purchase as a textbook in the first year of the program.
The student is referred to the student handbooks of Briar Cliff University, the School of Graduate Studies, the Department of Physical Therapy Student Handbook, and the Clinical Education Handbook for all academic performance and professional behavior expectations and policies.

The DPT curriculum and the associated courses are academically rigorous. Success in this course will require a significant investment of time. On average, students should assume the need to invest at least two hours of time outside of scheduled course time for preparation, studying, and completing assignments for each hour of time that the student is physically participating in the course (e.g., a one credit course = 15 contact hours = a minimum of 30 outside of class hours). Based on individual past experiences, study habits, etc., some courses may require more time be devoted to the course, some may require less.

Attendance is an important aspect of professional education and therefore expected for each clinical education day. Students are expected to attend clinic each day per their clinical instructor’s (CI) schedule and to arrive on time as active presence is critical to the professional development of the student and peers. Students who miss clinical are responsible for contacting the DCE and arranging the missed time with their CI.

Excused absences from class must be requested prior to the start of the day and must be validated by the CI and DCE. Examples of excused absences include illness, a death in the family, etc. If there are special circumstances please inform the instructor on or before the first day of class, or as soon as possible. Students experiencing health or personal problems that prevent full participation in the course should attempt to contact the CI and the DCE prior to class. The CI and DCE reserve the right to determine the legitimacy of all excuses and may request written documentation verifying the absence. It is at the discretion of the CI to require additional assignments to be completed in lieu of absences. If a CI is concerned about a student’s attendance in a course, including multiple excused absences, he/she may submit a professional behavior citation to the Progress and Conduct Committee.

Students are discouraged from planning vacations and/or appointments that will result in missed clinical time; an elective physician’s appointment may not be considered an excused absence. Tardiness of over 15 minutes will be deemed as an unexcused absence, unless the student has prior approval from his/her CI. There will be minimal opportunities to make up for missed time in clinic. More than one unexcused absence and/or failure to complete any additional assignments required by the instructor may result in a 10% reduction in a student’s final grade and/or a professional behavior citation to the Progress and Conduct Committee.

In addition to attendance, success in this course is dependent on the participation of each individual enrolled in the course. As part of adult-centered learning, each student is expected to be prepared to participate in clinical education prior to the start of each clinical day. Students who do not bring the necessary materials and/or do not wear appropriate clothing for class will...
be dismissed from clinic to retrieve materials and/or change into appropriate attire. Each student is also expected to contribute to the clinical setting on a daily basis. Failure to do so will make it difficult for a student to gain a good understanding of how the clinic operates and the treatment of patient’s, thus potentially negatively effecting learning and the student’s overall progress/grade in the course. If a CI feels a student is not properly participating and/or preparing for clinical, the CI is encouraged to speak individually with the student and/or DCE. The DCE may submit a professional behavior citation to the Progress and Conduct Committee.

Recognizing that true professionalism is the integration of knowledge and skill with altruistic attitudes, values and behaviors, the DPT Program expects its students to develop the dispositions of competent and compassionate health care professionals, and requires that they behave in a manner that brings honor on their profession at all times. In keeping with this philosophy, faculty will act consistently and officially to guide students towards acceptable behaviors, and to take corrective action in the event of repeated or serious infractions of expected professional conduct. Upon the witnessing of behavior that is in conflict with that articulated in Departmental and profession-based documents outlining expected behaviors (e.g., professional Code of Ethics, HIPAA, Student Handbook, etc.), but which falls short of academic or non-academic misconduct, a CI shall contact the DCE who will submit a professional behavior citation to the DPT Progress and Conduct Committee. This includes appropriate use of electronic technology in the clinic. Laptops, tablets, and cell phones may be used for learning activities, such as online research, reviewing PowerPoint slides, and taking notes during lecture or in class activities, although students should follow the clinic’s policies on technology use in the clinic. Students using electronic technology to view social media outlets, check email, work on other course assignments or study for an upcoming exam will receive a professional behavior citation to the DPT Progress and Conduct Committee. Actions that are more severe (e.g., academic misconduct, sexual violence, violation of laws), will be referred to process defined in the School of Graduate Studies and University Student Handbooks.

Part of becoming a professional is the ability to peer-assess. In an effort to comply with University standards, as well as accreditation and ongoing programmatic quality assurance, completion of all DPT course evaluations and graduate curriculum assessments is required in order for the student to be assigned a course grade and/or graduate.
Keeping consistent with University standards, the grading scale below will be utilized for this course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percent Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9%</td>
</tr>
<tr>
<td>B+</td>
<td>88-89.9%</td>
</tr>
<tr>
<td>B</td>
<td>83-87.9%</td>
</tr>
<tr>
<td>B-</td>
<td>80-82.9%</td>
</tr>
<tr>
<td>C+</td>
<td>78-79.9%</td>
</tr>
<tr>
<td>C</td>
<td>73-77.9%</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9%</td>
</tr>
<tr>
<td>D+</td>
<td>68-69.9%</td>
</tr>
<tr>
<td>D</td>
<td>60-67.9%</td>
</tr>
<tr>
<td>F</td>
<td>≤59.9%</td>
</tr>
</tbody>
</table>

Please note that when grades are calculated, instructors will not round the percent up or down. For example, an 89.9 is a B+. For the purposes of pass/fail courses, a student must achieve a score of 80% or better in the course, as well as successfully complete all required course components to the satisfaction of the course instructor.

Unless otherwise noted by the course instructor or specified below, all assignments are to be typed, completed individually, and submitted to drop boxes on the course website by 11:59 PM CST. Assignments should be titled as follows: Lastname_Firstname_Courseprefix and number_Brief assignment description (e.g., Cross_Patrick_DPT600_codeofethicsassignment). Students should complete assignments early to avoid lateness due to computer problems and other issues that arise when completing assignments at the last minute. Scores will be reduced 10% per day for late assignments or projects.

Students are expected to adhere to Briar Cliff University’s policies on academic integrity. Violations, as outlined in University policies, will be reported.

- Academic dishonesty is defined as, but not limited to the following: copying a classmate’s work, using crib notes during a test, stealing or conveying examination questions, informing classmates of information on practical examination, maintaining library materials so that classmates cannot utilize the materials, falsely representing clinical cases, turning in written assignments that are not authentic, or fabrication of any sort. No credit can be given for a dishonest assignment. At the discretion of the instructor, a student caught engaging in any form of academic dishonesty may, at a minimum, receive a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.

- Plagiarism is defined as using the words and/or ideas of another and representing them to be one’s own, without proper credit to the author or source. The act of writing is an integral part of the learning process. If a student tries to pass off the work of another writer as their own, whether intentional or unintentional, plagiarism will result, at a minimum, in a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.

Approved 11/2014
All students will have one week after the distribution of an assignment to dispute a response or grade. The dispute must be typed and include the following: item number or what is being challenged, why the response should be considered correct, and an accurate reference(s). If an error was made in the grading (e.g., instructor marked an answer wrong and it was correct per the answer key or instructor did not add up points correctly), a dispute is not necessary. However, it must be brought to the instructor’s attention within one week of the distribution of the assignment.

In parallel to policies established by the School of Graduate Studies and the DPT Program, an assignment of a failing or “incomplete” grade may affect a DPT student’s progression in the program. Please see course expectations regarding how unexcused absences and/or failure to complete course evaluation may effect a grade. In addition, there will not be any extra credit opportunities unless otherwise noted by the instructor.
Assignments:
1. Prior to the Clinical Education experience, students must complete or provide:
   a. Evidence of Student Clinical Education Preparation form
      • Affiliation Agreement section: Students are required to read the University-Site Affiliation Agreement and sign the above form stating the Agreement has been read.
      • Preparatory Checkoff section: Students are required to read the CSIF for placement site online. Student will “check” each item that must be completed and includes dates these items have been completed. Student submits this form, signed, to the DCE by the due date.
   b. Proof of current immunization
      • Students are required to provide proof of current immunization based upon Briar Cliff University Physical Therapy Program and/or facility requirements, whichever is greater. It is the student's responsibility to see that this information is received by the established due date in order to receive full percentage credit for this requirement. Failure to submit this information may result in a delay in Clinical Education start date, which may ultimately affect completion of the program.
   c. Biographical Information Sheet via Acadaware with measurable goals
      • The student submits at three to five measurable site-specific goals with the completed biographical information sheet by the due date. This form must be typed and emailed to the course directors.
   d. Emergency Medical Responder training
      • Emergency Medical Responder training will be provided to the students prior to the clinical education experience. Students must successfully complete this training prior to the start date of this clinical education experience.
      • This requirement may be waived for those students who can provide documentation of current first responder, EMT, or paramedic certification. Individuals with other related certifications (such as athletic trainers) may try to test out of the first responder training, but those who do not successfully test out of the training will be responsible for successfully completing the training and passing all training exams prior to the clinical education start date. The student is responsible for all costs associated with any training not provided by Briar Cliff University in order to ultimately meet this requirement.
      • Successful completion of Emergency Medical Responder course qualifies students to sit for a national certification exam. The student is responsible for costs associated with the national certification exam.
   e. Insurance Basics Module
• Students will be provided with a training module to prepare them for basic insurance situations that may arise with patient/client management.
• Students will be required to complete an on-line, open-note exam with a minimum score of 80%.

f. Responsibility Reporting Module
• Students will be provided with a training module to prepare them for mandatory reporting.
• Students will be required to complete an on-line, open-note exam with a passing score of 100%.

2. During and after the Clinical Education experience the student must complete or provide:
   a. Journals
      • The student is responsible for completing two clinical education journals during the clinical education experience that is written via online through D2L.
   b. Assessment tools
      • The student is responsible for completing the following forms for the midterm and final assessments.
         o Self-assessment utilizing the online Clinical Performance Instrument.
         o Assessment utilizing the Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form.
      • **The student is responsible for the timely submission of all assessment tools used during the clinical education experience, including those completed by the CI.**
         o Midterm: Both student and CI must “sign off” on the online midterm assessment in order for the DCE to access the assessment online. Student and CI must both “sign off” on both assessments no later than the end of the second week of the clinical education experience.
         o Final: The final CPI must be “signed off” electronically by both CI and student in order for the DCE to access the assessment. Student and CI must both “sign off” on both assessments before the student leaves the clinical experience. The following additional forms must be received in the Physical Therapy department within three working days.

**Other:** *The course director will determine the final grade for this course, pass/fail.* Seventy percent of the total grade is based upon the CPI (completed by the CI). The remaining thirty percent is distributed among various assignments and student responsibilities detailed above.

In order to successfully complete this course, the following criteria must be met:
1. No red-flag items checked at the final evaluation.
2. No significant concerns boxes checked at the final evaluation.
3. Progress on the rating scales on each of the performance criteria from the midterm evaluation to the final evaluation.

4. Ratings which fall within the first two intervals between Beginning Performance and Intermediate Performance.

Failure to successfully complete this course will result in a formal review by the Briar Cliff University Department of Physical Therapy Academic Faculty. Academic Standards and Performance Expectations can be found in the Briar Cliff University Student Handbook. A student will automatically receive the grade of fail if any of the following conditions are met:

1. A red flag at the time of the final evaluation in any of the performance criteria (red flag items are considered foundation elements in clinical practice):
   • Safety: Practices in a safe manner that minimizes the risk to patients, self, and others;
   • Professional Behavior: Demonstrates professional behavior in all situations;
   • Accountability: Practices in a manner consistent with established legal and professional standards and ethical guidelines;
   • Communication: Communicates in ways that are congruent with situational needs;
   • Clinical Reasoning: Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

2. Three “significant concerns” boxes checked on the remaining 15 performance criteria (criteria that are not red flags) at the time of the final evaluation.

<table>
<thead>
<tr>
<th>Evaluative Item</th>
<th>Due Date</th>
<th>Overall Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of Student Clinical Education Form: Affiliation Agreement Section</td>
<td>July 11, 2016</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Evidence of Student Clinical Education Form: Preparatory Check Off Section</td>
<td>July 11, 2016</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Proof of current immunization</td>
<td>July 11, 2016</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Biographical information sheet with measurable goals</td>
<td>June 1, 2016</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Successful Completion of Emergency Medical Responder Training</td>
<td>July 25, 2016</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Successful Completion of Insurance Basics Module</td>
<td>August 1, 2016</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Successful Completion of Responsibility Reporting Training</td>
<td>August 1, 2016</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Weekly Journals</td>
<td>2 occasions during clinical</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Mid-term Completion verifications</td>
<td>August 7, 2016</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Final Submissions</td>
<td>August 16, 2016</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Electronically finalized CPI with sign-offs completed</td>
<td>August 16, 2016</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-----------------</td>
<td>-----------</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>Pass/Fail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No red-flag items checked at the final evaluation</td>
<td>• A red-flag item checked at the time of the final evaluation</td>
</tr>
<tr>
<td>• No significant concerns boxes checked at the final evaluation</td>
<td>• If three significant concern boxes are checked at the final evaluation</td>
</tr>
<tr>
<td>• Progress on the rating scales on each of the performance criteria</td>
<td>• No progress on rating scales of the performance criteria</td>
</tr>
<tr>
<td>• Completion of all Assignments/Projects</td>
<td>• Failure to complete more than one assignment</td>
</tr>
</tbody>
</table>

Upon completion of this course, the student will be able to demonstrate, incorporate, and integrate the above objectives into the clinical learning experience. Confirmation will be demonstrated through written feedback via the Clinical Performance Instrument, Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form, written journal entries, and verbal feedback between the CI, student, and faculty advisor.

**Tests & Measurement Skills/Intervention Skills:**
The following list of skills that further expounds upon the tests & measurements as well as interventions found in Course Objectives. Upon completion of this course, the student will be able to incorporate the didactic knowledge of the following skills in a fashion consistent with the setting of their clinical education experience and in a fashion consistent with their level in the curriculum.

*Tests & Measures relevant to the history, chief complaint, and screening* (listed alphabetically; see *Guide to Physical Therapy Practice* for additional details)

- Aerobic Capacity & Endurance
- Anthropometric Characteristics
- Arousal, Attention, Cognition
- Assistive & Adaptive Devices
- Circulation
- Cranial & Peripheral Nerve Integrity
- Environmental, Home, and Work (Job/School/Play) Barriers
- Ergonomics & Body Mechanics
- Gait, Locomotion, & Balance
- Integumentary Integrity
- Joint Integrity & Mobility
- Motor Function (Motor Control & Motor Learning)
- Muscle Performance (including Strength, Power, and Endurance)
- Neuromotor Development & Sensory Integration
- Orthotic, Protective, and Supportive Devices
- Pain
- Posture
- Prosthetic Requirements
- Range of Motion (including Muscle Length)
- Reflex Integrity
- Self-Care and Home Management (including ADL and IADL)
- Sensory Integrity
- Ventilation & Respiration/Gas Exchange
- Work (Job/School/Play), Community, and Leisure Integration or Reintegration

**Interventions** *(listed alphabetically; see Guide to Physical Therapy Practice for additional details)*

- Airway Clearance Techniques
- Coordination, Communication, and Documentation
- Electrotherapeutic Modalities
- Functional Training in Self-Care, Home Management, Work, Community, & Leisure
- Integumentary Repair and Protection Techniques
- Manual Therapy Techniques (including Mobilization/Manipulation)
- Patient/Client Related Instruction
- Physical Agents & Mechanical Modalities
- Prescription/Application of Devices and Equipment (Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic)
- Therapeutic Exercise
Communication:
Physical Therapy Faculty Members are committed to being as accessible as possible to students, but cannot be available at every moment a student needs. Email will be the best way to try to get in touch with the DCE. Please do not try to send text messages to the phone number listed on page one, unless it is very important (i.e. death of family member in the middle of the night for which the student needs to leave immediately). When a student e-mails the DCE in regards to this course, the person should include the course prefix and number or the clinical education experience number in the subject line. Faculty will make every effort possible to respond to all email messages within 24 hours, and much faster whenever possible. At the same time, students should also be checking e-mail regularly and open and read any e-mails received from an DCE.

If there is something urgent that a student needs addressed during regular business hours, the student can try calling the DCE or calling the Program Assistant, while the student is out on clinic. Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet. Any message that a student leaves on an instructor’s work voicemail will be forwarded via BCU e-mail.

Freedom in Learning:
Students are responsible for learning the content of any course of study in which they are enrolled. Student academic performance shall be evaluated solely on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards, but is related instead to judgment of their personal opinion or conduct should contact the Dean of Academic Affairs.

Policy on Fair Evaluation:
Each student is entitled to earn and receive a fair grade in each course for which he or she enrolls. It is the right and the responsibility of an instructor to establish criteria for evaluation for each course which he or she teaches and to determine the degree to which an individual student has fulfilled the standards set for the course. Students should be apprised that extraneous factors, such as the eligibility of a student for an organization’s membership, for scholarship and fellowship awards, for admission to graduate schools, or for participation on an athletic team, for example, have no bearing on the determination of the fairness of a grade or grades received. The quality of the student’s overall performance with respect to evaluation standards will be the only criterion for judgment.

Grievance Procedure:
Please consult the student handbook or catalog for specific guidance on BCU’s grievance procedures.

ADA Policy:
Students having legitimately evaluated physical conditions or learning difficulties are eligible for reasonable modifications of classroom and teaching conditions. Disability evaluations
should be registered through the Student Support Services Office. If a student has a registered
disability, please see the Course Director about arranging for accommodations as soon as
possible.

**University Assessments/Surveys:**
The assessment of student learning is an integral part of the educational experience at Briar Cliff
University. To this end, the faculty continually assess student learning to improve our teaching
and to monitor student success. Occasionally a student will be requested to participate in both
college-wide and discipline-specific assessment activities. Please take these assessments and
surveys seriously. The data that is collected will provide valuable information to faculty and
will be used to improve student learning at Briar Cliff University.
**Support Services and Resources**

**Student Support Services:**
The Student Support Services office provides accommodations for students with disabilities. To obtain this service, students must make an appointment with the director to submit documentation, talk about the disability, and discuss the accommodations needed. Ideally, this should be done as soon as the student knows he/she will be attending Briar Cliff University because some accommodations require more lead time to provide. See the student disability handbook for more detailed information. Contact Brenda Parkhill by phone at 712-279-5531, or by e-mail at brenda.parkhill@briarcliff.edu.

**Writing Center:**
The Writing Center, located in the Bishop Mueller Library, is available to all Briar Cliff students for strengthening academic writing development. The Center provides one-on-one peer mentoring, workshops and computer-based tutorials. The Writing Center’s number is 712-279-5520 or a student can email the Writing Center mentors at writing.center@briarcliff.edu. The Center’s web address is bcuwritingcenter.wordpress.com.

**Academic Resource Commons:**
The Academic Resource Commons provides students with the resources and services necessary for academic success and recovery. Located in the ARC are the following: ELL support services, the Writing Center, Academic Peer Mentors, the Early Alert Project Manager and the Director of Academic Support and Achievement. Through one-on-one appointments, peer support and mentoring, workshops, and academic advising (in addition to faculty advising), the Academic Resource Commons empowers students to develop a comprehensive set of life and academic skills, connects students with all campus bodies, and offers the social, academic and personal support necessary to persist. Contact Stephanie Andell at Stephanie.Andell@briarcliff.edu.

**ELL Support Services:**
Located in the Academic Resource Commons, ELL support services provide students with additional help in reading comprehension, vocabulary development and grammar, writing skills, listening proficiency, and oral communication. Students closely work one-on-one with an ELL Specialist to help with their specific learning needs.

**Office of Academic Achievement:**
Recognizing there are a variety of reasons why a student may struggle academically, the director of academic support and achievement helps students overcome obstacles while empowering them to create their own unique, college experience. The director meets with students to 1) connect them with necessary campus resources; 2) provide the support and services necessary to aid in students’ success; and, 3) enable the development of programs that fit students’ ever-changing personal and academic needs as they persist at Briar Cliff University.

Approved 11/2014
The office of academic support and achievement serves students in all ways, and welcomes the opportunity to meet with a student for any reason—whether it be social, academic or personal. Contact Jessica McCormick at Jessica.McCormick@briarcliff.edu.
Tentative Course Outline/Schedule

*This syllabus is subject to change if it is determined to be in the best interest of the students’ learning. Additional learning resources may be added to the course website that are not listed in the required or recommended readings columns of this schedule.

<table>
<thead>
<tr>
<th>Day/Date/Time</th>
<th>Topics/Activities</th>
<th>Session Learning Objectives</th>
<th>Required Readings (prior to class)</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, July 25, 2016 – August 19, 2016</td>
<td>First full-time Clinical Education</td>
<td>Individual learning objectives dependent on individual student needs in that particular setting</td>
<td>Class Syllabus</td>
<td>See above</td>
</tr>
</tbody>
</table>
APPENDIX A. CURRICULUM CONTENT

Taxonomic Levels:
Affective Domain: http://www.assessment.uconn.edu/docs/LearningTaxonomy_Affective.pdf
Psychomotor Domain:

CAPTE Curriculum Content:

CC-1. The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (e.g., anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

CC-2. The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (e.g., applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

CC-3. The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (e.g., content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

CC-4. The physical therapist professional curriculum includes clinical education experiences for each student that encompass:
   a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
   b) Practice in settings representative of those in which physical therapy is commonly practiced;
   c) Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
   d) Opportunities for involvement in interdisciplinary care; and
   e) Other experiences that lead to the achievement of expected student outcomes.

CC-5. The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required
The curriculum is designed to prepare students to meet the practice expectations listed in CC-5.1 through CC-5.66.

Professional Practice Expectation: Accountability

CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
CC-5.2 Have a fiduciary responsibility for all patient/clients.
CC-5.3 Practice in a manner consistent with the professional Code of Ethics.
CC-5.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.
CC-5.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism

CC-5.6 Place patient’s/client’s needs above the physical therapist’s needs.
CC-5.7 Incorporate pro bono services into practice.

Professional Practice Expectation: Compassion/Caring

CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.
CC-5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity

CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty

CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
CC-5.12 Participate in self-assessment to improve the effectiveness of care.
CC-5.13 Participate in peer assessment activities.
CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment activities.
CC-5.15 Participate in clinical education of students.
CC-5.16 Participate in professional organizations.

Professional Practice Expectation: Communication
CC-5.17 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Professional Practice Expectation: Cultural Competence

CC-5.18 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: Clinical Reasoning

CC-5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.
CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice

CC-5.21 Consistently use information technology to access sources of information to support clinical decisions.
CC-5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.
CC-5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.
CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.
CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education

CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening

CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination

CC-5.28 Examine patients/clients by obtaining a history from them and from other sources.
CC-5.29 Examine patients/clients by performing systems reviews.
CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
a) Aerobic Capacity/Endurance 
b) Anthropometric Characteristics 
c) Arousal, Attention, and Cognition 
d) Assistive and Adaptive Devices 
e) Circulation (Arterial, Venous, Lymphatic) 
f) Cranial and Peripheral Nerve Integrity 
g) Environmental, Home, and Work (Job/School/Play) Barriers 
h) Ergonomics and Body Mechanics 
i) Gait, Locomotion, and Balance 
j) Integumentary Integrity 
k) Joint Integrity and Mobility 
l) Motor Function (Motor Control and Motor Learning) 
m) Muscle Performance (including Strength, Power, and Endurance) 
n) Neuromotor Development and Sensory Integration 
o) Orthotic, Protective, and Supportive Devices
p) Pain 
q) Posture 
r) Prosthetic Requirements 
s) Range of Motion (including Muscle Length) 
t) Reflex Integrity 
u) Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL]) 
v) Sensory Integrity 
w) Ventilation and Respiration/Gas Exchange 
x) Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Patient/Client Management Expectation: Evaluation

CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Patient/Client Management Expectation: Diagnosis

CC-5.32 Determine a diagnosis that guides future patient/client management.

Patient/Client Management Expectation: Prognosis

CC-5.33 Determine patient/client prognoses.

Patient/Client Management Expectation: Plan of Care

CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.

CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.
CC-5.36  Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

CC-5.37  Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC-5.38  Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention

CC-5.39  Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a)  Therapeutic Exercise
   b)  Functional Training in Self-Care and Home Management
   c)  Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
   d)  Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
   e)  Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
   f)  Airway Clearance Techniques
   g)  Integumentary Repair and Protection Techniques
   h)  Electrotherapeutic Modalities
   i)  Physical Agents and Mechanical Modalities

CC-5.40  Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA’s ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.

CC-5.41  Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC-5.42  Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC-5.43  Practice using principles of risk management.

CC-5.44  Respond effectively to patient/client and environmental emergencies in one’s practice setting.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45  Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC-5.46  Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47  Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48  Use analysis from individual outcome measurements to modify the plan of care.
CC-5.49  Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50  Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.
CC-5.51  Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.
CC-5.52  Apply principles of prevention to defined population groups.

Practice Management Expectation: Management of Care Delivery

CC-5.53  Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.
CC-5.54  Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.
CC-5.55  Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.
CC-5.56  Participate in the case management process.

Practice Management Expectation: Practice Management

CC-5.57  Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.
CC-5.58  Participate in financial management of the practice.
CC-5.59  Establish a business plan on a programmatic level within a practice.
CC-5.60  Participate in activities related to marketing and public relations.
CC-5.61  Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: Consultation

CC-5.62  Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.63  Challenge the status quo of practice to raise it to the most effective level of care.
CC-5.64  Advocate for the health and wellness needs of society.
CC-5.65  Participate and show leadership in community organizations and volunteer service.
CC-5.66  Influence legislative and political processes.
Proposed CAPTE Standards:
http://www.capteonline.org/uploadedFiles/CAPTEorg/About_CAPTE/What_We_Do/Whats_New/CAPTE_MASTERRevisedCriteria.pdf


DPT Goals
In parallel with the Program’s mission, upon completion of all requirements of the Briar Cliff University School of Physical Therapy, the graduate will be prepared to:

1. Practice physical therapy autonomously.
2. Be leaders within their communities and profession.
3. Provide health care services in underserved settings.
Name: ____________________________________________  Date: ______________

(Print)

PLEASE INITIAL THE FOLLOWING:

_____ I understand the assignment expectations as stated in the syllabus.

_____ I understand the policies regarding performance expectations for this class.

_____ I understand the policies regarding attendance and late work/papers for this class.

_____ I understand the attendance policy in place for this class, including my missed tests, assignments, and in-class work.

_____ I understand the expectations regarding before class preparation and in-class participation.

_____ I understand the expectations regarding classroom conduct, including the use of electronic devices and tardiness.

_____ I understand the importance of maintaining a constructive and respectful environment during all class sessions.

_____ I have read the above and understand that failure of any of the above will affect my grade in a negative manner even to the result of failing this course.

______________________________________________
Student’s Signature

Approved 11/2014
Course Director: Heidi M Nelson, PT, DPT  
Office: Mayfair 106  
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.  
Office Phone: 712-279-5478  
Cell Phone: 608-293-0000  
Work E-mail: Heidi.nelson@briarcliff.edu  
Faculty Biosketch: Dr. Nelson was hired by Briar Cliff University as the Director of Clinical Education for the developing Doctor of Physical Therapy Program in 2014. Dr. Nelson came to Briar Cliff after working in clinical physical therapy in the fields of pediatrics, geriatrics, and clinic management. During her pediatric physical therapy residency at the Munroe-Meyer Institute, she also was a teaching assistant and lab assistant for the Pediatrics course in the Doctor of Physical Therapy Program. She has recently become an American Physical Therapy Association (APTA) Advanced Credentialed Clinical Instructor in July 2014.
**Course Description:** This course is a clinical practical learning experience that occurs in a community setting during the summer semester of the third year of the program. The student attends the clinic each day for a full work day as dictated by his/her clinical instructor. While in this setting, the student practices physical therapy professional management including patient/client management. The clinical instructor provides opportunities for students to promote their physical therapy standards of practice in a professional and ethical practice. The length of this clinical education experience is 8 weeks.

**Credit Hours:** 8 credits

**Clock Hours:** 320 hours

**Required DPT Course:** Yes

**Prerequisites:** Admission to DPT Program or instructor consent. For DPT students, successful completion of all prerequisite coursework of the DPT Curriculum, including all foundational sciences and basic patient/client management courses with passage of comprehensive practical.

**Location:** To be determined individually for each student.

**Meeting Time(s):** June 26, 2017 – August 18, 2017

**Teaching and Learning Methods:** The student will participate in a community based clinic setting under the guidance and supervision of a licensed skilled physical therapist with a minimum of one year of clinical experience. The student will work under the supervision of the skilled physical therapist each day for a full work day as dictated by the clinical instructor’s schedule. The clinical instructor reinforces the didactic knowledge and promotes effective communication and professional skills through clinical education application.
The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student will have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved and underpopulated areas.

Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient center care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams. As a component of each student’s full time clinical education experience, the student should practice with the Franciscan values to reflect their education at Briar Cliff University.

Within a Catholic Franciscan University, with a tradition of service, caring and openness to all, broad intellectual background with career development, and encouragement of growth in self-awareness and in one’s relationship to others and to God, the mission of Briar Cliff University’s Doctor of Physical Therapy Program is to pursue academic excellence in preparing the next generation of physical therapists to practice autonomously, be leaders within their profession and communities, and respond to patient and societal needs of the region, including the underserved. By challenging students to provide contemporary, skilled, reflective, ethical, legal, compassionate, culturally competent, interprofessional, evidence-based, and patient-centered care, graduates will be prepared to restore, maintain, and promote optimal movement, activity participation, and wellness of clients, while being effective leaders and health care providers within their communities and the ever-changing health care environment.

BCU students are living our Franciscan values by building a caring community, creating peace, reverencing creation and connecting in joyful service.
## Student Learning Outcomes

Upon completion of this course, the student will have met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Taxonomic Type and Level</th>
<th>CAPTE Evaluative Criteria</th>
<th>CAPTE Proposed Standard(s)</th>
<th>Program Goal(s)</th>
<th>Learning Activities</th>
<th>Method of Assessing Students' Learning</th>
<th>Minimal Expectation</th>
<th>Specific Outcome Measurement</th>
<th>Taxonomy Level of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Providing physical therapy services in a safe manner that minimizes risk to patients, others and self as measured by Clinical Performance Instrument (CPI) performance criteria #1 (Safety).</td>
<td>Psychomotor Origination</td>
<td>CC-5.35 CC-5.44</td>
<td></td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #1 (Safety)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>2. Demonstrating professional behavior in all situations as measured by CPI performance criteria #2 (Professional Behavior).</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.8 CC-5.10 CC-5.11 CC-5.15 CC-5.16</td>
<td></td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #2 (Professional Behavior)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>3. Providing physical therapy services in a manner consistent with established legal and</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.1 CC-5.2 CC-5.3 CC-5.4 CC-5.5 CC-5.6</td>
<td></td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #3 (Accountability)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>Professional standards and ethical guidelines as measured by CPI performance criteria #3 (Accountability).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.7 CC-5.63 CC-5.64 CC-5.65 CC-5.66</td>
<td></td>
<td></td>
<td>4. Communicating in ways that are congruent with situational needs as measured by CPI performance criteria #4 (Communication).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.17</td>
<td>1, 3</td>
<td>Clinical Education</td>
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<tr>
<td>7. Applying current knowledge, theory, clinical judgment, and the patient’s values in patient management as measured by CPI performance criteria #7 (Clinical Reasoning).</td>
<td>Cognitive Application</td>
<td>CC-5.19 CC-5.20 CC-5.21 CC-5.22 CC-5.23</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #7 (Clinical Reasoning)</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>8. Determining with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional as measured by CPI performance criteria #8 (Screening).</td>
<td>Psychomotor Origination</td>
<td>CC-5.27 CC-5.53 CC-5.54 CC-5.55 CC-5.62</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #8 (Screening)</td>
<td>Psychomotor</td>
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</tbody>
</table>

| 11. Determining a diagnosis and prognosis that guides future patient management as measured by CPI performance criteria #11 (Diagnosis & Prognosis). | Psychomotor Origination | CC-5.32, CC-5.33 | 1 | Clinical Education | Clinical Performance Instrument (CPI) | Advanced Intermediate Performance | Performance Criteria #11 (Diagnosis & Prognosis) | Psychomotor |

| 12. Establishing a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based as measured by CPI performance criteria #12 (Plan of Care). | Psychomotor Adaptation | CC-5.9, CC-5.34, CC-5.35, CC-5.36, CC-5.37, CC-5.38, CC-5.55, CC-5.56 | 1 | Clinical Education | Clinical Performance Instrument (CPI) | Advanced Intermediate Performance | Performance Criteria #12 (Plan of Care) | Psychomotor |

as measured by CPI performance criteria #13 (Procedural Interventions).

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Psychomotor Origination</th>
<th>CPI Criteria</th>
<th>Performance Level</th>
<th>Performance Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Educating others (patients, caregivers, staff, students, and other health care providers, business, and industry representatives, school systems) using relevant and effective teaching methods as measured by CPI performance criteria #14 (Educational Interventions).</td>
<td>CC-5.26 CC-5.41 CC-5.51 CC-5.52 CC-5.62</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Performance Criteria #14 (Educational Interventions)</td>
</tr>
<tr>
<td>15. Producing quality documentation in a timely manner to support the delivery of physical therapy services as measured by CPI performance criteria #15 (Documentation).</td>
<td>CC-5.42</td>
<td>1</td>
<td>Clinical Education</td>
<td>Performance Criteria #15 (Documentation)</td>
</tr>
<tr>
<td>16. Collecting and analyzing data from selected</td>
<td>Cognitive Analysis CC-5.45 CC-5.46 CC-5.47</td>
<td>1</td>
<td>Clinical Education</td>
<td>Performance Criteria #16</td>
</tr>
</tbody>
</table>

Approved 11/2014
<table>
<thead>
<tr>
<th>Outcome Measurements in a Manner that Supports Accurate Analysis of Individual Patient and Group Outcomes as Measured by CPI Performance Criteria #16 (Outcomes Assessment).</th>
<th>Psychomotor Origination</th>
<th>CC-5.48 CC-5.49</th>
<th>Instrument (CPI)</th>
<th>(Outcomes Assessment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating in the Financial Management (Budgeting, Billing &amp; Reimbursement, Time, Space, Equipment, Marketing, Public Relations) of the Physical Therapy Service Consistent with Regulatory, Legal, and Facility Guidelines as Measured by CPI Performance Criteria #17 (Financial Resources).</td>
<td>Psychomotor Mechanism</td>
<td>CC-5.43 CC-5.55 CC-5.58 CC-5.60 CC-5.61</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
</tr>
<tr>
<td>Directing and Supervising Human Resources to Meet Patient’s Goals and Expected Outcomes</td>
<td>Psychomotor Mechanism</td>
<td>CC-5.40 CC-5.57</td>
<td>1</td>
<td>Clinical Education</td>
</tr>
</tbody>
</table>

Approved 11/2014
according to legal standards and ethical guidelines as measured by CPI performance criteria #18 (Direction and Supervision of Personnel).

*For definitions, please see Appendix A
Required Textbooks, Readings, and Resources:

Supplemental/ Recommended Readings and Resources:
Texts utilized in didactic coursework from related areas of physical therapy practice.

Required Equipment:
Student equipment kit required for purchase as a textbook in the first year of the program.
COURSE EXPECTATIONS

The student is referred to the student handbooks of Briar Cliff University, the School of Graduate Studies, the Department of Physical Therapy Student Handbook, and the Clinical Education Handbook for all academic performance and professional behavior expectations and policies.

The DPT curriculum and the associated courses are academically rigorous. Success in this course will require a significant investment of time. On average, students should assume the need to invest at least two hours of time outside of scheduled course time for preparation, studying, and completing assignments for each hour of time that the student is physically participating in the course (e.g., a one credit course = 15 contact hours = a minimum of 30 outside of class hours). Based on individual past experiences, study habits, etc., some courses may require more time be devoted to the course, some may require less.

Attendance is an important aspect of professional education and therefore expected for each clinical education day. Students are expected to attend clinic each day per their clinical instructor’s (CI) schedule and to arrive on time as active presence is critical to the professional development of the student and peers. Students who miss clinical are responsible for contacting the DCE and arranging the missed time with their CI.

Excused absences from class must be requested prior to the start of the day and must be validated by the CI and DCE. Examples of excused absences include illness, a death in the family, etc. If there are special circumstances please inform the instructor on or before the first day of class, or as soon as possible. Students experiencing health or personal problems that prevent full participation in the course should attempt to contact the CI and the DCE prior to class. The CI and DCE reserve the right to determine the legitimacy of all excuses and may request written documentation verifying the absence. It is at the discretion of the CI to require additional assignments to be completed in lieu of absences. If a CI is concerned about a student’s attendance in a course, including multiple excused absences, he/she may submit a professional behavior citation to the Progress and Conduct Committee.

Students are discouraged from planning vacations and/or appointments that will result in missed clinical time; an elective physician’s appointment may not be considered an excused absence. Tardiness of over 15 minutes will be deemed as an unexcused absence, unless the student has prior approval from his/her CI. There will be minimal opportunities to make up for missed time in clinic. More than one unexcused absence and/or failure to complete any additional assignments required by the instructor may result in a 10% reduction in a student’s final grade and/or a professional behavior citation to the Progress and Conduct Committee.

In addition to attendance, success in this course is dependent on the participation of each individual enrolled in the course. As part of adult-centered learning, each student is expected to be prepared to participate in clinical education prior to the start of each clinical day. Students who do not bring the necessary materials and/or do not wear appropriate clothing for class will
be dismissed from clinic to retrieve materials and/or change into appropriate attire. Each student is also expected to contribute to the clinical setting on a daily basis. Failure to do so will make it difficult for a student to gain a good understanding of how the clinic operates and the treatment of patient’s, thus potentially negatively effecting learning and the student’s overall progress/grade in the course. If a CI feels a student is not properly participating and/or preparing for clinical, the CI is encouraged to speak individually with the student and/or DCE. The DCE may submit a professional behavior citation to the Progress and Conduct Committee.

Recognizing that true professionalism is the integration of knowledge and skill with altruistic attitudes, values and behaviors, the DPT Program expects its students to develop the dispositions of competent and compassionate health care professionals, and requires that they behave in a manner that brings honor on their profession at all times. In keeping with this philosophy, faculty will act consistently and officially to guide students towards acceptable behaviors, and to take corrective action in the event of repeated or serious infractions of expected professional conduct. Upon the witnessing of behavior that is in conflict with that articulated in Departmental and profession-based documents outlining expected behaviors (e.g., professional Code of Ethics, HIPAA, Student Handbook, etc.), but which falls short of academic or non-academic misconduct, a CI shall contact the DCE who will submit a professional behavior citation to the DPT Progress and Conduct Committee. This includes appropriate use of electronic technology in the clinic. Laptops, tablets, and cell phones may be used for learning activities, such as online research, reviewing PowerPoint slides, and taking notes during lecture or in class activities, although students should follow the clinic’s policies on technology use in the clinic. Students using electronic technology to view social media outlets, check email, work on other course assignments or study for an upcoming exam will receive a professional behavior citation to the DPT Progress and Conduct Committee. Actions that are more severe (e.g., academic misconduct, sexual violence, violation of laws), will be referred to process defined in the School of Graduate Studies and University Student Handbooks.

Part of becoming a professional is the ability to peer-assess. In an effort to comply with University standards, as well as accreditation and ongoing programmatic quality assurance, completion of all DPT course evaluations and graduate curriculum assessments is required in order for the student to be assigned a course grade and/or graduate.
Keeping consistent with University standards, the grading scale below will be utilized for this course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9%</td>
</tr>
<tr>
<td>B+</td>
<td>88-89.9%</td>
</tr>
<tr>
<td>B</td>
<td>83-87.9%</td>
</tr>
<tr>
<td>B-</td>
<td>80-82.9%</td>
</tr>
<tr>
<td>C+</td>
<td>78-79.9%</td>
</tr>
<tr>
<td>C</td>
<td>73-77.9%</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9%</td>
</tr>
<tr>
<td>D+</td>
<td>68-69.9%</td>
</tr>
<tr>
<td>D</td>
<td>60-67.9%</td>
</tr>
<tr>
<td>F</td>
<td>≤69.9%</td>
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</tbody>
</table>

Please note that when grades are calculated, instructors will not round the percent up or down. For example, an 89.9 is a B+. For the purposes of pass/fail courses, a student must achieve a score of 80% or better in the course, as well as successfully complete all required course components to the satisfaction of the course instructor.

Unless otherwise noted by the course instructor or specified below, all assignments are to be typed, completed individually, and submitted to drop boxes on the course website by 11:59 PM CST. Assignments should be titled as follows: Lastname_Firstname_Courseprefix and number_Brief assignment description (e.g., Cross_Patrick_DPT600_codeofethicsassignment). Students should complete assignments early to avoid lateness due to computer problems and other issues that arise when completing assignments at the last minute. Scores will be reduced 10% per day for late assignments or projects.

Students are expected to adhere to Briar Cliff University’s policies on academic integrity. Violations, as outlined in University policies, will be reported.

- Academic dishonesty is defined as, but not limited to the following: copying a classmate’s work, using crib notes during a test, stealing or conveying examination questions, informing classmates of information on practical examination, maintaining library materials so that classmates cannot utilize the materials, falsely representing clinical cases, turning in written assignments that are not authentic, or fabrication of any sort. No credit can be given for a dishonest assignment. At the discretion of the instructor, a student caught engaging in any form of academic dishonesty may, at a minimum, receive a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.

- Plagiarism is defined as using the words and/or ideas of another and representing them to be one’s own, without proper credit to the author or source. The act of writing is an integral part of the learning process. If a student tries to pass off the work of another writer as their own, whether intentional or unintentional, plagiarism will result, at a minimum, in a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.
All students will have one week after the distribution of an assignment to dispute a response or grade. The dispute must be typed and include the following: item number or what is being challenged, why the response should be considered correct, and an accurate reference(s). If an error was made in the grading (e.g., instructor marked an answer wrong and it was correct per the answer key or instructor did not add up points correctly), a dispute is not necessary. However, it must be brought to the instructor’s attention within one week of the distribution of the assignment.

In parallel to policies established by the School of Graduate Studies and the DPT Program, an assignment of a failing or “incomplete” grade may affect a DPT student’s progression in the program. Please see course expectations regarding how unexcused absences and/or failure to complete course evaluation may effect a grade. In addition, there will not be any extra credit opportunities unless otherwise noted by the instructor.
Assignments:
1. Prior to the Clinical Education experience, students must complete or provide:
   a. Evidence of Student Clinical Education Preparation form
      - Affiliation Agreement section: Students are required to read the University-Site Affiliation Agreement and sign the above form stating the Agreement has been read.
      - Preparatory Checkoff section: Students are required to read the CSIF for placement site. Student will “check” each item that must be completed and includes dates these items have been completed. Student submits this form, signed, to the DCE by the due date.
   b. Proof of current immunization
      - Students are required to provide proof of current immunization based upon Briar Cliff University Physical Therapy Program and/or facility requirements, whichever is greater. It is the student’s responsibility to see that this information is received by the established due date in order to receive full percentage credit for this requirement. Failure to submit this information may result in a delay in Clinical Education start date, which may ultimately affect completion of the program.
   c. Biographical Information Sheet via Acadaware with measurable goals
      - The student submits at three-five measurable site-specific goals with the completed biographical information sheet by the due date.

2. During and after the Clinical Education experience the student must complete or provide:
   a. Weekly journals
      - The student is responsible for maintaining a weekly clinical education journal that is e-mailed to the DCE at the end of each week during the clinical education experience. All weekly journals must be e-mailed to the course directors by the below due date. Students begin their clinical experience with 100 points. It is acceptable if 1 weekly journal submission is no more than 3 working days late. Any subsequent late submission will result in a 5 point reduction in the overall grade for this requirement.
   b. Assessment tools
      - The student is responsible for completing the following forms for the midterm and final assessments.
         o Self-assessment utilizing the online Clinical Performance Instrument.
         o Assessment utilizing the Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form.
• The student is responsible for the timely submission of all assessment tools used during the clinical education experience, including those completed by the CI.

  o Midterm: Both student and CI must “sign off” on the online midterm assessment in order for the DCE to access the assessment online. Student and CI must both “sign off” on both assessments no later than the end of the fourth week of the clinical education experience. Students will begin their clinical experience with 100 points for this requirement. Failure to complete the midterm requirements by the due date will result in a 5 point deduction per day, beginning with Monday of the sixth week.

  o Final: The final CPI must be “signed off” electronically by both CI and student in order for the DCE to access the assessment. Student and CI must both “sign off” on both assessments before the student leaves the clinical experience. The following additional forms must be received in the Physical Therapy department within three working days (in order to prepare grades for graduation).

Other: The course director will determine the final grade for this course. Seventy percent of the total grade is based upon the CPI (completed by the CI). The remaining thirty percent is distributed among various assignments and student responsibilities detailed above.

In order to successfully complete this course, the following criteria must be met:

  1. No red-flag items checked at the final evaluation.
  2. No significant concerns boxes checked at the final evaluation.
  3. Progress on the rating scales on each of the performance criteria from the midterm evaluation to the final evaluation.
  4. Ratings which fall at a minimum of Advanced Intermediate Performance.

Failure to successfully complete this course will result in a formal review by the Briar Cliff University Department of Physical Therapy Academic Faculty. Academic Standards and Performance Expectations can be found in the BCU PT Student Handbook. A student will automatically receive the grade of “F” (failure) if any of the following conditions are met:

  1. A red flag at the time of the final evaluation in any of the performance criteria (red flag items are considered foundation elements in clinical practice):
     • Safety: Practices in a safe manner that minimizes the risk to patients, self, and others;
     • Professional Behavior: Demonstrates professional behavior in all situations;
     • Accountability: Practices in a manner consistent with established legal and professional standards and ethical guidelines;
     • Communication: Communicates in ways that are congruent with situational needs;
Clinical Reasoning: Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

2. Three “significant concerns” boxes checked on the remaining 15 performance criteria (criteria that are not red flags) at the time of the final evaluation.

<table>
<thead>
<tr>
<th>Evaluative Item</th>
<th>Due Date</th>
<th>Overall Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of Student Clinical Education Form: Affiliation Agreement Section</td>
<td>June 12, 2017</td>
<td>2.5%</td>
</tr>
<tr>
<td>Evidence of Student Clinical Education Form: Preparatory Check Off Section</td>
<td>June 12, 2017</td>
<td>2.5%</td>
</tr>
<tr>
<td>Proof of current immunization</td>
<td>June 12, 2017</td>
<td>5.0%</td>
</tr>
<tr>
<td>Biographical information sheet with measurable goals</td>
<td>May 22, 2017</td>
<td>5.0%</td>
</tr>
<tr>
<td>Weekly Journals</td>
<td>Monday of each week</td>
<td>5.0%</td>
</tr>
<tr>
<td>Mid-term Completion verifications</td>
<td>July 21, 2017</td>
<td>5.0%</td>
</tr>
<tr>
<td>Final Submissions</td>
<td>August 18, 2017</td>
<td>5.0%</td>
</tr>
<tr>
<td>Electronically finalized CPI with sign offs completed</td>
<td>August 18, 2017</td>
<td>70%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

Pass
- 80-100
- No red-flag items checked at the final evaluation
- No significant concerns boxes checked at the final evaluation
- Progress on the rating scales on each of the performance criteria

Fail
- <79.99 and/or
- A red-flag item checked at the time of the final evaluation
- If three significant concern boxes are checked at the final evaluation
- No progress on rating scales of the performance criteria

Upon completion of this course, the student will be able to demonstrate, incorporate, and integrate the above objectives into the clinical learning experience. Confirmation will be demonstrated through written feedback via the Clinical Performance Instrument, Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form, written journal entries, and verbal feedback between the CI, student, and faculty advisor.

Tests & Measurement Skills/Intervention Skills:
The following list of skills that further expounds upon the tests & measurements as well as interventions found in Course Objectives. Upon completion of this course, the student will be able to incorporate the didactic knowledge of the following skills in a fashion consistent with the setting of their clinical education experience and in a fashion consistent with their level in the curriculum.

Tests & Measures relevant to the history, chief complaint, and screening (listed alphabetically; see Guide to Physical Therapy Practice for additional details)
- Aerobic Capacity & Endurance
- Anthropometric Characteristics
- Arousal, Attention, Cognition
- Assistive & Adaptive Devices
- Circulation
- Cranial & Peripheral Nerve Integrity
- Environmental, Home, and Work (Job/School/Play) Barriers
- Ergonomics & Body Mechanics
- Gait, Locomotion, & Balance
- Integumentary Integrity
- Joint Integrity & Mobility
- Motor Function (Motor Control & Motor Learning)
- Muscle Performance (including Strength, Power, and Endurance)
- Neuromotor Development & Sensory Integration
- Orthotic, Protective, and Supportive Devices
- Pain
- Posture
- Prosthetic Requirements
- Range of Motion (including Muscle Length)
- Reflex Integrity
- Self-Care and Home Management (including ADL and IADL)
- Sensory Integrity
- Ventilation & Respiration/Gas Exchange
- Work (Job/School/Play), Community, and Leisure Integration or Reintegration

**Interventions** (listed alphabetically; see *Guide to Physical Therapy Practice* for additional details)
- Airway Clearance Techniques
- Coordination, Communication, and Documentation
- Electrotherapeutic Modalities
- Functional Training in Self-Care, Home Management, Work, Community, & Leisure
- Integumentary Repair and Protection Techniques
- Manual Therapy Techniques (including Mobilization/Manipulation)
- Patient/Client Related Instruction
- Physical Agents & Mechanical Modalities
- Prescription/Application of Devices and Equipment (Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic)
- Therapeutic Exercise

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**ADDITIONAL COURSE POLICIES**

**Communication:**
Physical Therapy Faculty Members are committed to being as accessible as possible to students, but cannot be available at every moment a student needs. Email will be the best way to try to get in touch with the DCE. Please do not try to send text messages to the phone number listed on page one, unless it is very important (i.e. death of family member in the middle of the night for which the student needs to leave immediately). When a student e-mails the DCE in regards to this course, the person should include the course prefix and number or the clinical education experience number in the subject line. Faculty will make every effort possible to respond to all email messages within 24 hours, and much faster whenever possible. At the same time, students should also be checking e-mail regularly and open and read any e-mails received from an DCE.

If there is something urgent that a student needs addressed during regular business hours, the student can try calling the DCE or calling the Program Assistant, while the student is out on clinic. Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet. Any message that a student leaves on an instructor’s work voicemail will be forwarded via BCU e-mail.

**Freedom in Learning:**
Students are responsible for learning the content of any course of study in which they are enrolled. Student academic performance shall be evaluated solely on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards, but is related instead to judgment of their personal opinion or conduct should contact the Dean of Academic Affairs.

**Policy on Fair Evaluation:**
Each student is entitled to earn and receive a fair grade in each course for which he or she enrolls. It is the right and the responsibility of an instructor to establish criteria for evaluation for each course which he or she teaches and to determine the degree to which an individual student has fulfilled the standards set for the course. Students should be apprised that extraneous factors, such as the eligibility of a student for an organization’s membership, for scholarship and fellowship awards, for admission to graduate schools, or for participation on an athletic team, for example, have no bearing on the determination of the fairness of a grade or grades received. The quality of the student’s overall performance with respect to evaluation standards will be the only criterion for judgment.

**Grievance Procedure:**
Please consult the student handbook or catalog for specific guidance on BCU’s grievance procedures.

**ADA Policy:**
Students having legitimately evaluated physical conditions or learning difficulties are eligible for reasonable modifications of classroom and teaching conditions. Disability evaluations

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should be registered through the Student Support Services Office. If a student has a registered disability, please see the Course Director about arranging for accommodations as soon as possible.

**University Assessments/Surveys:**
The assessment of student learning is an integral part of the educational experience at Briar Cliff University. To this end, the faculty continually assess student learning to improve our teaching and to monitor student success. Occasionally a student will be requested to participate in both college-wide and discipline-specific assessment activities. Please take these assessments and surveys seriously. The data that is collected will provide valuable information to faculty and will be used to improve student learning at Briar Cliff University.
SUPPORT SERVICES AND RESOURCES

Student Support Services:
The Student Support Services office provides accommodations for students with disabilities. To obtain this service, students must make an appointment with the director to submit documentation, talk about the disability, and discuss the accommodations needed. Ideally, this should be done as soon as the student knows he/she will be attending Briar Cliff University because some accommodations require more lead time to provide. See the student disability handbook for more detailed information. Contact Brenda Parkhill by phone at 712-279-5531, or by e-mail at brenda.parkhill@briarcliff.edu.

Writing Center:
The Writing Center, located in the Bishop Mueller Library, is available to all Briar Cliff students for strengthening academic writing development. The Center provides one-on-one peer mentoring, workshops and computer-based tutorials. The Writing Center’s number is 712-279-5520 or a student can email the Writing Center mentors at writing.center@briarcliff.edu. The Center’s web address is bcuwritingcenter.wordpress.com.

Academic Resource Commons:
The Academic Resource Commons provides students with the resources and services necessary for academic success and recovery. Located in the ARC are the following: ELL support services, the Writing Center, Academic Peer Mentors, the Early Alert Project Manager and the Director of Academic Support and Achievement. Through one-on-one appointments, peer support and mentoring, workshops, and academic advising (in addition to faculty advising), the Academic Resource Commons empowers students to develop a comprehensive set of life and academic skills, connects students with all campus bodies, and offers the social, academic and personal support necessary to persist. Contact Stephanie Andell at Stephanie.Andell@briarcliff.edu.

ELL Support Services:
Located in the Academic Resource Commons, ELL support services provide students with additional help in reading comprehension, vocabulary development and grammar, writing skills, listening proficiency, and oral communication. Students closely work one-on-one with an ELL Specialist to help with their specific learning needs.

Office of Academic Achievement:
Recognizing there are a variety of reasons why a student may struggle academically, the director of academic support and achievement helps students overcome obstacles while empowering them to create their own unique, college experience. The director meets with students to 1) connect them with necessary campus resources; 2) provide the support and services necessary to aid in students’ success; and, 3) enable the development of programs that fit students’ ever-changing personal and academic needs as they persist at Briar Cliff University.
The office of academic support and achievement serves students in all ways, and welcomes the opportunity to meet with a student for any reason—whether it be social, academic or personal. Contact Jessica McCormick at Jessica.McCormick@briarcliff.edu.
Tentative Course Outline/Schedule

*This syllabus is subject to change if it is determined to be in the best interest of the students’ learning. Additional learning resources may be added to the course website that are not listed in the required or recommended readings columns of this schedule.

<table>
<thead>
<tr>
<th>Day/Date/Time</th>
<th>Topics/Activities</th>
<th>Session Learning Objectives</th>
<th>Required Readings (prior to class)</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 26, 2017 – August 18, 2017</td>
<td>Second full-time Clinical Education</td>
<td>Individual learning objectives dependent on individual student needs in that particular setting</td>
<td>Class Syllabus</td>
<td>See above</td>
</tr>
</tbody>
</table>
APPENDIX A. CURRICULUM CONTENT

Taxonomic Levels:
Affective Domain: http://www.assessment.uconn.edu/docs/LearningTaxonomy_Affective.pdf

CAPTE Curriculum Content:

CC-1. The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (e.g., anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

CC-2. The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (e.g., applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

CC-3. The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (e.g., content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

CC-4. The physical therapist professional curriculum includes clinical education experiences for each student that encompass:
   a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
   b) Practice in settings representative of those in which physical therapy is commonly practiced;
   c) Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
   d) Opportunities for involvement in interdisciplinary care; and
   e) Other experiences that lead to the achievement of expected student outcomes.

CC-5. The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required
for initial practice of the profession of physical therapy. 1(pp43-121), 2(pp16-80)
The curriculum is designed to prepare students to meet the practice expectations
listed in CC-5.1 through CC-5.66.

Professional Practice Expectation: Accountability

CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional
regulations related to patient/client care and fiscal management.
CC-5.2 Have a fiduciary responsibility for all patient/clients.
CC-5.3 Practice in a manner consistent with the professional Code of Ethics.
CC-5.4 Change behavior in response to understanding the consequences (positive and
negative) of his or her actions.
CC-5.5 Participate in organizations and efforts that support the role of the physical
therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism

CC-5.6 Place patient’s/client’s needs above the physical therapist’s needs.
CC-5.7 Incorporate pro bono services into practice.

Professional Practice Expectation: Compassion/Caring

CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.
CC-5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity

CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members,
caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty

CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family
members, caregivers, other health care providers, students, other consumers, and
payers.
CC-5.12 Participate in self-assessment to improve the effectiveness of care.
CC-5.13 Participate in peer assessment activities.
CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment
activities.
CC-5.15 Participate in clinical education of students.
CC-5.16 Participate in professional organizations.

Professional Practice Expectation: Communication
CC-5.17 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Professional Practice Expectation: Cultural Competence

CC-5.18 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: Clinical Reasoning

CC-5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.

CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice

CC-5.21 Consistently use information technology to access sources of information to support clinical decisions.

CC-5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

CC-5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.

CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education

CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening

CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination

CC-5.28 Examine patients/clients by obtaining a history from them and from other sources.

CC-5.29 Examine patients/clients by performing systems reviews.

CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
a) Aerobic Capacity/Endurance  
b) Anthropometric Characteristics  
c) Arousal, Attention, and Cognition  
d) Assistive and Adaptive Devices  
e) Circulation (Arterial, Venous, Lymphatic)  
f) Cranial and Peripheral Nerve Integrity  
g) Environmental, Home, and Work (Job/School/Play) Barriers  
h) Ergonomics and Body Mechanics  
i) Gait, Locomotion, and Balance  
j) Integumentary Integrity  
k) Joint Integrity and Mobility  
l) Motor Function (Motor Control and Motor Learning)  
m) Muscle Performance (including Strength, Power, and Endurance)  
n) Neuromotor Development and Sensory Integration  
o) Orthotic, Protective, and Supportive Devices  
p) Pain  
q) Posture  
r) Prosthetic Requirements  
s) Range of Motion (including Muscle Length)  
t) Reflex Integrity  
u) Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])  
v) Sensory Integrity  
w) Ventilation and Respiration/Gas Exchange  
x) Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)  

Patient/Client Management Expectation: Evaluation  
CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.  

Patient/Client Management Expectation: Diagnosis  
CC-5.32 Determine a diagnosis that guides future patient/client management.  

Patient/Client Management Expectation: Prognosis  
CC-5.33 Determine patient/client prognoses.  

Patient/Client Management Expectation: Plan of Care  
CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.  
CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.
CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

CC-5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC-5.38 Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention

CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a) Therapeutic Exercise
   b) Functional Training in Self-Care and Home Management
   c) Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
   d) Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
   e) Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
   f) Airway Clearance Techniques
   g) Integumentary Repair and Protection Techniques
   h) Electrotherapeutic Modalities
   i) Physical Agents and Mechanical Modalities

CC-5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA’s ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.

CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC-5.43 Practice using principles of risk management.

CC-5.44 Respond effectively to patient/client and environmental emergencies in one’s practice setting.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.
CC-5.49 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

CC-5.51 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.

CC-5.52 Apply principles of prevention to defined population groups.

Practice Management Expectation: Management of Care Delivery

CC-5.53 Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

CC-5.54 Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.

CC-5.55 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

CC-5.56 Participate in the case management process.

Practice Management Expectation: Practice Management

CC-5.57 Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.

CC-5.58 Participate in financial management of the practice.

CC-5.59 Establish a business plan on a programmatic level within a practice.

CC-5.60 Participate in activities related to marketing and public relations.

CC-5.61 Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: Consultation

CC-5.62 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.63 Challenge the status quo of practice to raise it to the most effective level of care.

CC-5.64 Advocate for the health and wellness needs of society.

CC-5.65 Participate and show leadership in community organizations and volunteer service.

CC-5.66 Influence legislative and political processes.

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Proposed CAPTE Standards:
http://www.capteonline.org/uploadedFiles/CAPTEorg/About_CAPTE/What_We_Do/Whats_New/CAPTE_MASTERRevisedCriteria.pdf


DPT Goals
In parallel with the Program’s mission, upon completion of all requirements of the Briar Cliff University School of Physical Therapy, the graduate will be prepared to:
   1. Practice physical therapy autonomously.
   2. Be leaders within their communities and profession.
   3. Provide health care services in underserved settings.
APPENDIX B. SYLLABUS CONTRACT

Name: __________________________________________ Date: ______________

(Print)

PLEASE INITIAL THE FOLLOWING:

_____ I understand the assignment expectations as stated in the syllabus.

_____ I understand the policies regarding performance expectations for this class.

_____ I understand the policies regarding attendance and late work/papers for this class.

_____ I understand the attendance policy in place for this class, including my missed tests, assignments, and in-class work.

_____ I understand the expectations regarding before class preparation and in-class participation.

_____ I understand the expectations regarding classroom conduct, including the use of electronic devices and tardiness.

_____ I understand the importance of maintaining a constructive and respectful environment during all class sessions.

_____ I have read the above and understand that failure of any of the above will affect my grade in a negative manner even to the result of failing this course.

_______________________________________________

Student’s Signature

Approved 11/2014
Course Director: Heidi M Nelson, PT, DPT

Office: Mayfair 106
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone: 712-279-5478
Cell Phone: 608-293-0000
Work E-mail: Heidi.nelson@briarcliff.edu

Faculty Biosketch: Dr. Nelson was hired by Briar Cliff University as the Director of Clinical Education for the developing Doctor of Physical Therapy Program in 2014. Dr. Nelson came to Briar Cliff after working in clinical physical therapy in the fields of pediatrics, geriatrics, and clinic management. During her pediatric physical therapy residency at the Munroe-Meyer Institute, she also was a teaching assistant and lab assistant for the Pediatrics course in the Doctor of Physical Therapy Program. She has recently become an American Physical Therapy Association (APTA) Advanced Credentialed Clinical Instructor in July 2014.
COURSE INFORMATION

Course Description: This course is a clinical practical learning experience that occurs in a community setting during the fall semester of the third year of the program. The student attends the clinic each day for a full work day as dictated by his/her clinical instructor. While in this setting, the student practices physical therapy professional management including patient/client management. The clinical instructor provides opportunities for students to promote their physical therapy standards of practice in a professional and ethical practice. The length of this clinical education experience is 8 weeks.

Credit Hours: 8 credits

Clock Hours: 320 hours

Required DPT Course: Yes

Prerequisites: Admission to DPT Program or instructor consent. For DPT students, successful completion of all prerequisite coursework of the DPT Curriculum, including all foundational sciences and basic patient/client management courses with passage of comprehensive practical.

Location: To be determined individually for each student.

Meeting Time(s): August 28, 2017 – October 20, 2017

Teaching and Learning Methods: The student will participate in a community based clinic setting under the guidance and supervision of a licensed skilled physical therapist with a minimum of one year of clinical experience. The student will work under the supervision of the skilled physical therapist each day for a full work day as dictated by the clinical instructor’s schedule. The clinical instructor reinforces the didactic knowledge and promotes effective communication and professional skills through clinical education application.
The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student with have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved and underpopulated areas. Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient center care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams. As a component of each student’s full time clinical education experience, the student should practice with the Franciscan values to reflect their education at Briar Cliff University.

Within a Catholic Franciscan University, with a tradition of service, caring and openness to all, broad intellectual background with career development, and encouragement of growth in self-awareness and in one’s relationship to others and to God, the mission of Briar Cliff University’s Doctor of Physical Therapy Program is to pursue academic excellence in preparing the next generation of physical therapists to practice autonomously, be leaders within their profession and communities, and respond to patient and societal needs of the region, including the underserved. By challenging students to provide contemporary, skilled, reflective, ethical, legal, compassionate, culturally competent, interprofessional, evidence-based, and patient-centered care, graduates will be prepared to restore, maintain, and promote optimal movement, activity participation, and wellness of clients, while being effective leaders and health care providers within their communities and the ever-changing health care environment.

BCU students are living our Franciscan values by building a caring community, creating peace, reverencing creation and connecting in joyful service.

Approved 11/2014
# Student Learning Outcomes

Upon completion of this course, the student will have met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Taxonomic Type and Level</th>
<th>CAPTE Evaluative Criteria</th>
<th>CAPTE Proposed Standard(s)</th>
<th>Program Goal(s)</th>
<th>Learning Activities</th>
<th>Method of Assessing Students’ Learning</th>
<th>Minimal Expectation</th>
<th>Specific Outcome Measurement</th>
<th>Taxonomy Level of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Providing physical therapy services in a safe manner that minimizes risk to patients, others and self as measured by Clinical Performance Instrument (CPI) performance criteria #1 (Safety).</td>
<td>Psychomotor Origination</td>
<td>CC-5.35 CC-5.44</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #1 (Safety)</td>
<td></td>
<td>Psychomotor</td>
</tr>
<tr>
<td>2. Demonstrating professional behavior in all situations as measured by CPI performance criteria #2 (Professional Behavior).</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.8 CC-5.10 CC-5.11 CC-5.15 CC-5.16</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #2 (Professional Behavior)</td>
<td></td>
<td>Psychomotor</td>
</tr>
<tr>
<td>3. Providing physical therapy services in a manner consistent with established legal and</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.1 CC-5.2 CC-5.3 CC-5.4 CC-5.5 CC-5.6</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #3 (Accountability)</td>
<td></td>
<td>Psychomotor</td>
</tr>
</tbody>
</table>
| Professional standards and ethical guidelines as measured by CPI performance criteria #3 (Accountability). | Psychomotor Adaptation | CC-5.7  
CC-5.63  
CC-5.64  
CC-5.65  
CC-5.66 |  |  |  |  |
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>4. Communicating in ways that are congruent with situational needs as measured by CPI performance criteria #4 (Communication).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.17</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
</tr>
<tr>
<td>5. Adapting delivery of physical therapy services in consideration for patients’ differences, values, preferences, and needs as measured by CPI performance criteria #5. (Cultural Competence).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.18</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
</tr>
</tbody>
</table>
| 6. Participating in self-assessment to improve clinical and professional performance as measured by CPI performance criteria #6 | Psychomotor Adaptation | CC-5.4  
CC-5.5  
CC-5.12  
CC-5.13  
CC-5.14  
CC-5.15  
CC-5.24  
CC-5.25 | 1, 3 | Clinical Education | Clinical Performance Instrument (CPI) | Advanced Intermediate Performance | Performance Criteria #6 (Professional Development) | Psychomotor |

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7. Applying current knowledge, theory, clinical judgment, and the patient’s values in patient management as measured by CPI performance criteria #7 (Clinical Reasoning).

<table>
<thead>
<tr>
<th>Cognitive Application</th>
<th>1, 2, 3</th>
<th>Clinical Education</th>
<th>Clinical Performance Instrument (CPI)</th>
<th>Advanced Intermediate Performance</th>
<th>Performance Criteria #7 (Clinical Reasoning)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC-5.19 CC-5.20 CC-5.21 CC-5.22 CC-5.23</td>
<td></td>
<td>1, 3</td>
<td></td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #7 (Clinical Reasoning)</td>
</tr>
</tbody>
</table>

8. Determining with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional as measured by CPI performance criteria #8 (Screening).

<table>
<thead>
<tr>
<th>Psychomotor Origination</th>
<th>1, 3</th>
<th>Clinical Education</th>
<th>Clinical Performance Instrument (CPI)</th>
<th>Advanced Intermediate Performance</th>
<th>Performance Criteria #8 (Screening)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC-5.27 CC-5.53 CC-5.54 CC-5.55 CC-5.62</td>
<td></td>
<td></td>
<td></td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #8 (Screening)</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Psychomotor Complex Overt Response</th>
<th>1</th>
<th>Clinical Education</th>
<th>Clinical Performance Instrument (CPI)</th>
<th>Advanced Intermediate Performance</th>
<th>Performance Criteria #9 (Examination)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC-5.28 CC-5.29 CC-5.30</td>
<td></td>
<td></td>
<td></td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #9 (Examination)</td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>11. Determining a diagnosis and prognosis that guides future patient management as measured by CPI performance criteria #11 (Diagnosis &amp; Prognosis).</td>
<td>Psychomotor Origination</td>
<td>CC-5.32 CC-5.33</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #11 (Diagnosis &amp; Prognosis)</td>
<td>Psychomotor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Establishing a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based as measured by CPI performance criteria #12 (Plan of Care).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.9 CC-5.34 CC-5.35 CC-5.36 CC-5.37 CC-5.38 CC-5.55 CC-5.56</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
<td>Performance Criteria #12 (Plan of Care)</td>
<td>Psychomotor</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td><strong>14. Educating others</strong> (patients, caregivers, staff, students, and other health care providers, business, and industry representatives, school systems) using relevant and effective teaching methods as measured by CPI performance criteria #14 (Educational Interventions).</td>
<td>Psychomotor Origination</td>
<td>CC-5.26, CC-5.41, CC-5.51, CC-5.52, CC-5.62</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
</tr>
<tr>
<td><strong>15. Producing quality documentation in a timely manner to support the delivery of physical therapy services as measured by CPI performance criteria #15 (Documentation).</strong></td>
<td>Psychomotor Origination</td>
<td>CC-5.42</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate Performance</td>
</tr>
<tr>
<td><strong>16. Collecting and analyzing data from selected</strong></td>
<td>Cognitive Analysis</td>
<td>CC-5.45, CC-5.46, CC-5.47</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance</td>
<td>Advanced Intermediate Performance</td>
</tr>
</tbody>
</table>

Approved 11/2014
<table>
<thead>
<tr>
<th>17. Participating in the financial management (budgeting, billing &amp; reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines as measured by CPI performance criteria #17 (Financial Resources).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychomotor Origination</td>
</tr>
<tr>
<td>CC-5.43 CC-5.55 CC-5.58 CC-5.60 CC-5.61</td>
</tr>
<tr>
<td>1, 2, 3</td>
</tr>
<tr>
<td>Clinical Education</td>
</tr>
<tr>
<td>Clinical Performance Instrument (CPI)</td>
</tr>
<tr>
<td>Advanced Intermediate Performance</td>
</tr>
<tr>
<td>Performance Criteria #17 (Financial Resources)</td>
</tr>
<tr>
<td>Psychomotor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Directing and supervising human resources to meet patient’s goals and expected outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychomotor Mechanism</td>
</tr>
<tr>
<td>CC-5.40 CC-5.57</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Clinical Education</td>
</tr>
<tr>
<td>Clinical Performance Instrument (CPI)</td>
</tr>
<tr>
<td>Advanced Intermediate Performance</td>
</tr>
<tr>
<td>Performance Criteria #18 (Direction and Supervision of Personnel)</td>
</tr>
<tr>
<td>Psychomotor</td>
</tr>
</tbody>
</table>
according to legal standards and ethical guidelines as measured by CPI performance criteria #18 (Direction and Supervision of Personnel).

*For definitions, please see Appendix A
COURSE MATERIALS

Required Textbooks, Readings, and Resources:

Supplemental/ Recommended Readings and Resources:
Texts utilized in didactic coursework from related areas of physical therapy practice.

Required Equipment:
Student equipment kit required for purchase as a textbook in the first year of the program.
COURSE EXPECTATIONS

The student is referred to the student handbooks of Briar Cliff University, the School of Graduate Studies, the Department of Physical Therapy Student Handbook, and the Clinical Education Handbook for all academic performance and professional behavior expectations and policies.

The DPT curriculum and the associated courses are academically rigorous. Success in this course will require a significant investment of time. On average, students should assume the need to invest at least two hours of time outside of scheduled course time for preparation, studying, and completing assignments for each hour of time that the student is physically participating in the course (e.g., a one credit course = 15 contact hours = a minimum of 30 outside of class hours). Based on individual past experiences, study habits, etc., some courses may require more time be devoted to the course, some may require less.

Attendance is an important aspect of professional education and therefore expected for each clinical education day. Students are expected to attend clinic each day per their clinical instructor’s (CI) schedule and to arrive on time as active presence is critical to the professional development of the student and peers. Students who miss clinical are responsible for contacting the DCE and arranging the missed time with their CI.

Excused absences from class must be requested prior to the start of the day and must be validated by the CI and DCE. Examples of excused absences include illness, a death in the family, etc. If there are special circumstances please inform the instructor on or before the first day of class, or as soon as possible. Students experiencing health or personal problems that prevent full participation in the course should attempt to contact the CI and the DCE prior to class. The CI and DCE reserve the right to determine the legitimacy of all excuses and may request written documentation verifying the absence. It is at the discretion of the CI to require additional assignments to be completed in lieu of absences. If a CI is concerned about a student’s attendance in a course, including multiple excused absences, he/she may submit a professional behavior citation to the Progress and Conduct Committee.

Students are discouraged from planning vacations and/or appointments that will result in missed clinical time; an elective physician’s appointment may not be considered an excused absence. Tardiness of over 15 minutes will be deemed as an unexcused absence, unless the student has prior approval from his/her CI. There will be minimal opportunities to make up for missed time in clinic. More than one unexcused absence and/or failure to complete any additional assignments required by the instructor may result in a 10% reduction in a student’s final grade and/or a professional behavior citation to the Progress and Conduct Committee.

In addition to attendance, success in this course is dependent on the participation of each individual enrolled in the course. As part of adult-centered learning, each student is expected to be prepared to participate in clinical education prior to the start of each clinical day. Students who do not bring the necessary materials and/or do not wear appropriate clothing for class will
be dismissed from clinic to retrieve materials and/or change into appropriate attire. Each student is also expected to contribute to the clinical setting on a daily basis. Failure to do so will make it difficult for a student to gain a good understanding of how the clinic operates and the treatment of patient’s, thus potentially negatively effecting learning and the student’s overall progress/grade in the course. If a CI feels a student is not properly participating and/or preparing for clinical, the CI is encouraged to speak individually with the student and/or DCE. The DCE may submit a professional behavior citation to the Progress and Conduct Committee.

Recognizing that true professionalism is the integration of knowledge and skill with altruistic attitudes, values and behaviors, the DPT Program expects its students to develop the dispositions of competent and compassionate health care professionals, and requires that they behave in a manner that brings honor on their profession at all times. In keeping with this philosophy, faculty will act consistently and officially to guide students towards acceptable behaviors, and to take corrective action in the event of repeated or serious infractions of expected professional conduct. Upon the witnessing of behavior that is in conflict with that articulated in Departmental and profession-based documents outlining expected behaviors (e.g., professional Code of Ethics, HIPAA, Student Handbook, etc.), but which falls short of academic or non-academic misconduct, a CI shall contact the DCE who will submit a professional behavior citation to the DPT Progress and Conduct Committee. This includes appropriate use of electronic technology in the clinic. Laptops, tablets, and cell phones may be used for learning activities, such as online research, reviewing PowerPoint slides, and taking notes during lecture or in class activities, although students should follow the clinic’s policies on technology use in the clinic. Students using electronic technology to view social media outlets, check email, work on other course assignments or study for an upcoming exam will receive a professional behavior citation to the DPT Progress and Conduct Committee. Actions that are more severe (e.g., academic misconduct, sexual violence, violation of laws), will be referred to process defined in the School of Graduate Studies and University Student Handbooks.

Part of becoming a professional is the ability to peer-assess. In an effort to comply with University standards, as well as accreditation and ongoing programmatic quality assurance, completion of all DPT course evaluations and graduate curriculum assessments is required in order for the student to be assigned a course grade and/or graduate.
Keeping consistent with University standards, the grading scale below will be utilized for this course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9%</td>
</tr>
<tr>
<td>B+</td>
<td>88-89.9%</td>
</tr>
<tr>
<td>B</td>
<td>83-87.9%</td>
</tr>
<tr>
<td>B-</td>
<td>80-82.9%</td>
</tr>
<tr>
<td>C+</td>
<td>78-79.9%</td>
</tr>
<tr>
<td>C</td>
<td>73-77.9%</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9%</td>
</tr>
<tr>
<td>D+</td>
<td>68-69.9%</td>
</tr>
<tr>
<td>D</td>
<td>60-67.9%</td>
</tr>
<tr>
<td>F</td>
<td>≤59.9%</td>
</tr>
</tbody>
</table>

Please note that when grades are calculated, instructors will not round the percent up or down. For example, an 89.9 is a B+. For the purposes of pass/fail courses, a student must achieve a score of 80% or better in the course, as well as successfully complete all required course components to the satisfaction of the course instructor.

Unless otherwise noted by the course instructor or specified below, all assignments are to be typed, completed individually, and submitted to drop boxes on the course website by 11:59 PM CST. Assignments should be titled as follows: Lastname_Firstname_Courseprefix and number_Brief assignment description (e.g., Cross_Patrick_DPT600_codeofethicsassignment). Students should complete assignments early to avoid lateness due to computer problems and other issues that arise when completing assignments at the last minute. Scores will be reduced 10% per day for late assignments or projects.

Students are expected to adhere to Briar Cliff University’s policies on academic integrity. Violations, as outlined in University policies, will be reported.

- Academic dishonesty is defined as, but not limited to the following: copying a classmate’s work, using crib notes during a test, stealing or conveying examination questions, informing classmates of information on practical examination, maintaining library materials so that classmates cannot utilize the materials, falsely representing clinical cases, turning in written assignments that are not authentic, or fabrication of any sort. No credit can be given for a dishonest assignment. At the discretion of the instructor, a student caught engaging in any form of academic dishonesty may, at a minimum, receive a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.

- Plagiarism is defined as using the words and/or ideas of another and representing them to be one’s own, without proper credit to the author or source. The act of writing is an integral part of the learning process. If a student tries to pass off the work of another writer as their own, whether intentional or unintentional, plagiarism will result, at a minimum, in a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.
All students will have one week after the distribution of an assignment to dispute a response or grade. The dispute must be typed and include the following: item number or what is being challenged, why the response should be considered correct, and an accurate reference(s). If an error was made in the grading (e.g., instructor marked an answer wrong and it was correct per the answer key or instructor did not add up points correctly), a dispute is not necessary. However, it must be brought to the instructor’s attention within one week of the distribution of the assignment.

In parallel to policies established by the School of Graduate Studies and the DPT Program, an assignment of a failing or “incomplete” grade may affect a DPT student’s progression in the program. Please see course expectations regarding how unexcused absences and/or failure to complete course evaluation may effect a grade. In addition, there will not be any extra credit opportunities unless otherwise noted by the instructor.
Assignments:
1. Prior to the Clinical Education experience, students must complete or provide:
   a. Evidence of Student Clinical Education Preparation form
      - Affiliation Agreement section: Students are required to read the University-Site Affiliation Agreement and sign the above form stating the Agreement has been read.
      - Preparatory Checkoff section: Students are required to read the CSIF for placement site. Student will “check” each item that must be completed and includes dates these items have been completed. Student submits this form, signed, to the DCE by the due date.
   b. Proof of current immunization
      - Students are required to provide proof of current immunization based upon Briar Cliff University Physical Therapy Program and/or facility requirements, whichever is greater. It is the student’s responsibility to see that this information is received by the established due date in order to receive full percentage credit for this requirement. Failure to submit this information may result in a delay in Clinical Education start date, which may ultimately affect completion of the program.
   c. Biographical Information Sheet via Acadaware with measurable goals
      - The student submits at three-five measurable site-specific goals with the completed biographical information sheet by the due date.

2. During and after the Clinical Education experience the student must complete or provide:
   a. Weekly journals
      - The student is responsible for maintaining a weekly clinical education journal that is e-mailed to the DCE at the end of each week during the clinical education experience. All weekly journals must be e-mailed to the course directors by the below due date. Students begin their clinical experience with 100 points. It is acceptable if 1 weekly journal submission is no more than 3 working days late. Any subsequent late submission will result in a 5 point reduction in the overall grade for this requirement.
   b. Assessment tools
      - The student is responsible for completing the following forms for the midterm and final assessments.
        - Self-assessment utilizing the online Clinical Performance Instrument.
        - Assessment utilizing the Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form.
• The student is responsible for the timely submission of all assessment tools used during the clinical education experience, including those completed by the CI.

  o Midterm: Both student and CI must “sign off” on the online midterm assessment in order for the DCE to access the assessment online. Student and CI must both “sign off” on both assessments no later than the end of the fourth week of the clinical education experience. Students will begin their clinical experience with 100 points for this requirement. Failure to complete the midterm requirements by the due date will result in a 5 point deduction per day, beginning with Monday of the sixth week.

  o Final: The final CPI must be “signed off” electronically by both CI and student in order for the DCE to access the assessment. Student and CI must both “sign off” on both assessments before the student leaves the clinical experience. The following additional forms must be received in the Physical Therapy department within three working days (in order to prepare grades for graduation).

Other: The course director will determine the final grade for this course. Seventy percent of the total grade is based upon the CPI (completed by the CI). The remaining thirty percent is distributed among various assignments and student responsibilities detailed above.

In order to successfully complete this course, the following criteria must be met:

  1. No red-flag items checked at the final evaluation.
  2. No significant concerns boxes checked at the final evaluation.
  3. Progress on the rating scales on each of the performance criteria from the midterm evaluation to the final evaluation.
  4. Ratings which fall at a minimum of Advanced Intermediate Performance.

Failure to successfully complete this course will result in a formal review by the Briar Cliff University Department of Physical Therapy Academic Faculty. Academic Standards and Performance Expectations can be found in the BCUPT Student Handbook. A student will automatically receive the grade of “F” (failure) if any of the following conditions are met:

  1. A red flag at the time of the final evaluation in any of the performance criteria (red flag items are considered foundation elements in clinical practice):
     • Safety: Practices in a safe manner that minimizes the risk to patients, self, and others;
     • Professional Behavior: Demonstrates professional behavior in all situations;
     • Accountability: Practices in a manner consistent with established legal and professional standards and ethical guidelines;
     • Communication: Communicates in ways that are congruent with situational needs;
• Clinical Reasoning: Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

2. **Three** “significant concerns” boxes checked on the remaining 15 performance criteria (criteria that are not red flags) at the time of the final evaluation.

<table>
<thead>
<tr>
<th>Evaluative Item</th>
<th>Due Date</th>
<th>Overall Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of Student Clinical Education Form: Affiliation Agreement Section</td>
<td>August 14, 2017</td>
<td>2.5%</td>
</tr>
<tr>
<td>Evidence of Student Clinical Education Form: Preparatory Check Off Section</td>
<td>August 14, 2017</td>
<td>2.5%</td>
</tr>
<tr>
<td>Proof of current immunization</td>
<td>August 14, 2017</td>
<td>5.0%</td>
</tr>
<tr>
<td>Biographical information sheet with measurable goals</td>
<td>July 15, 2017</td>
<td>5.0%</td>
</tr>
<tr>
<td>Weekly Journals</td>
<td>Monday of each week</td>
<td>5.0%</td>
</tr>
<tr>
<td>Mid-term Completion verifications</td>
<td>September 22, 2017</td>
<td>5.0%</td>
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<tr>
<td>Final Submissions</td>
<td>October 20, 2017</td>
<td>5.0%</td>
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<tr>
<td>Electronically finalized CPI with sign offs completed</td>
<td>October 20, 2017</td>
<td>70%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 80-100</td>
<td>• &lt;79.99 and/or</td>
</tr>
<tr>
<td>• No red-flag items checked at the final evaluation</td>
<td>• A red-flag item checked at the time of the final evaluation</td>
</tr>
<tr>
<td>• No significant concerns boxes checked at the final evaluation</td>
<td>• If three significant concern boxes are checked at the final evaluation</td>
</tr>
<tr>
<td>• Progress on the rating scales on each of the performance criteria</td>
<td>• No progress on rating scales of the performance criteria</td>
</tr>
</tbody>
</table>

Upon completion of this course, the student will be able to demonstrate, incorporate, and integrate the above objectives into the clinical learning experience. Confirmation will be demonstrated through written feedback via the Clinical Performance Instrument, Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form, written journal entries, and verbal feedback between the CI, student, and faculty advisor.

**Tests & Measurement Skills/Intervention Skills:**
The following list of skills that further expounds upon the tests & measurements as well as interventions found in Course Objectives. Upon completion of this course, the student will be able to incorporate the didactic knowledge of the following skills in a fashion consistent with the setting of their clinical education experience and in a fashion consistent with their level in the curriculum.
Tests & Measures relevant to the history, chief complaint, and screening (listed alphabetically; see Guide to Physical Therapy Practice for additional details)

- Aerobic Capacity & Endurance
- Anthropometric Characteristics
- Arousal, Attention, Cognition
- Assistive & Adaptive Devices
- Circulation
- Cranial & Peripheral Nerve Integrity
- Environmental, Home, and Work (Job/School/Play) Barriers
- Ergonomics & Body Mechanics
- Gait, Locomotion, & Balance
- Integumentary Integrity
- Joint Integrity & Mobility
- Motor Function (Motor Control & Motor Learning)
- Muscle Performance (including Strength, Power, and Endurance)
- Neuromotor Development & Sensory Integration
- Orthotic, Protective, and Supportive Devices
- Pain
- Posture
- Prosthetic Requirements
- Range of Motion (including Muscle Length)
- Reflex Integrity
- Self-Care and Home Management (including ADL and IADL)
- Sensory Integrity
- Ventilation & Respiration/Gas Exchange
- Work (Job/School/Play), Community, and Leisure Integration or Reintegration

Interventions (listed alphabetically; see Guide to Physical Therapy Practice for additional details)

- Airway Clearance Techniques
- Coordination, Communication, and Documentation
- Electrotherapeutic Modalities
- Functional Training in Self-Care, Home Management, Work, Community, & Leisure
- Integumentary Repair and Protection Techniques
- Manual Therapy Techniques (including Mobilization/Manipulation)
- Patient/Client Related Instruction
- Physical Agents & Mechanical Modalities
- Prescription/Application of Devices and Equipment (Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic)
- Therapeutic Exercise
ADDITIONAL COURSE POLICIES

Communication:
Physical Therapy Faculty Members are committed to being as accessible as possible to students, but cannot be available at every moment a student needs. Email will be the best way to try to get in touch with the DCE. Please do not try to send text messages to the phone number listed on page one, unless it is very important (i.e., death of family member in the middle of the night for which the student needs to leave immediately). When a student e-mails the DCE in regards to this course, the person should include the course prefix and number or the clinical education experience number in the subject line. Faculty will make every effort possible to respond to all email messages within 24 hours, and much faster whenever possible. At the same time, students should also be checking e-mail regularly and open and read any e-mails received from an DCE.

If there is something urgent that a student needs addressed during regular business hours, the student can try calling the DCE or calling the Program Assistant, while the student is out on clinic. Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet. Any message that a student leaves on an instructor’s work voicemail will be forwarded via BCU e-mail.

Freedom in Learning:
Students are responsible for learning the content of any course of study in which they are enrolled. Student academic performance shall be evaluated solely on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards, but is related instead to judgment of their personal opinion or conduct should contact the Dean of Academic Affairs.

Policy on Fair Evaluation:
Each student is entitled to earn and receive a fair grade in each course for which he or she enrolls. It is the right and the responsibility of an instructor to establish criteria for evaluation for each course which he or she teaches and to determine the degree to which an individual student has fulfilled the standards set for the course. Students should be apprised that extraneous factors, such as the eligibility of a student for an organization’s membership, for scholarship and fellowship awards, for admission to graduate schools, or for participation on an athletic team, for example, have no bearing on the determination of the fairness of a grade or grades received. The quality of the student’s overall performance with respect to evaluation standards will be the only criterion for judgment.

Grievance Procedure:
Please consult the student handbook or catalog for specific guidance on BCU’s grievance procedures.

ADA Policy:
Students having legitimately evaluated physical conditions or learning difficulties are eligible for reasonable modifications of classroom and teaching conditions. Disability evaluations

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should be registered through the Student Support Services Office. If a student has a registered disability, please see the Course Director about arranging for accommodations as soon as possible.

**University Assessments/Surveys:**
The assessment of student learning is an integral part of the educational experience at Briar Cliff University. To this end, the faculty continually assess student learning to improve our teaching and to monitor student success. Occasionally a student will be requested to participate in both college-wide and discipline-specific assessment activities. Please take these assessments and surveys seriously. The data that is collected will provide valuable information to faculty and will be used to improve student learning at Briar Cliff University.
Student Support Services:
The Student Support Services office provides accommodations for students with disabilities. To obtain this service, students must make an appointment with the director to submit documentation, talk about the disability, and discuss the accommodations needed. Ideally, this should be done as soon as the student knows he/she will be attending Briar Cliff University because some accommodations require more lead time to provide. See the student disability handbook for more detailed information. Contact Brenda Parkhill by phone at 712-279-5531, or by e-mail at brenda.parkhill@briarcliff.edu.

Writing Center:
The Writing Center, located in the Bishop Mueller Library, is available to all Briar Cliff students for strengthening academic writing development. The Center provides one-on-one peer mentoring, workshops and computer-based tutorials. The Writing Center’s number is 712-279-5520 or a student can email the Writing Center mentors at writing.center@briarcliff.edu. The Center’s web address is bcuwritingcenter.wordpress.com.

Academic Resource Commons:
The Academic Resource Commons provides students with the resources and services necessary for academic success and recovery. Located in the ARC are the following: ELL support services, the Writing Center, Academic Peer Mentors, the Early Alert Project Manager and the Director of Academic Support and Achievement. Through one-on-one appointments, peer support and mentoring, workshops, and academic advising (in addition to faculty advising), the Academic Resource Commons empowers students to develop a comprehensive set of life and academic skills, connects students with all campus bodies, and offers the social, academic and personal support necessary to persist. Contact Stephanie Andell at Stephanie.Andell@briarcliff.edu.

ELL Support Services:
Located in the Academic Resource Commons, ELL support services provide students with additional help in reading comprehension, vocabulary development and grammar, writing skills, listening proficiency, and oral communication. Students closely work one-on-one with an ELL Specialist to help with their specific learning needs.

Office of Academic Achievement:
Recognizing there are a variety of reasons why a student may struggle academically, the director of academic support and achievement helps students overcome obstacles while empowering them to create their own unique, college experience. The director meets with students to 1) connect them with necessary campus resources; 2) provide the support and services necessary to aid in students’ success; and, 3) enable the development of programs that fit students’ ever-changing personal and academic needs as they persist at Briar Cliff University.
The office of academic support and achievement serves students in all ways, and welcomes the opportunity to meet with a student for any reason—whether it be social, academic or personal. Contact Jessica McCormick at Jessica.McCormick@briarcliff.edu.
**Tentative Course Outline/Schedule**

*This syllabus is subject to change if it is determined to be in the best interest of the students’ learning. Additional learning resources may be added to the course website that are not listed in the required or recommended readings columns of this schedule.*

<table>
<thead>
<tr>
<th>Day/Date/Time</th>
<th>Topics/Activities</th>
<th>Session Learning Objectives</th>
<th>Required Readings (prior to class)</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 28, 2017 – October 20, 2017</td>
<td>Third full-time Clinical Education</td>
<td>Individual learning objectives dependent on individual student needs in that particular setting</td>
<td>Class Syllabus</td>
<td>See above</td>
</tr>
</tbody>
</table>

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APPENDIX A. CURRICULUM CONTENT

Taxonomic Levels:

Affective Domain: http://www.assessment.uconn.edu/docs/LearningTaxonomy_Affective.pdf
Psychomotor Domain:

CAPTE Curriculum Content:

CC-1. The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (e.g., anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

CC-2. The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (e.g., applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

CC-3. The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (e.g., content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

CC-4. The physical therapist professional curriculum includes clinical education experiences for each student that encompass:
   a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
   b) Practice in settings representative of those in which physical therapy is commonly practiced;
   c) Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
   d) Opportunities for involvement in interdisciplinary care; and
   e) Other experiences that lead to the achievement of expected student outcomes.

CC-5. The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required
for initial practice of the profession of physical therapy.1(pp43-121),2(pp16-80)
The curriculum is designed to prepare students to meet the practice expectations
listed in CC-5.1 through CC-5.66.

Professional Practice Expectation: Accountability

CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional
regulations related to patient/client care and fiscal management.
CC-5.2 Have a fiduciary responsibility for all patient/clients.
CC-5.3 Practice in a manner consistent with the professional Code of Ethics.
CC-5.4 Change behavior in response to understanding the consequences (positive and
negative) of his or her actions.
CC-5.5 Participate in organizations and efforts that support the role of the physical
therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism

CC-5.6 Place patient’s/client’s needs above the physical therapist’s needs.
CC-5.7 Incorporate pro bono services into practice.

Professional Practice Expectation: Compassion/Caring

CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.
CC-5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity

CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members,
caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty

CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family
members, caregivers, other health care providers, students, other consumers, and
payers.
CC-5.12 Participate in self-assessment to improve the effectiveness of care.
CC-5.13 Participate in peer assessment activities.
CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment
activities.
CC-5.15 Participate in clinical education of students.
CC-5.16 Participate in professional organizations.

Professional Practice Expectation: Communication

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CC-5.17 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Professional Practice Expectation: Cultural Competence

CC-5.18 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: Clinical Reasoning

CC-5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.

CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice

CC-5.21 Consistently use information technology to access sources of information to support clinical decisions.

CC-5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

CC-5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.

CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education

CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening

CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination

CC-5.28 Examine patients/clients by obtaining a history from them and from other sources.

CC-5.29 Examine patients/clients by performing systems reviews.

CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
a) Aerobic Capacity/Endurance
b) Anthropometric Characteristics
c) Arousal, Attention, and Cognition
d) Assistive and Adaptive Devices
e) Circulation (Arterial, Venous, Lymphatic)
f) Cranial and Peripheral Nerve Integrity
g) Environmental, Home, and Work (Job/School/Play) Barriers
h) Ergonomics and Body Mechanics
i) Gait, Locomotion, and Balance
j) Integumentary Integrity
k) Joint Integrity and Mobility
l) Motor Function (Motor Control and Motor Learning)
m) Muscle Performance (including Strength, Power, and Endurance)
n) Neuromotor Development and Sensory Integration
o) Orthotic, Protective, and Supportive Devices
p) Pain
q) Posture
r) Prosthetic Requirements
s) Range of Motion (including Muscle Length)
t) Reflex Integrity
u) Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])
v) Sensory Integrity
w) Ventilation and Respiration/Gas Exchange
x) Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Patient/Client Management Expectation: Evaluation

CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Patient/Client Management Expectation: Diagnosis

CC-5.32 Determine a diagnosis that guides future patient/client management.

Patient/Client Management Expectation: Prognosis

CC-5.33 Determine patient/client prognoses.

Patient/Client Management Expectation: Plan of Care

CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.

CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.
CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

CC-5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC-5.38 Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention

CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a) Therapeutic Exercise
   b) Functional Training in Self-Care and Home Management
   c) Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
   d) Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
   e) Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
   f) Airway Clearance Techniques
   g) Integumentary Repair and Protection Techniques
   h) Electrotherapeutic Modalities
   i) Physical Agents and Mechanical Modalities

CC-5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA’s ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.

CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC-5.43 Practice using principles of risk management.

CC-5.44 Respond effectively to patient/client and environmental emergencies in one’s practice setting.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.

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CC-5.49  Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50  Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

CC-5.51  Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.

CC-5.52  Apply principles of prevention to defined population groups.

Practice Management Expectation: Management of Care Delivery

CC-5.53  Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

CC-5.54  Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.

CC-5.55  Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

CC-5.56  Participate in the case management process.

Practice Management Expectation: Practice Management

CC-5.57  Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.

CC-5.58  Participate in financial management of the practice.

CC-5.59  Establish a business plan on a programmatic level within a practice.

CC-5.60  Participate in activities related to marketing and public relations.

CC-5.61  Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: Consultation

CC-5.62  Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.63  Challenge the status quo of practice to raise it to the most effective level of care.

CC-5.64  Advocate for the health and wellness needs of society.

CC-5.65  Participate and show leadership in community organizations and volunteer service.

CC-5.66  Influence legislative and political processes.
Proposed CAPTE Standards:
http://www.capteonline.org/uploadedFiles/CAPTEorg/About_CAPTE/What_We_Do/Whats_New/CAPTE_MASTERRevisedCriteria.pdf


DPT Goals
In parallel with the Program’s mission, upon completion of all requirements of the Briar Cliff University School of Physical Therapy, the **graduate** will be prepared to:

1. Practice physical therapy autonomously.
2. Be leaders within their communities and profession.
3. Provide health care services in underserved settings.
APPENDIX B. SYLLABUS CONTRACT

Name: ___________________________________________          Date: _______________
(Print)

PLEASE INITIAL THE FOLLOWING:

_____ I understand the assignment expectations as stated in the syllabus.

_____ I understand the policies regarding performance expectations for this class.

_____ I understand the policies regarding attendance and late work/papers for this class.

_____ I understand the attendance policy in place for this class, including my missed tests, assignments, and in-class work.

_____ I understand the expectations regarding before class preparation and in-class participation.

_____ I understand the expectations regarding classroom conduct, including the use of electronic devices and tardiness.

_____ I understand the importance of maintaining a constructive and respectful environment during all class sessions.

_____ I have read the above and understand that failure of any of the above will affect my grade in a negative manner even to the result of failing this course.

_______________________________________________  Student’s Signature

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INSTRUCTORS

Course Director: Heidi M Nelson, PT, DPT
Office: Mayfair 106
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.
Office Phone: 712-279-5478
Cell Phone: 608-293-0000
Work E-mail: Heidi.nelson@briarcliff.edu

Faculty Biosketch: Dr. Nelson was hired by Briar Cliff University as the Director of Clinical Education for the developing Doctor of Physical Therapy Program in 2014. Dr. Nelson came to Briar Cliff after working in clinical physical therapy in the fields of pediatrics, geriatrics, and clinic management. During her pediatric physical therapy residency at the Munroe-Meyer Institute, she also was a teaching assistant and lab assistant for the Pediatrics course in the Doctor of Physical Therapy Program. She has recently become an American Physical Therapy Association (APTA) Advanced Credentialed Clinical Instructor in July 2014.
COURSE INFORMATION

Course Description: This course is a clinical practical learning experience that occurs in a community setting during the fall semester of the third year of the program. The student attends the clinic each day for a full work day as dictated by his/her clinical instructor. While in this setting, the student practices physical therapy professional management including patient/client management. The clinical instructor provides opportunities for students to promote their physical therapy standards of practice in a professional and ethical practice. The length of this clinical education experience is 8 weeks.

Credit Hours: 8 credits

Clock Hours: 320 hours

Required DPT Course: Yes

Prerequisites: Admission to DPT Program or instructor consent. For DPT students, successful completion of all prerequisite coursework of the DPT Curriculum, including all foundational sciences and basic patient/client management courses with passage of comprehensive practical.

Location: To be determined individually for each student.

Meeting Time(s): October 30, 2017 – December 22, 2017

Teaching and Learning Methods: The student will participate in a community based clinic setting under the guidance and supervision of a licensed skilled physical therapist with a minimum of one year of clinical experience. The student will work under the supervision of the skilled physical therapist each day for a full work day as dictated by the clinical instructor’s schedule. The clinical instructor reinforces the didactic knowledge and promotes effective communication and professional skills through clinical education application.
The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student will have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved and underpopulated areas. Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient centered care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams. As a component of each student’s full time clinical education experience, the student should practice with the Franciscan values to reflect their education at Briar Cliff University.

Within a Catholic Franciscan University, with a tradition of service, caring and openness to all, broad intellectual background with career development, and encouragement of growth in self-awareness and in one’s relationship to others and to God, the mission of Briar Cliff University’s Doctor of Physical Therapy Program is to pursue academic excellence in preparing the next generation of physical therapists to practice autonomously, be leaders within their profession and communities, and respond to patient and societal needs of the region, including the underserved. By challenging students to provide contemporary, skilled, reflective, ethical, legal, compassionate, culturally competent, interprofessional, evidence-based, and patient-centered care, graduates will be prepared to restore, maintain, and promote optimal movement, activity participation, and wellness of clients, while being effective leaders and health care providers within their communities and the ever-changing health care environment.

BCU students are living our Franciscan values by building a caring community, creating peace, reverencing creation and connecting in joyful service.
### Student Learning Outcomes

Upon completion of this course, the student will have met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Taxonomic Type and Level</th>
<th>CAPTE Evaluative Criteria</th>
<th>CAPTE Proposed Standard(s)</th>
<th>Program Goal(s)</th>
<th>Learning Activities</th>
<th>Method of Assessing Students’ Learning</th>
<th>Minimal Expectation</th>
<th>Specific Outcome Measurement</th>
<th>Taxonomy Level of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Providing physical therapy services in a safe manner that minimizes risk to patients, others and self as measured by Clinical Performance Instrument (CPI) performance criteria #1 (Safety).</td>
<td>Psychomotor Origination</td>
<td>CC-5.35 CC-5.44</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #1 (Safety)</td>
<td></td>
<td>Psychomotor</td>
</tr>
<tr>
<td>2. Demonstrating professional behavior in all situations as measured by CPI performance criteria #2 (Professional Behavior).</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.8 CC-5.10 CC-5.11 CC-5.15 CC-5.16</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #2 (Professional Behavior)</td>
<td></td>
<td>Psychomotor</td>
</tr>
<tr>
<td>3. Providing physical therapy services in a manner consistent with established legal and and</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.1 CC-5.2 CC-5.3 CC-5.4 CC-5.5 CC-5.6</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #3 (Accountability)</td>
<td></td>
<td>Psychomotor</td>
</tr>
</tbody>
</table>
| Professional standards and ethical guidelines as measured by CPI performance criteria #3 (Accountability). | Psychomotor Adaptation | CC-5.7  
CC-5.63  
CC-5.64  
CC-5.65  
CC-5.66 | 1, 3 | Clinical Education | Clinical Performance Instrument (CPI) | Entry-Level Performance | Performance Criteria #4 (Communication) | Psychomotor |
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<tr>
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<tr>
<td>4. Communicating in ways that are congruent with situational needs as measured by CPI performance criteria #4 (Communication).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.17</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #4 (Communication)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>5. Adapting delivery of physical therapy services in consideration for patients’ differences, values, preferences, and needs as measured by CPI performance criteria #5. (Cultural Competence).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.18</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #5 (Cultural Competence)</td>
<td>Psychomotor</td>
</tr>
</tbody>
</table>
| 6. Participating in self-assessment to improve clinical and professional performance as measured by CPI performance criteria #6 | Psychomotor Adaptation | CC-5.4  
CC-5.5  
CC-5.12  
CC-5.13  
CC-5.14  
CC-5.15  
CC-5.24  
CC-5.25 | 1, 3 | Clinical Education | Clinical Performance Instrument (CPI) | Entry-Level Performance | Performance Criteria #6 (Professional Development) | Psychomotor |
<table>
<thead>
<tr>
<th>7. Applying current knowledge, theory, clinical judgment, and the patient’s values in patient management as measured by CPI performance criteria #7 (Clinical Reasoning).</th>
<th>Cognitive Application</th>
<th>CC-5.19 CC-5.20 CC-5.21 CC-5.22 CC-5.23</th>
<th>1, 2, 3</th>
<th>Clinical Education</th>
<th>Clinical Performance Instrument (CPI)</th>
<th>Entry-Level Performance</th>
<th>Performance Criteria #7 (Clinical Reasoning)</th>
<th>Psychomotor</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Determining with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional as measured by CPI performance criteria #8 (Screening).</td>
<td>Psychomotor Origination</td>
<td>CC-5.27 CC-5.53 CC-5.54 CC-5.55 CC-5.62</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #8 (Screening)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>10. Evaluating data from the patient examination (history, systems review, and tests and measures) to ensure clinical judgments as measured by CPI performance criteria #10 (Evaluation).</td>
<td>Cognitive Evaluation</td>
<td>CC-5.31</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #10 (Evaluation)</td>
<td>Psychomotor</td>
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</tr>
<tr>
<td>11. Determining a diagnosis and prognosis that guides future patient management as measured by CPI performance criteria #11 (Diagnosis &amp; Prognosis).</td>
<td>Psychomotor Origination</td>
<td>CC-5.32 CC-5.33</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #11 (Diagnosis &amp; Prognosis)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>12. Establishing a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based as measured by CPI performance criteria #12 (Plan of Care).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.9 CC-5.34 CC-5.35 CC-5.36 CC-5.37 CC-5.38 CC-5.55 CC-5.56</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #12 (Plan of Care)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>13. Performing physical therapy interventions in a competent manner</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.39 CC-5.50 CC-5.52</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #13 (Procedural Interventions)</td>
<td>Psychomotor</td>
</tr>
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<tr>
<td>14. Educating others (patients, caregivers, staff, students, and other health care providers, business, and industry representatives, school systems) using relevant and effective teaching methods as measured by CPI performance criteria #14 (Educational Interventions).</td>
<td>Psychomotor Origination</td>
<td>CC-5.26 CC-5.41 CC-5.51 CC-5.52 CC-5.62</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #14 (Educational Interventions)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>15. Producing quality documentation in a timely manner to support the delivery of physical therapy services as measured by CPI performance criteria #15 (Documentation).</td>
<td>Psychomotor Origination</td>
<td>CC-5.42</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #15 (Documentation)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>16. Collecting and analyzing data from selected</td>
<td>Cognitive Analysis</td>
<td>CC-5.45 CC-5.46 CC-5.47</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #16</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>Outcome Measurements in a manner that supports accurate analysis of individual patient and group outcomes as measured by CPI performance criteria #16 (Outcomes Assessment).</td>
<td>Psychomotor Origination</td>
<td>CC:5.48 CC:5.49</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #17 (Financial Resources)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>17. Participating in the financial management (budgeting, billing &amp; reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines as measured by CPI performance criteria #17 (Financial Resources).</td>
<td>Psychomotor Mechanism</td>
<td>CC:5.40 CC:5.57</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #18 (Direction and Supervision of Personnel)</td>
<td>Psychomotor</td>
</tr>
</tbody>
</table>
approved 11/2014

according to legal standards and ethical guidelines as measured by CPI performance criteria #18 (Direction and Supervision of Personnel).

*For definitions, please see Appendix A
COURSE MATERIALS

Required Textbooks, Readings, and Resources:

Supplemental/ Recommended Readings and Resources:
Texts utilized in didactic coursework from related areas of physical therapy practice.

Required Equipment:
Student equipment kit required for purchase as a textbook in the first year of the program.
The student is referred to the student handbooks of Briar Cliff University, the School of Graduate Studies, the Department of Physical Therapy Student Handbook, and the Clinical Education Handbook for all academic performance and professional behavior expectations and policies.

The DPT curriculum and the associated courses are academically rigorous. Success in this course will require a significant investment of time. On average, students should assume the need to invest at least two hours of time outside of scheduled course time for preparation, studying, and completing assignments for each hour of time that the student is physically participating in the course (e.g., a one credit course = 15 contact hours = a minimum of 30 outside of class hours). Based on individual past experiences, study habits, etc., some courses may require more time be devoted to the course, some may require less.

Attendance is an important aspect of professional education and therefore expected for each clinical education day. Students are expected to attend clinic each day per their clinical instructor’s (CI) schedule and to arrive on time as active presence is critical to the professional development of the student and peers. Students who miss clinical are responsible for contacting the DCE and arranging the missed time with their CI.

Excused absences from class must be requested prior to the start of the day and must be validated by the CI and DCE. Examples of excused absences include illness, a death in the family, etc. If there are special circumstances please inform the instructor on or before the first day of class, or as soon as possible. Students experiencing health or personal problems that prevent full participation in the course should attempt to contact the CI and the DCE prior to class. The CI and DCE reserve the right to determine the legitimacy of all excuses and may request written documentation verifying the absence. It is at the discretion of the CI to require additional assignments to be completed in lieu of absences. If a CI is concerned about a student’s attendance in a course, including multiple excused absences, he/she may submit a professional behavior citation to the Progress and Conduct Committee.

Students are discouraged from planning vacations and/or appointments that will result in missed clinical time; an elective physician’s appointment may not be considered an excused absence. Tardiness of over 15 minutes will be deemed as an unexcused absence, unless the student has prior approval from his/her CI. There will be minimal opportunities to make up for missed time in clinic. More than one unexcused absence and/or failure to complete any additional assignments required by the instructor may result in a 10% reduction in a student’s final grade and/or a professional behavior citation to the Progress and Conduct Committee.

In addition to attendance, success in this course is dependent on the participation of each individual enrolled in the course. As part of adult-centered learning, each student is expected to be prepared to participate in clinical education prior to the start of each clinical day. Students who do not bring the necessary materials and/or do not wear appropriate clothing for class will

Approved 11/2014
be dismissed from clinic to retrieve materials and/or change into appropriate attire. Each student is also expected to contribute to the clinical setting on a daily basis. Failure to do so will make it difficult for a student to gain a good understanding of how the clinic operates and the treatment of patient’s, thus potentially negatively effecting learning and the student’s overall progress/grade in the course. If a CI feels a student is not properly participating and/or preparing for clinical, the CI is encouraged to speak individually with the student and/or DCE. The DCE may submit a professional behavior citation to the Progress and Conduct Committee.

Recognizing that true professionalism is the integration of knowledge and skill with altruistic attitudes, values and behaviors, the DPT Program expects its students to develop the dispositions of competent and compassionate health care professionals, and requires that they behave in a manner that brings honor on their profession at all times. In keeping with this philosophy, faculty will act consistently and officially to guide students towards acceptable behaviors, and to take corrective action in the event of repeated or serious infractions of expected professional conduct. Upon the witnessing of behavior that is in conflict with that articulated in Departmental and profession-based documents outlining expected behaviors (e.g., professional Code of Ethics, HIPAA, Student Handbook, etc.), but which falls short of academic or non-academic misconduct, a CI shall contact the DCE who will submit a professional behavior citation to the DPT Progress and Conduct Committee. This includes appropriate use of electronic technology in the clinic. Laptops, tablets, and cell phones may be used for learning activities, such as online research, reviewing PowerPoint slides, and taking notes during lecture or in class activities, although students should follow the clinic’s policies on technology use in the clinic. Students using electronic technology to view social media outlets, check email, work on other course assignments or study for an upcoming exam will receive a professional behavior citation to the DPT Progress and Conduct Committee. Actions that are more severe (e.g., academic misconduct, sexual violence, violation of laws), will be referred to process defined in the School of Graduate Studies and University Student Handbooks.

Part of becoming a professional is the ability to peer-assess. In an effort to comply with University standards, as well as accreditation and ongoing programmatic quality assurance, completion of all DPT course evaluations and graduate curriculum assessments is required in order for the student to be assigned a course grade and/or graduate.
Keeping consistent with University standards, the grading scale below will be utilized for this course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9%</td>
</tr>
<tr>
<td>B+</td>
<td>88-89.9%</td>
</tr>
<tr>
<td>B</td>
<td>83-87.9%</td>
</tr>
<tr>
<td>B-</td>
<td>80-82.9%</td>
</tr>
<tr>
<td>C+</td>
<td>78-79.9%</td>
</tr>
<tr>
<td>C</td>
<td>73-77.9%</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9%</td>
</tr>
<tr>
<td>D+</td>
<td>68-69.9%</td>
</tr>
<tr>
<td>D</td>
<td>60-67.9%</td>
</tr>
<tr>
<td>F</td>
<td>≤59.9%</td>
</tr>
</tbody>
</table>

Please note that when grades are calculated, instructors will not round the percent up or down. For example, an 89.9 is a B+. For the purposes of pass/fail courses, a student must achieve a score of 80% or better in the course, as well as successfully complete all required course components to the satisfaction of the course instructor.

Unless otherwise noted by the course instructor or specified below, all assignments are to be typed, completed individually, and submitted to drop boxes on the course website by 11:59 PM CST. Assignments should be titled as follows: Lastname_Firstname_Courseprefix and number_Brief assignment description (e.g., Cross_Patrick_DPT600_codeofethicsassignment). Students should complete assignments early to avoid lateness due to computer problems and other issues that arise when completing assignments at the last minute. Scores will be reduced 10% per day for late assignments or projects.

Students are expected to adhere to Briar Cliff University’s policies on academic integrity. Violations, as outlined in University policies, will be reported.

- Academic dishonesty is defined as, but not limited to the following: copying a classmate’s work, using crib notes during a test, stealing or conveying examination questions, informing classmates of information on practical examination, maintaining library materials so that classmates cannot utilize the materials, falsely representing clinical cases, turning in written assignments that are not authentic, or fabrication of any sort. No credit can be given for a dishonest assignment. At the discretion of the instructor, a student caught engaging in any form of academic dishonesty may, at a minimum, receive a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.

- Plagiarism is defined as using the words and/or ideas of another and representing them to be one’s own, without proper credit to the author or source. The act of writing is an integral part of the learning process. If a student tries to pass off the work of another writer as their own, whether intentional or unintentional, plagiarism will result, at a minimum, in a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.
All students will have one week after the distribution of an assignment to dispute a response or grade. The dispute must be typed and include the following: item number or what is being challenged, why the response should be considered correct, and an accurate reference(s). If an error was made in the grading (e.g., instructor marked an answer wrong and it was correct per the answer key or instructor did not add up points correctly), a dispute is not necessary. However, it must be brought to the instructor’s attention within one week of the distribution of the assignment.

In parallel to policies established by the School of Graduate Studies and the DPT Program, an assignment of a failing or “incomplete” grade may affect a DPT student’s progression in the program. Please see course expectations regarding how unexcused absences and/or failure to complete course evaluation may effect a grade. In addition, there will not be any extra credit opportunities unless otherwise noted by the instructor.
Assignments:
1. Prior to the Clinical Education experience, students must complete or provide:
   a. Evidence of Student Clinical Education Preparation form
      • Affiliation Agreement section: Students are required to read the University-Site Affiliation Agreement and sign the above form stating the Agreement has been read.
      • Preparatory Checkoff section: Students are required to read the CSIF for placement site. Student will “check” each item that must be completed and includes dates these items have been completed. Student submits this form, signed, to the DCE by the due date.
   b. Proof of current immunization
      • Students are required to provide proof of current immunization based upon Briar Cliff University Physical Therapy Program and/or facility requirements, whichever is greater. It is the student’s responsibility to see that this information is received by the established due date in order to receive full percentage credit for this requirement. Failure to submit this information may result in a delay in Clinical Education start date, which may ultimately affect completion of the program.
   c. Biographical Information Sheet via Acadaware with measurable goals
      • The student submits at three-five measurable site-specific goals with the completed biographical information sheet by the due date.

2. During and after the Clinical Education experience the student must complete or provide:
   a. Weekly journals
      • The student is responsible for maintaining a weekly clinical education journal that is e-mailed to the DCE at the end of each week during the clinical education experience. All weekly journals must be e-mailed to the course directors by the below due date. Students begin their clinical experience with 100 points. It is acceptable if 1 weekly journal submission is no more than 3 working days late. Any subsequent late submission will result in a 5 point reduction in the overall grade for this requirement.
   b. Assessment tools
      • The student is responsible for completing the following forms for the midterm and final assessments.
         o Self-assessment utilizing the online Clinical Performance Instrument.
         o Assessment utilizing the Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form.
• The student is responsible for the timely submission of all assessment tools used during the clinical education experience, including those completed by the CI.

  o Midterm: Both student and CI must “sign off” on the online midterm assessment in order for the DCE to access the assessment online. Student and CI must both “sign off” on both assessments no later than the end of the fourth week of the clinical education experience. Students will begin their clinical experience with 100 points for this requirement. Failure to complete the midterm requirements by the due date will result in a 5 point deduction per day, beginning with Monday of the sixth week.
  o Final: The final CPI must be “signed off” electronically by both CI and student in order for the DCE to access the assessment. Student and CI must both “sign off” on both assessments before the student leaves the clinical experience. The following additional forms must be received in the Physical Therapy department within three working days (in order to prepare grades for graduation).

Other: The course director will determine the final grade for this course. Seventy percent of the total grade is based upon the CPI (completed by the CI). The remaining thirty percent is distributed among various assignments and student responsibilities detailed above.

In order to successfully complete this course, the following criteria must be met:
  1. No red-flag items checked at the final evaluation.
  2. No significant concerns boxes checked at the final evaluation.
  3. Progress on the rating scales on each of the performance criteria from the midterm evaluation to the final evaluation.
  4. Ratings which fall at a minimum of Entry-Level Performance.

Failure to successfully complete this course will result in a formal review by the Briar Cliff University Department of Physical Therapy Academic Faculty. Academic Standards and Performance Expectations can be found in the BCUPT Student Handbook. A student will automatically receive the grade of “F” (failure) if any of the following conditions are met:

  1. A red flag at the time of the final evaluation in any of the performance criteria (red flag items are considered foundation elements in clinical practice):
     • Safety: Practices in a safe manner that minimizes the risk to patients, self, and others;
     • Professional Behavior: Demonstrates professional behavior in all situations;
     • Accountability: Practices in a manner consistent with established legal and professional standards and ethical guidelines;
     • Communication: Communicates in ways that are congruent with situational needs;
• Clinical Reasoning: Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

2. Three “significant concerns” boxes checked on the remaining 15 performance criteria (criteria that are not red flags) at the time of the final evaluation.

<table>
<thead>
<tr>
<th>Evaluative Item</th>
<th>Due Date</th>
<th>Overall Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of Student Clinical Education Form: Affiliation Agreement Section</td>
<td>October 14, 2017</td>
<td>2.5%</td>
</tr>
<tr>
<td>Evidence of Student Clinical Education Form: Preparatory Check Off Section</td>
<td>October 14, 2017</td>
<td>2.5%</td>
</tr>
<tr>
<td>Proof of current immunization</td>
<td>October 14, 2017</td>
<td>5.0%</td>
</tr>
<tr>
<td>Biographical information sheet with measurable goals</td>
<td>September 15, 2017</td>
<td>5.0%</td>
</tr>
<tr>
<td>Weekly Journals</td>
<td>Monday of each week</td>
<td>5.0%</td>
</tr>
<tr>
<td>Mid-term Completion verifications</td>
<td>November 24, 2017</td>
<td>5.0%</td>
</tr>
<tr>
<td>Final Submissions</td>
<td>December 22, 2017</td>
<td>5.0%</td>
</tr>
<tr>
<td>Electronically finalized CPI with sign offs completed</td>
<td>December 22, 2017</td>
<td>70%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

Pass

- 80-100
- No red-flag items checked at the final evaluation
- No significant concerns boxes checked at the final evaluation
- Progress on the rating scales on each of the performance criteria

Fail

- <79.99 and/or
- A red-flag item checked at the time of the final evaluation
- If three significant concern boxes are checked at the final evaluation
- No progress on rating scales of the performance criteria

Upon completion of this course, the student will be able to demonstrate, incorporate, and integrate the above objectives into the clinical learning experience. Confirmation will be demonstrated through written feedback via the Clinical Performance Instrument, Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form, written journal entries, and verbal feedback between the CI, student, and faculty advisor.

Tests & Measurement Skills/Intervention Skills:
The following list of skills that further expounds upon the tests & measurements as well as interventions found in Course Objectives. Upon completion of this course, the student will be able to incorporate the didactic knowledge of the following skills in a fashion consistent with the setting of their clinical education experience and in a fashion consistent with their level in the curriculum.
Tests & Measures relevant to the history, chief complaint, and screening (listed alphabetically; see Guide to Physical Therapy Practice for additional details)

- Aerobic Capacity & Endurance
- Anthropometric Characteristics
- Arousal, Attention, Cognition
- Assistive & Adaptive Devices
- Circulation
- Cranial & Peripheral Nerve Integrity
- Environmental, Home, and Work (Job/School/Play) Barriers
- Ergonomics & Body Mechanics
- Gait, Locomotion, & Balance
- Integumentary Integrity
- Joint Integrity & Mobility
- Motor Function (Motor Control & Motor Learning)
- Muscle Performance (including Strength, Power, and Endurance)
- Neuromotor Development & Sensory Integration
- Orthotic, Protective, and Supportive Devices
- Pain
- Posture
- Prosthetic Requirements
- Range of Motion (including Muscle Length)
- Reflex Integrity
- Self-Care and Home Management (including ADL and IADL)
- Sensory Integrity
- Ventilation & Respiration/Gas Exchange
- Work (Job/School/Play), Community, and Leisure Integration or Reintegration

Interventions (listed alphabetically; see Guide to Physical Therapy Practice for additional details)

- Airway Clearance Techniques
- Coordination, Communication, and Documentation
- Electrotherapeutic Modalities
- Functional Training in Self-Care, Home Management, Work, Community, & Leisure
- Integumentary Repair and Protection Techniques
- Manual Therapy Techniques (including Mobilization/Manipulation)
- Patient/Client Related Instruction
- Physical Agents & Mechanical Modalities
- Prescription/Application of Devices and Equipment (Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic)
- Therapeutic Exercise
**ADDITIONAL COURSE POLICIES**

**Communication:**
Physical Therapy Faculty Members are committed to being as accessible as possible to students, but cannot be available at every moment a student needs. Email will be the best way to try to get in touch with the DCE. Please do not try to send text messages to the phone number listed on page one, unless it is very important (i.e. death of family member in the middle of the night for which the student needs to leave immediately). When a student e-mails the DCE in regards to this course, the person should include the course prefix and number or the clinical education experience number in the subject line. Faculty will make every effort possible to respond to all email messages within 24 hours, and much faster whenever possible. At the same time, students should also be checking e-mail regularly and open and read any e-mails received from an DCE.

If there is something urgent that a student needs addressed during regular business hours, the student can try calling the DCE or calling the Program Assistant, while the student is out on clinic. Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet. Any message that a student leaves on an instructor’s work voicemail will be forwarded via BCU e-mail.

**Freedom in Learning:**
Students are responsible for learning the content of any course of study in which they are enrolled. Student academic performance shall be evaluated solely on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards, but is related instead to judgment of their personal opinion or conduct should contact the Dean of Academic Affairs.

**Policy on Fair Evaluation:**
Each student is entitled to earn and receive a fair grade in each course for which he or she enrolls. It is the right and the responsibility of an instructor to establish criteria for evaluation for each course which he or she teaches and to determine the degree to which an individual student has fulfilled the standards set for the course. Students should be apprised that extraneous factors, such as the eligibility of a student for an organization’s membership, for scholarship and fellowship awards, for admission to graduate schools, or for participation on an athletic team, for example, have no bearing on the determination of the fairness of a grade or grades received. The quality of the student’s overall performance with respect to evaluation standards will be the only criterion for judgment.

**Grievance Procedure:**
Please consult the student handbook or catalog for specific guidance on BCU’s grievance procedures.

**ADA Policy:**
Students having legitimately evaluated physical conditions or learning difficulties are eligible for reasonable modifications of classroom and teaching conditions. Disability evaluations
should be registered through the Student Support Services Office. If a students has a registered disability, please see the Course Director about arranging for accommodations as soon as possible.

**University Assessments/Surveys:**
The assessment of student learning is an integral part of the educational experience at Briar Cliff University. To this end, the faculty continually assess student learning to improve our teaching and to monitor student success. Occasionally a student will be requested to participate in both college-wide and discipline-specific assessment activities. Please take these assessments and surveys seriously. The data that is collected will provide valuable information to faculty and will be used to improve student learning at Briar Cliff University.
**Student Support Services:**
The Student Support Services office provides accommodations for students with disabilities. To obtain this service, students must make an appointment with the director to submit documentation, talk about the disability, and discuss the accommodations needed. Ideally, this should be done as soon as the student knows he/she will be attending Briar Cliff University because some accommodations require more lead time to provide. See the student disability handbook for more detailed information. Contact Brenda Parkhill by phone at 712-279-5531, or by e-mail at brenda.parkhill@briarcliff.edu.

**Writing Center:**
The Writing Center, located in the Bishop Mueller Library, is available to all Briar Cliff students for strengthening academic writing development. The Center provides one-on-one peer mentoring, workshops and computer-based tutorials. The Writing Center’s number is 712-279-5520 or a student can email the Writing Center mentors at writing.center@briarcliff.edu. The Center’s web address is bcuwritingcenter.wordpress.com.

**Academic Resource Commons:**
The Academic Resource Commons provides students with the resources and services necessary for academic success and recovery. Located in the ARC are the following: ELL support services, the Writing Center, Academic Peer Mentors, the Early Alert Project Manager and the Director of Academic Support and Achievement. Through one-on-one appointments, peer support and mentoring, workshops, and academic advising (in addition to faculty advising), the Academic Resource Commons empowers students to develop a comprehensive set of life and academic skills, connects students with all campus bodies, and offers the social, academic and personal support necessary to persist. Contact Stephanie Andell at Stephanie.Andell@briarcliff.edu.

**ELL Support Services:**
Located in the Academic Resource Commons, ELL support services provide students with additional help in reading comprehension, vocabulary development and grammar, writing skills, listening proficiency, and oral communication. Students closely work one-on-one with an ELL Specialist to help with their specific learning needs.

**Office of Academic Achievement:**
Recognizing there are a variety of reasons why a student may struggle academically, the director of academic support and achievement helps students overcome obstacles while empowering them to create their own unique, college experience. The director meets with students to 1) connect them with necessary campus resources; 2) provide the support and services necessary to aid in students’ success; and, 3) enable the development of programs that fit students’ ever-changing personal and academic needs as they persist at Briar Cliff University.
The office of academic support and achievement serves students in all ways, and welcomes the opportunity to meet with a student for any reason—whether it be social, academic or personal. Contact Jessica McCormick at Jessica.McCormick@briarcliff.edu.
**Tentative Course Outline/Schedule**

*This syllabus is subject to change if it is determined to be in the best interest of the students’ learning. Additional learning resources may be added to the course website that are not listed in the required or recommended readings columns of this schedule.*

<table>
<thead>
<tr>
<th>Day/Date/Time</th>
<th>Topics/Activities</th>
<th>Session Learning Objectives</th>
<th>Required Readings (prior to class)</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 30, 2017 – December 22, 2017</td>
<td>Fourth full-time Clinical Education</td>
<td>Individual learning objectives dependent on individual student needs in that particular setting</td>
<td>Class Syllabus</td>
<td>See above</td>
</tr>
</tbody>
</table>
APPENDIX A. CURRICULUM CONTENT

Taxonomic Levels:
Affective Domain: http://www.assessment.uconn.edu/docs/LearningTaxonomy_Affective.pdf

CAPTE Curriculum Content:

CC-1. The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (e.g., anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

CC-2. The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (e.g., applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

CC-3. The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (e.g., content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

CC-4. The physical therapist professional curriculum includes clinical education experiences for each student that encompass:
a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
b) Practice in settings representative of those in which physical therapy is commonly practiced;
c) Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
d) Opportunities for involvement in interdisciplinary care; and
e) Other experiences that lead to the achievement of expected student outcomes.

CC-5. The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required
for initial practice of the profession of physical therapy.1(pp43-121),2(pp16-80)

The curriculum is designed to prepare students to meet the practice expectations listed in CC-5.1 through CC-5.66.

Professional Practice Expectation: Accountability

CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.

CC-5.2 Have a fiduciary responsibility for all patient/clients.

CC-5.3 Practice in a manner consistent with the professional Code of Ethics.

CC-5.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.

CC-5.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism

CC-5.6 Place patient’s/client’s needs above the physical therapist’s needs.

CC-5.7 Incorporate pro bono services into practice.

Professional Practice Expectation: Compassion/Caring

CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.

CC-5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity

CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty

CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

CC-5.12 Participate in self-assessment to improve the effectiveness of care.

CC-5.13 Participate in peer assessment activities.

CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment activities.

CC-5.15 Participate in clinical education of students.

CC-5.16 Participate in professional organizations.

Professional Practice Expectation: Communication

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CC-5.17  Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Professional Practice Expectation: Cultural Competence

CC-5.18  Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: Clinical Reasoning

CC-5.19  Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.

CC-5.20  Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice

CC-5.21  Consistently use information technology to access sources of information to support clinical decisions.

CC-5.22  Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

CC-5.23  Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

CC-5.24  Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.

CC-5.25  Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education

CC-5.26  Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening

CC-5.27  Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination

CC-5.28  Examine patients/clients by obtaining a history from them and from other sources.

CC-5.29  Examine patients/clients by performing systems reviews.

CC-5.30  Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
a) Aerobic Capacity/Endurance
b) Anthropometric Characteristics
c) Arousal, Attention, and Cognition
d) Assistive and Adaptive Devices
e) Circulation (Arterial, Venous, Lymphatic)
f) Cranial and Peripheral Nerve Integrity
g) Environmental, Home, and Work (Job/School/Play) Barriers
h) Ergonomics and Body Mechanics
i) Gait, Locomotion, and Balance
j) Integumentary Integrity
k) Joint Integrity and Mobility
l) Motor Function (Motor Control and Motor Learning)
m) Muscle Performance (including Strength, Power, and Endurance)
n) Neuromotor Development and Sensory Integration
o) Orthotic, Protective, and Supportive Devices
p) Pain
q) Posture
r) Prosthetic Requirements
s) Range of Motion (including Muscle Length)
t) Reflex Integrity
u) Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])
v) Sensory Integrity
w) Ventilation and Respiration/Gas Exchange
x) Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Patient/Client Management Expectation: Evaluation

CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Patient/Client Management Expectation: Diagnosis

CC-5.32 Determine a diagnosis that guides future patient/client management.

Patient/Client Management Expectation: Prognosis

CC-5.33 Determine patient/client prognoses.

Patient/Client Management Expectation: Plan of Care

CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.

CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.
CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

CC-5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC-5.38 Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention

CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a) Therapeutic Exercise
   b) Functional Training in Self-Care and Home Management
   c) Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
   d) Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
   e) Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
   f) Airway Clearance Techniques
   g) Integumentary Repair and Protection Techniques
   h) Electrotherapeutic Modalities
   i) Physical Agents and Mechanical Modalities

CC-5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA’s ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.

CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC-5.43 Practice using principles of risk management.

CC-5.44 Respond effectively to patient/client and environmental emergencies in one’s practice setting.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.
CC-5.49 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

CC-5.51 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.

CC-5.52 Apply principles of prevention to defined population groups.

Practice Management Expectation: Management of Care Delivery

CC-5.53 Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

CC-5.54 Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.

CC-5.55 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

CC-5.56 Participate in the case management process.

Practice Management Expectation: Practice Management

CC-5.57 Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.

CC-5.58 Participate in financial management of the practice.

CC-5.59 Establish a business plan on a programmatic level within a practice.

CC-5.60 Participate in activities related to marketing and public relations.

CC-5.61 Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: Consultation

CC-5.62 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.63 Challenge the status quo of practice to raise it to the most effective level of care.

CC-5.64 Advocate for the health and wellness needs of society.

CC-5.65 Participate and show leadership in community organizations and volunteer service.

CC-5.66 Influence legislative and political processes.
Proposed CAPTE Standards:
http://www.capteonline.org/uploadedFiles/CAPTEorg/About_CAPTE/What_We_Do/Whats_New/CAPTE_MASTERRevisedCriteria.pdf


DPT Goals
In parallel with the Program’s mission, upon completion of all requirements of the Briar Cliff University School of Physical Therapy, the graduate will be prepared to:
1. Practice physical therapy autonomously.
2. Be leaders within their communities and profession.
3. Provide health care services in underserved settings.
Appendix B. Syllabus Contract

Name: ___________________________________________   Date: ______________

(Print)

PLEASE INITIAL THE FOLLOWING:

_____ I understand the assignment expectations as stated in the syllabus.

_____ I understand the policies regarding performance expectations for this class.

_____ I understand the policies regarding attendance and late work/papers for this class.

_____ I understand the attendance policy in place for this class, including my missed tests, assignments, and in-class work.

_____ I understand the expectations regarding before class preparation and in-class participation.

_____ I understand the expectations regarding classroom conduct, including the use of electronic devices and tardiness.

_____ I understand the importance of maintaining a constructive and respectful environment during all class sessions.

_____ I have read the above and understand that failure of any of the above will affect my grade in a negative manner even to the result of failing this course.

________________________________________________________________________

Student’s Signature

Approved 11/2014
INSTRUCTORS

**Course Director:** Heidi M Nelson, PT, DPT  
*Office:* Mayfair 106  
*Office Hours:* Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.  
*Office Phone:* 712-279-5478  
*Cell Phone:* 608-293-0000  
*Work E-mail:* Heidi.nelson@briarcliff.edu  

**Faculty Biosketch:** Dr. Nelson was hired by Briar Cliff University as the Director of Clinical Education for the developing Doctor of Physical Therapy Program in 2014. Dr. Nelson came to Briar Cliff after working in clinical physical therapy in the fields of pediatrics, geriatrics, and clinic management. During her pediatric physical therapy residency at the Munroe-Meyer Institute, she also was a teaching assistant and lab assistant for the Pediatrics course in the Doctor of Physical Therapy Program. She has recently become an American Physical Therapy Association (APTA) Advanced Credentialed Clinical Instructor in July 2014.
Course Description: This course is a clinical practical learning experience that occurs in a community setting during the spring semester of the third year of the program. The student attends the clinic each day for a full work day as dictated by his/her clinical instructor. While in this setting, the student practices physical therapy professional management including patient/client management. The clinical instructor provides opportunities for students to promote their physical therapy standards of practice in a professional and ethical practice. The length of this clinical education experience is 8 weeks.

Credit Hours: 8 credits

Clock Hours: 320 hours

Required DPT Course: Yes

Prerequisites: Admission to DPT Program or instructor consent. For DPT students, successful completion of all prerequisite coursework of the DPT Curriculum, including all foundational sciences and basic patient/client management courses with passage of comprehensive practical.

Location: To be determined individually for each student.

Meeting Time(s): January 8, 2018 – March 2, 2018

Teaching and Learning Methods: The student will participate in a community based clinic setting under the guidance and supervision of a licensed skilled physical therapist with a minimum of one year of clinical experience. The student will work under the supervision of the skilled physical therapist each day for a full work day as dictated by the clinical instructor’s schedule. The clinical instructor reinforces the didactic knowledge and promotes effective communication and professional skills through clinical education application.
The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student will have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved and underpopulated areas. Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient center care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams. As a component of each student’s full time clinical education experience, the student should practice with the Franciscan values to reflect their education at Briar Cliff University.

Within a Catholic Franciscan University, with a tradition of service, caring and openness to all, broad intellectual background with career development, and encouragement of growth in self-awareness and in one’s relationship to others and to God, the mission of Briar Cliff University’s Doctor of Physical Therapy Program is to pursue academic excellence in preparing the next generation of physical therapists to practice autonomously, be leaders within their profession and communities, and respond to patient and societal needs of the region, including the underserved. By challenging students to provide contemporary, skilled, reflective, ethical, legal, compassionate, culturally competent, interprofessional, evidence-based, and patient-centered care, graduates will be prepared to restore, maintain, and promote optimal movement, activity participation, and wellness of clients, while being effective leaders and health care providers within their communities and the ever-changing health care environment.

BCU students are living our Franciscan values by building a caring community, creating peace, reverencing creation and connecting in joyful service.

Approved 11/2014
Upon completion of this course, the student will have met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Taxonomic Type and Level</th>
<th>CAPTE Evaluative Criteria</th>
<th>CAPTE Proposed Standard(s)</th>
<th>Program Goal(s)</th>
<th>Learning Activities</th>
<th>Method of Assessing Students’ Learning</th>
<th>Minimal Expectation</th>
<th>Specific Outcome Measurement</th>
<th>Taxonomy Level of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Providing physical therapy services in a safe manner that minimizes risk to patients, others and self as measured by Clinical Performance Instrument (CPI) performance criteria #1 (Safety).</td>
<td>Psychomotor Origination</td>
<td>CC-5.35 CC-5.44</td>
<td></td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #1 (Safety)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>2. Demonstrating professional behavior in all situations as measured by CPI performance criteria #2 (Professional Behavior).</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.8 CC-5.10 CC-5.11 CC-5.15 CC-5.16</td>
<td></td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #2 (Professional Behavior)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>3. Providing physical therapy services in a manner consistent with established legal and</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.1 CC-5.2 CC-5.3 CC-5.4 CC-5.5 CC-5.6</td>
<td></td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #3 (Accountability)</td>
<td>Psychomotor</td>
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</table>

Approved 11/2014
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<tr>
<th>Professional standards and ethical guidelines as measured by CPI performance criteria #3 (Accountability)</th>
<th>Psychomotor Adaptation</th>
<th>CC-5.7 CC-5.63 CC-5.64 CC-5.65 CC-5.66</th>
<th>1, 3</th>
<th>Clinical Education</th>
<th>Clinical Performance Instrument (CPI)</th>
<th>Entry-Level Performance</th>
<th>Performance Criteria #4 (Communication)</th>
<th>Psychomotor</th>
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<tbody>
<tr>
<td>4. Communicating in ways that are congruent with situational needs as measured by CPI performance criteria #4 (Communication)</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.17</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #4 (Communication)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>5. Adapting delivery of physical therapy services in consideration for patients’ differences, values, preferences, and needs as measured by CPI performance criteria #5. (Cultural Competence)</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.18</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #5 (Cultural Competence)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>6. Participating in self-assessment to improve clinical and professional performance as measured by CPI performance criteria #6</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.4 CC-5.5 CC-5.12 CC-5.13 CC-5.14 CC-5.15 CC-5.24 CC-5.25</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #6 (Professional Development)</td>
<td>Psychomotor</td>
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<td>(Professional Development).</td>
<td>Cognitive Application</td>
<td>CC-5.19 CC-5.20 CC-5.21 CC-5.22 CC-5.23</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #7 (Clinical Reasoning)</td>
<td>Psychomotor</td>
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<td>7. Applying current knowledge, theory, clinical judgment, and the patient’s values in patient management as measured by CPI performance criteria #7 (Clinical Reasoning).</td>
<td>Cognitive Application</td>
<td>CC-5.19 CC-5.20 CC-5.21 CC-5.22 CC-5.23</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #7 (Clinical Reasoning)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>8. Determining with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional as measured by CPI performance criteria #8 (Screening).</td>
<td>Psychomotor Origination</td>
<td>CC-5.27 CC-5.53 CC-5.54 CC-5.55 CC-5.62</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Performance Criteria #8 (Screening)</td>
<td>Psychomotor</td>
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<td>No.</td>
<td>Description</td>
<td>Activity Type</td>
<td>Cognitive Domain</td>
<td>Task Level</td>
<td>Performance Instrument</td>
<td>Performance Criteria #</td>
<td>Psychomotor Skills</td>
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<td>10.</td>
<td>Evaluating data from the patient examination (history, systems review, and tests and measures) to ensure clinical judgments as measured by CPI performance criteria #10 (Evaluation).</td>
<td>Cognitive Evaluation</td>
<td></td>
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<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Psychomotor</td>
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<td>Performance Criteria #10 (Evaluation)</td>
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<td>11.</td>
<td>Determining a diagnosis and prognosis that guides future patient management as measured by CPI performance criteria #11 (Diagnosis &amp; Prognosis).</td>
<td>Psychomotor Adaptation</td>
<td></td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
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<td>Psychomotor Complex Overt Response</td>
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<td>Performance Criteria #11 (Diagnosis &amp; Prognosis)</td>
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<tr>
<td>12.</td>
<td>Establishing a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based as measured by CPI performance criteria #12 (Plan of Care).</td>
<td>Psychomotor Complex Overt Response</td>
<td></td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Psychomotor</td>
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<td>Psychomotor Complex Overt Response</td>
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<td>Performance Criteria #12 (Plan of Care)</td>
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<tr>
<td>13.</td>
<td>Performing physical therapy interventions in a competent manner</td>
<td>Psychomotor Complex Overt Response</td>
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<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Entry-Level Performance</td>
<td>Psychomotor</td>
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<td>Psychomotor Complex Overt Response</td>
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<td>Performance Criteria #13 (Procedural Interventions)</td>
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</table>

14. Educating others (patients, caregivers, staff, students, and other healthcare providers, business, and industry representatives, school systems) using relevant and effective teaching methods as measured by CPI performance criteria #14 (Educational Interventions).

15. Producing quality documentation in a timely manner to support the delivery of physical therapy services as measured by CPI performance criteria #15 (Documentation).

16. Collecting and analyzing data from selected cognitive analysis as measured by CPI performance criteria #16 (Psychomotor).
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Instrument (CPI)</th>
<th>Performance Criteria</th>
<th>Psychomotor</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Participating in the financial management (budgeting, billing &amp; reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines as measured by CPI performance criteria #17 (Financial Resources).</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Performance Criteria #17 (Financial Resources)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>18. Directing and supervising human resources to meet patient’s goals and expected outcomes</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Performance Criteria #18 (Direction and Supervision of Personnel)</td>
<td>Psychomotor</td>
</tr>
</tbody>
</table>
according to legal standards and ethical guidelines as measured by CPI performance criteria #18 (Direction and Supervision of Personnel).

*For definitions, please see Appendix A
Required Textbooks, Readings, and Resources:

Supplemental/ Recommended Readings and Resources:
Texts utilized in didactic coursework from related areas of physical therapy practice.

Required Equipment:
Student equipment kit required for purchase as a textbook in the first year of the program.
COURSE EXPECTATIONS

The student is referred to the student handbooks of Briar Cliff University, the School of Graduate Studies, the Department of Physical Therapy Student Handbook, and the Clinical Education Handbook for all academic performance and professional behavior expectations and policies.

The DPT curriculum and the associated courses are academically rigorous. Success in this course will require a significant investment of time. On average, students should assume the need to invest at least two hours of time outside of scheduled course time for preparation, studying, and completing assignments for each hour of time that the student is physically participating in the course (e.g., a one credit course = 15 contact hours = a minimum of 30 outside of class hours). Based on individual past experiences, study habits, etc., some courses may require more time be devoted to the course, some may require less.

Attendance is an important aspect of professional education and therefore expected for each clinical education day. Students are expected to attend clinic each day per their clinical instructor’s (CI) schedule and to arrive on time as active presence is critical to the professional development of the student and peers. Students who miss clinical are responsible for contacting the DCE and arranging the missed time with their CI.

Excused absences from class must be requested prior to the start of the day and must be validated by the CI and DCE. Examples of excused absences include illness, a death in the family, etc. If there are special circumstances please inform the instructor on or before the first day of class, or as soon as possible. Students experiencing health or personal problems that prevent full participation in the course should attempt to contact the CI and the DCE prior to class. The CI and DCE reserve the right to determine the legitimacy of all excuses and may request written documentation verifying the absence. It is at the discretion of the CI to require additional assignments to be completed in lieu of absences. If a CI is concerned about a student’s attendance in a course, including multiple excused absences, he/she may submit a professional behavior citation to the Progress and Conduct Committee.

Students are discouraged from planning vacations and/or appointments that will result in missed clinical time; an elective physician’s appointment may not be considered an excused absence. Tardiness of over 15 minutes will be deemed as an unexcused absence, unless the student has prior approval from his/her CI. There will be minimal opportunities to make up for missed time in clinic. More than one unexcused absence and/or failure to complete any additional assignments required by the instructor may result in a 10% reduction in a student’s final grade and/or a professional behavior citation to the Progress and Conduct Committee.

In addition to attendance, success in this course is dependent on the participation of each individual enrolled in the course. As part of adult-centered learning, each student is expected to be prepared to participate in clinical education prior to the start of each clinical day. Students who do not bring the necessary materials and/or do not wear appropriate clothing for class will
be dismissed from clinic to retrieve materials and/or change into appropriate attire. Each student is also expected to contribute to the clinical setting on a daily basis. Failure to do so will make it difficult for a student to gain a good understanding of how the clinic operates and the treatment of patient’s, thus potentially negatively effecting learning and the student’s overall progress/grade in the course. If a CI feels a student is not properly participating and/or preparing for clinical, the CI is encouraged to speak individually with the student and/or DCE. The DCE may submit a professional behavior citation to the Progress and Conduct Committee.

Recognizing that true professionalism is the integration of knowledge and skill with altruistic attitudes, values and behaviors, the DPT Program expects its students to develop the dispositions of competent and compassionate health care professionals, and requires that they behave in a manner that brings honor on their profession at all times. In keeping with this philosophy, faculty will act consistently and officially to guide students towards acceptable behaviors, and to take corrective action in the event of repeated or serious infractions of expected professional conduct. Upon the witnessing of behavior that is in conflict with that articulated in Departmental and profession-based documents outlining expected behaviors (e.g., professional Code of Ethics, HIPAA, Student Handbook, etc.), but which falls short of academic or non-academic misconduct, a CI shall contact the DCE who will submit a professional behavior citation to the DPT Progress and Conduct Committee. This includes appropriate use of electronic technology in the clinic. Laptops, tablets, and cell phones may be used for learning activities, such as online research, reviewing PowerPoint slides, and taking notes during lecture or in class activities, although students should follow the clinic’s policies on technology use in the clinic. Students using electronic technology to view social media outlets, check email, work on other course assignments or study for an upcoming exam will receive a professional behavior citation to the DPT Progress and Conduct Committee. Actions that are more severe (e.g., academic misconduct, sexual violence, violation of laws), will be referred to process defined in the School of Graduate Studies and University Student Handbooks.

Part of becoming a professional is the ability to peer-assess. In an effort to comply with University standards, as well as accreditation and ongoing programmatic quality assurance, completion of all DPT course evaluations and graduate curriculum assessments is required in order for the student to be assigned a course grade and/or graduate.
Keeping consistent with University standards, the grading scale below will be utilized for this course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9%</td>
</tr>
<tr>
<td>B+</td>
<td>88-89.9%</td>
</tr>
<tr>
<td>B</td>
<td>83-87.9%</td>
</tr>
<tr>
<td>B-</td>
<td>80-82.9%</td>
</tr>
<tr>
<td>C+</td>
<td>78-79.9%</td>
</tr>
<tr>
<td>C</td>
<td>73-77.9%</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9%</td>
</tr>
<tr>
<td>D+</td>
<td>68-69.9%</td>
</tr>
<tr>
<td>D</td>
<td>60-67.9%</td>
</tr>
<tr>
<td>F</td>
<td>≤59.9%</td>
</tr>
</tbody>
</table>

Please note that when grades are calculated, instructors will not round the percent up or down. For example, an 89.9% is a B+. For the purposes of pass/fail courses, a student must achieve a score of 80% or better in the course, as well as successfully complete all required course components to the satisfaction of the course instructor.

Unless otherwise noted by the course instructor or specified below, all assignments are to be typed, completed individually, and submitted to drop boxes on the course website by 11:59 PM CST. Assignments should be titled as follows: Lastname_Firstname_Courseprefix and number_Brief assignment description (e.g., Cross_Patrick_DPT600_codeofethicsassignment). Students should complete assignments early to avoid lateness due to computer problems and other issues that arise when completing assignments at the last minute. Scores will be reduced 10% per day for late assignments or projects.

Students are expected to adhere to Briar Cliff University’s policies on academic integrity. Violations, as outlined in University policies, will be reported.

- **Academic dishonesty** is defined as, but not limited to the following: copying a classmate’s work, using crib notes during a test, stealing or conveying examination questions, informing classmates of information on practical examination, maintaining library materials so that classmates cannot utilize the materials, falsely representing clinical cases, turning in written assignments that are not authentic, or fabrication of any sort. No credit can be given for a dishonest assignment. At the discretion of the instructor, a student caught engaging in any form of academic dishonesty may, at a minimum, receive a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.

- **Plagiarism** is defined as using the words and/or ideas of another and representing them to be one’s own, without proper credit to the author or source. The act of writing is an integral part of the learning process. If a student tries to pass off the work of another writer as their own, whether intentional or unintentional, plagiarism will result, at a minimum, in a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.
All students will have one week after the distribution of an assignment to dispute a response or grade. The dispute must be typed and include the following: item number or what is being challenged, why the response should be considered correct, and an accurate reference(s). If an error was made in the grading (e.g., instructor marked an answer wrong and it was correct per the answer key or instructor did not add up points correctly), a dispute is not necessary. However, it must be brought to the instructor’s attention within one week of the distribution of the assignment.

In parallel to policies established by the School of Graduate Studies and the DPT Program, an assignment of a failing or “incomplete” grade may affect a DPT student’s progression in the program. Please see course expectations regarding how unexcused absences and/or failure to complete course evaluation may effect a grade. In addition, there will not be any extra credit opportunities unless otherwise noted by the instructor.
Assignments:
1. Prior to the Clinical Education experience, students must complete or provide:
   a. Evidence of Student Clinical Education Preparation form
      - Affiliation Agreement section: Students are required to read the University-Site Affiliation Agreement and sign the above form stating the Agreement has been read.
      - Preparatory Checkoff section: Students are required to read the CSIF for placement site. Student will “check” each item that must be completed and includes dates these items have been completed. Student submits this form, signed, to the DCE by the due date.
   b. Proof of current immunization
      - Students are required to provide proof of current immunization based upon Briar Cliff University Physical Therapy Program and/or facility requirements, whichever is greater. It is the student's responsibility to see that this information is received by the established due date in order to receive full percentage credit for this requirement. Failure to submit this information may result in a delay in Clinical Education start date, which may ultimately affect completion of the program.
   c. Biographical Information Sheet via Acadaware with measurable goals
      - The student submits at three-five measurable site-specific goals with the completed biographical information sheet by the due date.

2. During and after the Clinical Education experience the student must complete or provide:
   a. Weekly journals
      - The student is responsible for maintaining a weekly clinical education journal that is e-mailed to the DCE at the end of each week during the clinical education experience. All weekly journals must be e-mailed to the course directors by the below due date. Students begin their clinical experience with 100 points. It is acceptable if 1 weekly journal submission is no more than 3 working days late. Any subsequent late submission will result in a 5 point reduction in the overall grade for this requirement.
   b. Assessment tools
      - The student is responsible for completing the following forms for the midterm and final assessments.
         o Self-assessment utilizing the online Clinical Performance Instrument.
         o Assessment utilizing the Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form.
The student is responsible for the timely submission of all assessment tools used during the clinical education experience, including those completed by the CI.

- Midterm: Both student and CI must “sign off” on the online midterm assessment in order for the DCE to access the assessment online. Student and CI must both “sign off” on both assessments no later than the end of the fourth week of the clinical education experience. Students will begin their clinical experience with 100 points for this requirement. Failure to complete the midterm requirements by the due date will result in a 5 point deduction per day, beginning with Monday of the sixth week.
- Final: The final CPI must be “signed off” electronically by both CI and student in order for the DCE to access the assessment. Student and CI must both “sign off” on both assessments before the student leaves the clinical experience. The following additional forms must be received in the Physical Therapy department within three working days (in order to prepare grades for graduation).

Other: The course director will determine the final grade for this course. Seventy percent of the total grade is based upon the CPI (completed by the CI). The remaining thirty percent is distributed among various assignments and student responsibilities detailed above.

In order to successfully complete this course, the following criteria must be met:
1. No red-flag items checked at the final evaluation.
2. No significant concerns boxes checked at the final evaluation.
3. Progress on the rating scales on each of the performance criteria from the midterm evaluation to the final evaluation.
4. Ratings which fall at a minimum of Entry-Level Performance.

Failure to successfully complete this course will result in a formal review by the Briar Cliff University Department of Physical Therapy Academic Faculty. Academic Standards and Performance Expectations can be found in the BCUPT Student Handbook. A student will automatically receive the grade of “F” (failure) if any of the following conditions are met:
1. A red flag at the time of the final evaluation in any of the performance criteria (red flag items are considered foundation elements in clinical practice):
   - Safety: Practices in a safe manner that minimizes the risk to patients, self, and others;
   - Professional Behavior: Demonstrates professional behavior in all situations;
   - Accountability: Practices in a manner consistent with established legal and professional standards and ethical guidelines;
   - Communication: Communicates in ways that are congruent with situational needs;
• Clinical Reasoning: Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

2. **Three** “significant concerns” boxes checked on the remaining 15 performance criteria (criteria that are not red flags) at the time of the final evaluation.

<table>
<thead>
<tr>
<th>Evaluative Item</th>
<th>Due Date</th>
<th>Overall Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of Student Clinical Education Form: Affiliation Agreement Section</td>
<td>December 8, 2017</td>
<td>2.5%</td>
</tr>
<tr>
<td>Evidence of Student Clinical Education Form: Preparatory Check Off Section</td>
<td>December 8, 2017</td>
<td>2.5%</td>
</tr>
<tr>
<td>Proof of current immunization</td>
<td>December 8, 2017</td>
<td>5.0%</td>
</tr>
<tr>
<td>Biographical information sheet with measurable goals</td>
<td>December 8, 2017</td>
<td>5.0%</td>
</tr>
<tr>
<td>Weekly Journals</td>
<td>Monday of each week</td>
<td>5.0%</td>
</tr>
<tr>
<td>Mid-term Completion verifications</td>
<td>February 2, 2018</td>
<td>5.0%</td>
</tr>
<tr>
<td>Final Submissions</td>
<td>March 2, 2018</td>
<td>5.0%</td>
</tr>
<tr>
<td>Electronically finalized CPI with sign offs completed</td>
<td>March 2, 2018</td>
<td>70%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

**Pass**
- 80-100
- No red-flag items checked at the final evaluation
- No significant concerns boxes checked at the final evaluation
- Progress on the rating scales on each of the performance criteria

**Fail**
- <79.99 and/or
- A red-flag item checked at the time of the final evaluation
- If three significant concern boxes are checked at the final evaluation
- No progress on rating scales of the performance criteria

Upon completion of this course, the student will be able to demonstrate, incorporate, and integrate the above objectives into the clinical learning experience. Confirmation will be demonstrated through written feedback via the Clinical Performance Instrument, Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form, written journal entries, and verbal feedback between the CI, student, and faculty advisor.

**Tests & Measurement Skills/Intervention Skills:**
The following list of skills that further expounds upon the tests & measurements as well as interventions found in Course Objectives. Upon completion of this course, the student will be able to incorporate the didactic knowledge of the following skills in a fashion consistent with the setting of their clinical education experience and in a fashion consistent with their level in the curriculum.
Tests & Measures relevant to the history, chief complaint, and screening (listed alphabetically; see Guide to Physical Therapy Practice for additional details)

- Aerobic Capacity & Endurance
- Anthropometric Characteristics
- Arousal, Attention, Cognition
- Assistive & Adaptive Devices
- Circulation
- Cranial & Peripheral Nerve Integrity
- Environmental, Home, and Work (Job/School/Play) Barriers
- Ergonomics & Body Mechanics
- Gait, Locomotion, & Balance
- Integumentary Integrity
- Joint Integrity & Mobility
- Motor Function (Motor Control & Motor Learning)
- Muscle Performance (including Strength, Power, and Endurance)
- Neuromotor Development & Sensory Integration
- Orthotic, Protective, and Supportive Devices
- Pain
- Posture
- Prosthetic Requirements
- Range of Motion (including Muscle Length)
- Reflex Integrity
- Self-Care and Home Management (including ADL and IADL)
- Sensory Integrity
- Ventilation & Respiration/Gas Exchange
- Work (Job/School/Play), Community, and Leisure Integration or Reintegration

Interventions (listed alphabetically; see Guide to Physical Therapy Practice for additional details)

- Airway Clearance Techniques
- Coordination, Communication, and Documentation
- Electrotherapeutic Modalities
- Functional Training in Self-Care, Home Management, Work, Community, & Leisure
- Integumentary Repair and Protection Techniques
- Manual Therapy Techniques (including Mobilization/Manipulation)
- Patient/Client Related Instruction
- Physical Agents & Mechanical Modalities
- Prescription/Application of Devices and Equipment (Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic)
- Therapeutic Exercise
ADDITIONAL COURSE POLICIES

Communication:
Physical Therapy Faculty Members are committed to being as accessible as possible to students, but cannot be available at every moment a student needs. Email will be the best way to try to get in touch with the DCE. Please do not try to send text messages to the phone number listed on page one, unless it is very important (i.e. death of family member in the middle of the night for which the student needs to leave immediately). When a student e-mails the DCE in regards to this course, the person should include the course prefix and number or the clinical education experience number in the subject line. Faculty will make every effort possible to respond to all email messages within 24 hours, and much faster whenever possible. At the same time, students should also be checking e-mail regularly and open and read any e-mails received from an DCE.

If there is something urgent that a student needs addressed during regular business hours, the student can try calling the DCE or calling the Program Assistant, while the student is out on clinic. Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet. Any message that a student leaves on an instructor’s work voicemail will be forwarded via BCU e-mail.

Freedom in Learning:
Students are responsible for learning the content of any course of study in which they are enrolled. Student academic performance shall be evaluated solely on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards, but is related instead to judgment of their personal opinion or conduct should contact the Dean of Academic Affairs.

Policy on Fair Evaluation:
Each student is entitled to earn and receive a fair grade in each course for which he or she enrolls. It is the right and the responsibility of an instructor to establish criteria for evaluation for each course which he or she teaches and to determine the degree to which an individual student has fulfilled the standards set for the course. Students should be apprised that extraneous factors, such as the eligibility of a student for an organization’s membership, for scholarship and fellowship awards, for admission to graduate schools, or for participation on an athletic team, for example, have no bearing on the determination of the fairness of a grade or grades received. The quality of the student’s overall performance with respect to evaluation standards will be the only criterion for judgment.

Grievance Procedure:
Please consult the student handbook or catalog for specific guidance on BCU’s grievance procedures.

ADA Policy:
Students having legitimately evaluated physical conditions or learning difficulties are eligible for reasonable modifications of classroom and teaching conditions. Disability evaluations
should be registered through the Student Support Services Office. If a student has a registered disability, please see the Course Director about arranging for accommodations as soon as possible.

**University Assessments/Surveys:**
The assessment of student learning is an integral part of the educational experience at Briar Cliff University. To this end, the faculty continually assess student learning to improve our teaching and to monitor student success. Occasionally a student will be requested to participate in both college-wide and discipline-specific assessment activities. Please take these assessments and surveys seriously. The data that is collected will provide valuable information to faculty and will be used to improve student learning at Briar Cliff University.
**SUPPORT SERVICES AND RESOURCES**

**Student Support Services:**
The Student Support Services office provides accommodations for students with disabilities. To obtain this service, students must make an appointment with the director to submit documentation, talk about the disability, and discuss the accommodations needed. Ideally, this should be done as soon as the student knows he/she will be attending Briar Cliff University because some accommodations require more lead time to provide. See the student disability handbook for more detailed information. Contact Brenda Parkhill by phone at 712-279-5531, or by e-mail at brenda.parkhill@briarcliff.edu.

**Writing Center:**
The Writing Center, located in the Bishop Mueller Library, is available to all Briar Cliff students for strengthening academic writing development. The Center provides one-on-one peer mentoring, workshops and computer-based tutorials. The Writing Center’s number is 712-279-5520 or a student can email the Writing Center mentors at writing.center@briarcliff.edu. The Center’s web address is bcuwritingcenter.wordpress.com.

**Academic Resource Commons:**
The Academic Resource Commons provides students with the resources and services necessary for academic success and recovery. Located in the ARC are the following: ELL support services, the Writing Center, Academic Peer Mentors, the Early Alert Project Manager and the Director of Academic Support and Achievement. Through one-on-one appointments, peer support and mentoring, workshops, and academic advising (in addition to faculty advising), the Academic Resource Commons empowers students to develop a comprehensive set of life and academic skills, connects students with all campus bodies, and offers the social, academic and personal support necessary to persist. Contact Stephanie Andell at Stephanie.Andell@briarcliff.edu.

**ELL Support Services:**
Located in the Academic Resource Commons, ELL support services provide students with additional help in reading comprehension, vocabulary development and grammar, writing skills, listening proficiency, and oral communication. Students closely work one-on-one with an ELL Specialist to help with their specific learning needs.

**Office of Academic Achievement:**
Recognizing there are a variety of reasons why a student may struggle academically, the director of academic support and achievement helps students overcome obstacles while empowering them to create their own unique, college experience. The director meets with students to 1) connect them with necessary campus resources; 2) provide the support and services necessary to aid in students’ success; and, 3) enable the development of programs that fit students’ ever-changing personal and academic needs as they persist at Briar Cliff University.

Approved 11/2014
The office of academic support and achievement serves students in all ways, and welcomes the opportunity to meet with a student for any reason—whether it be social, academic or personal. Contact Jessica McCormick at Jessica.McCormick@briarcliff.edu.
# Tentative Course Outline/Schedule

*This syllabus is subject to change if it is determined to be in the best interest of the students’ learning. Additional learning resources may be added to the course website that are not listed in the required or recommended readings columns of this schedule.*

<table>
<thead>
<tr>
<th>Day/Date/Time</th>
<th>Topics/Activities</th>
<th>Session Learning Objectives</th>
<th>Required Readings (prior to class)</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 8, 2018 – March 2, 2018</td>
<td>Fifth full-time Clinical Education</td>
<td>Individual learning objectives dependent on individual student needs in that particular setting</td>
<td>Class Syllabus</td>
<td>See above</td>
</tr>
</tbody>
</table>
APPENDIX A. CURRICULUM CONTENT

Taxonomic Levels:
Affective Domain: http://www.assessment.uconn.edu/docs/LearningTaxonomy_Affective.pdf
Psychomotor Domain:

CAPTE Curriculum Content:

CC-1. The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (e.g., anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

CC-2. The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (e.g., applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

CC-3. The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (e.g., content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

CC-4. The physical therapist professional curriculum includes clinical education experiences for each student that encompass:
   a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
   b) Practice in settings representative of those in which physical therapy is commonly practiced;
   c) Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
   d) Opportunities for involvement in interdisciplinary care; and
   e) Other experiences that lead to the achievement of expected student outcomes.

CC-5. The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required
The curriculum is designed to prepare students to meet the practice expectations listed in CC-5.1 through CC-5.66.

Professional Practice Expectation: Accountability

CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
CC-5.2 Have a fiduciary responsibility for all patient/clients.
CC-5.3 Practice in a manner consistent with the professional Code of Ethics.
CC-5.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.
CC-5.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism

CC-5.6 Place patient’s/client’s needs above the physical therapist’s needs.
CC-5.7 Incorporate pro bono services into practice.

Professional Practice Expectation: Compassion/Caring

CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.
CC-5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity

CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty

CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
CC-5.12 Participate in self-assessment to improve the effectiveness of care.
CC-5.13 Participate in peer assessment activities.
CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment activities.
CC-5.15 Participate in clinical education of students.
CC-5.16 Participate in professional organizations.

Professional Practice Expectation: Communication
CC-5.17  Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Professional Practice Expectation: Cultural Competence

CC-5.18  Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: Clinical Reasoning

CC-5.19  Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.

CC-5.20  Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice

CC-5.21  Consistently use information technology to access sources of information to support clinical decisions.

CC-5.22  Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

CC-5.23  Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

CC-5.24  Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.

CC-5.25  Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education

CC-5.26  Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening

CC-5.27  Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination

CC-5.28  Examine patients/clients by obtaining a history from them and from other sources.

CC-5.29  Examine patients/clients by performing systems reviews.

CC-5.30  Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
a) Aerobic Capacity/Endurance  
b) Anthropometric Characteristics  
c) Arousal, Attention, and Cognition  
d) Assistive and Adaptive Devices  
e) Circulation (Arterial, Venous, Lymphatic)  
f) Cranial and Peripheral Nerve Integrity  
g) Environmental, Home, and Work (Job/School/Play) Barriers  
h) Ergonomics and Body Mechanics  
i) Gait, Locomotion, and Balance  
j) Integumentary Integrity  
k) Joint Integrity and Mobility  
l) Motor Function (Motor Control and Motor Learning)  
m) Muscle Performance (including Strength, Power, and Endurance)  
n) Neuromotor Development and Sensory Integration  
o) Orthotic, Protective, and Supportive Devices  
p) Pain  
q) Posture  
r) Prosthetic Requirements  
s) Range of Motion (including Muscle Length)  
t) Reflex Integrity  
u) Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])  
v) Sensory Integrity  
w) Ventilation and Respiration/Gas Exchange  
x) Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)  

Patient/Client Management Expectation: Evaluation  

CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.  

Patient/Client Management Expectation: Diagnosis  

CC-5.32 Determine a diagnosis that guides future patient/client management.  

Patient/Client Management Expectation: Prognosis  

CC-5.33 Determine patient/client prognoses.  

Patient/Client Management Expectation: Plan of Care  

CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.  

CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.
CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

CC-5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC-5.38 Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention

CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a) Therapeutic Exercise
   b) Functional Training in Self-Care and Home Management
   c) Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegration
   d) Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
   e) Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
   f) Airway Clearance Techniques
   g) Integumentary Repair and Protection Techniques
   h) Electrotherapeutic Modalities
   i) Physical Agents and Mechanical Modalities

CC-5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA’s ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.

CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC-5.43 Practice using principles of risk management.

CC-5.44 Respond effectively to patient/client and environmental emergencies in one’s practice setting.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.
Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.

Apply principles of prevention to defined population groups.

Practice Management Expectation: Management of Care Delivery

Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.

Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

Participate in the case management process.

Practice Management Expectation: Practice Management

Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.

Participate in financial management of the practice.

Establish a business plan on a programmatic level within a practice.

Participate in activities related to marketing and public relations.

Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: Consultation

Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: Social Responsibility and Advocacy

Challenge the status quo of practice to raise it to the most effective level of care.

 Advocate for the health and wellness needs of society.

Participate and show leadership in community organizations and volunteer service.

Influence legislative and political processes.
Proposed CAPTE Standards:
http://www.capteonline.org/uploadedFiles/CAPTEorg/About_CAPTE/What_We_Do/Whats_New/CAPTE_MASTERRevisedCriteria.pdf


DPT Goals
In parallel with the Program’s mission, upon completion of all requirements of the Briar Cliff University School of Physical Therapy, the graduate will be prepared to:

1. Practice physical therapy autonomously.
2. Be leaders within their communities and profession.
3. Provide health care services in underserved settings.
APPENDIX B. SYLLABUS CONTRACT

Name: ___________________________________________ (Print)                      Date: ____________________

PLEASE INITIAL THE FOLLOWING:

_____ I understand the assignment expectations as stated in the syllabus.

_____ I understand the policies regarding performance expectations for this class.

_____ I understand the policies regarding attendance and late work/papers for this class.

_____ I understand the attendance policy in place for this class, including my missed tests, assignments, and in-class work.

_____ I understand the expectations regarding before class preparation and in-class participation.

_____ I understand the expectations regarding classroom conduct, including the use of electronic devices and tardiness.

_____ I understand the importance of maintaining a constructive and respectful environment during all class sessions.

_____ I have read the above and understand that failure of any of the above will affect my grade in a negative manner even to the result of failing this course.

_______________________________________________ Student’s Signature

Approved 11/2014
Course Director: Heidi M Nelson, PT, DPT  
Office: Mayfair 106  
Office Hours: Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet.  
Office Phone: 712-279-5478  
Cell Phone: 608-293-0000  
Work E-mail: Heidi.nelson@briarcliff.edu  
Faculty Biosketch: Dr. Nelson was hired by Briar Cliff University as the Director of Clinical Education for the developing Doctor of Physical Therapy Program in 2014. Dr. Nelson came to Briar Cliff after working in clinical physical therapy in the fields of pediatrics, geriatrics, and clinic management. During her pediatric physical therapy residency at the Munroe-Meyer Institute, she also was a teaching assistant and lab assistant for the Pediatrics course in the Doctor of Physical Therapy Program. She has recently become an American Physical Therapy Association (APTA) Advanced Credentialed Clinical Instructor in July 2014.
Course Description: This course is a clinical practical learning experience that occurs in a community setting during the spring semester of the third year of the program. The student attends the clinic each day for a full work day as dictated by his/her clinical instructor. While in this setting, the student practices physical therapy professional management including patient/client management. The clinical instructor provides opportunities for students to promote their physical therapy standards of practice in a professional and ethical practice. This clinical education experience is a unique opportunity to allow the student to complete a specialty clinical education experience reflective of the student’s electives taken in the summer of year 3. This clinical education experience may be offered in a variety of settings, including, but not limited to, pediatrics, women’s health, sports physical therapy, or an independent study area of the student’s choice. The length of this clinical education experience is 8 weeks.

Credit Hours: 8 credits

Clock Hours: 320 hours

Required DPT Course: Yes

Prerequisites: Admission to DPT Program or instructor consent. For DPT students, successful completion of all prerequisite coursework of the DPT Curriculum, including all foundational sciences and basic patient/client management courses with passage of comprehensive practical.

Location: To be determined individually for each student.

Meeting Time(s): March 12, 2018 – May 4, 2018

Teaching and Learning Methods: The student will participate in a community based clinic setting under the guidance and supervision of a licensed skilled physical therapist with a minimum of one year of clinical experience. The student will work under the supervision of the skilled physical therapist each day for a full work day as dictated by the clinical instructor’s schedule. The clinical instructor reinforces the didactic knowledge and promotes effective communication and professional skills through clinical education application.
The purpose of clinical education experiences is to provide clinical application of physical therapy techniques and theories learned through didactic instruction. As an integral component of the physical therapy curriculum, it is imperative that clinical education experiences reflect the mission and vision of the Doctor of Physical Therapy Program at Briar Cliff University. Although each student will have an individualized clinical education experience, the overarching goal is to develop physical therapy graduates prepared as generalists who are able to practice in all areas of physical therapy, including underserved and underpopulated areas. Students will complete clinical education experiences for the promotion of ethical, legal, interprofessional, compassionate, culturally competent, and evidence-based patient center care to restore, maintain, and promote optimal movement with improved overall participation in life. Following clinical education experiences, students should be recognized as effective health care providers within interprofessional teams. As a component of each student’s full time clinical education experience, the student should practice with the Franciscan values to reflect their education at Briar Cliff University.

Within a Catholic Franciscan University, with a tradition of service, caring and openness to all, broad intellectual background with career development, and encouragement of growth in self-awareness and in one’s relationship to others and to God, the mission of Briar Cliff University’s Doctor of Physical Therapy Program is to pursue academic excellence in preparing the next generation of physical therapists to practice autonomously, be leaders within their profession and communities, and respond to patient and societal needs of the region, including the underserved. By challenging students to provide contemporary, skilled, reflective, ethical, legal, compassionate, culturally competent, interprofessional, evidence-based, and patient-centered care, graduates will be prepared to restore, maintain, and promote optimal movement, activity participation, and wellness of clients, while being effective leaders and health care providers within their communities and the ever-changing health care environment.

BCU students are living our Franciscan values by building a caring community, creating peace, reverencing creation and connecting in joyful service.
STUDENT LEARNING OUTCOMES

Upon completion of this course, the student will have met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Taxonomic Type and Level</th>
<th>CAPTE Evaluative Criteria</th>
<th>CAPTE Proposed Standard(s)</th>
<th>Program Goal(s)</th>
<th>Learning Activities</th>
<th>Method of Assessing Students’ Learning</th>
<th>Minimal Expectation</th>
<th>Specific Outcome Measurement</th>
<th>Taxonomy Level of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Providing physical therapy services in a safe manner that minimizes risk to patients, others and self as measured by Clinical Performance Instrument (CPI) performance criteria #1 (Safety).</td>
<td>Psychomotor Origination</td>
<td>CC-5.35</td>
<td>CC-5.44</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate or Entry-Level Performance for specialty clinical education experience; all other students must obtain Entry-Level Performance Criteria #1 (Safety)</td>
<td>Performance Criteria #1 (Safety)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>2. Demonstrating professional behavior in all situations as measured by CPI performance criteria #2 (Professional Behavior).</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.8</td>
<td>CC-5.10, CC-5.11, CC-5.15, CC-5.16</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate or Entry-Level Performance for specialty clinical education experience; all other students must obtain Performance Criteria #2 (Professional Behavior)</td>
<td>Performance Criteria #2 (Professional Behavior)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>3. Providing physical therapy services in a manner consistent with established legal and professional standards and ethical guidelines as measured by CPI performance criteria #3 (Accountability).</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.1 CC-5.2 CC-5.3 CC-5.4 CC-5.5 CC-5.6 CC-5.7 CC-5.63 CC-5.64 CC-5.65 CC-5.66</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate or Entry-Level Performance for specialty clinical education experience; all other students must obtain Entry-Level Performance</td>
<td>Performance Criteria #3 (Accountability)</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>4. Communicating in ways that are congruent with situational needs as measured by CPI performance criteria #4 (Communication).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.17</td>
<td>1, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate or Entry-Level Performance for specialty clinical education experience; all other students must obtain Entry-Level Performance</td>
<td>Performance Criteria #4 (Communication)</td>
<td>Psychomotor</td>
<td></td>
</tr>
<tr>
<td>5. Adapting delivery of physical therapy services in consideration for patients' differences, values,</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.18</td>
<td>1, 2, 3</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate or Entry-Level Performance for specialty clinical</td>
<td>Performance Criteria #5 (Cultural Competence)</td>
<td>Psychomotor</td>
<td></td>
</tr>
</tbody>
</table>
preferences, and needs as measured by CPI performance criteria #5. (Cultural Competence).

6. Participating in self-assessment to improve clinical and professional performance as measured by CPI performance criteria #6 (Professional Development).

| Psychomotor Adaptation | CC-5.4, CC-5.5, CC-5.12, CC-5.13, CC-5.14, CC-5.15, CC-5.24, CC-5.25 | 1, 3 | Clinical Education | Clinical Performance Instrument (CPI) | Advanced Intermediate or Entry-Level Performance for specialty clinical education experience; all other students must obtain Entry-Level Performance | Psychomotor |

7. Applying current knowledge, theory, clinical judgment, and the patient’s values in patient management as measured by CPI performance criteria #7 (Clinical Reasoning).

<p>| Cognitive Application | CC-5.19, CC-5.20, CC-5.21, CC-5.22, CC-5.23 | 1, 2, 3 | Clinical Education | Clinical Performance Instrument (CPI) | Advanced Intermediate or Entry-Level Performance for specialty clinical education experience; all other students must obtain Entry-Level Performance | Psychomotor |</p>
<table>
<thead>
<tr>
<th>8. Determining with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional as measured by CPI performance criteria #8 (Screening).</th>
<th>Psychomotor Origination</th>
<th>CC-5.27 CC-5.53 CC-5.54 CC-5.55 CC-5.62</th>
<th>1, 3</th>
<th>Clinical Education</th>
<th>Clinical Performance Instrument (CPI)</th>
<th>Advanced Intermediate or Entry-Level Performance for specialty clinical education experience; all other students must obtain Entry-Level Performance</th>
<th>Performance Criteria #8 (Screening)</th>
<th>Psychomotor</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Performing a physical therapy patient examination using evidence-based tests and measured by CPI performance criteria #9. (Examination).</td>
<td>Psychomotor Complex Overt Response</td>
<td>CC-5.28 CC-5.29 CC-5.30</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate or Entry-Level Performance for specialty clinical education experience; all other students must obtain Entry-Level Performance</td>
<td>Performance Criteria #9 (Examination)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>10. Evaluating data from the patient examination (history, systems review, and tests and measures) to ensure clinical judgments as</td>
<td>Cognitive Evaluation</td>
<td>CC-5.31</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
<td>Advanced Intermediate or Entry-Level Performance for specialty clinical education</td>
<td>Performance Criteria #10 (Evaluation)</td>
<td>Psychomotor</td>
</tr>
<tr>
<td>Task Description</td>
<td>Domain</td>
<td>Criteria 5.32</td>
<td>Criteria 5.33</td>
<td>Criteria 5.34</td>
<td>Criteria 5.35</td>
<td>Criteria 5.36</td>
<td>Criteria 5.37</td>
<td>Criteria 5.38</td>
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</tr>
<tr>
<td>11. Determining a diagnosis and prognosis that guides future patient management as measured by CPI performance criteria # 11 (Diagnosis &amp; Prognosis).</td>
<td>Psychomotor Origination</td>
<td>CC-5.32</td>
<td>CC-5.33</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Establishing a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based as measured by CPI performance criteria #12 (Plan of Care).</td>
<td>Psychomotor Adaptation</td>
<td>CC-5.9</td>
<td>CC-5.34</td>
<td>CC-5.35</td>
<td>CC-5.36</td>
<td>CC-5.37</td>
<td>CC-5.38</td>
<td>CC-5.55</td>
</tr>
<tr>
<td>13. Performing physical therapy interventions in a</td>
<td>Psychomotor</td>
<td>CC-5.39</td>
<td>CC-5.50</td>
<td>CC-5.52</td>
<td></td>
<td></td>
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</tbody>
</table>

Performance Criteria #10 (Evaluation): measured by CPI performance criteria #10 (Evaluation).

Performance Criteria #11 (Diagnosis & Prognosis): Advanced Intermediate or Entry-Level Performance for specialty clinical education experience; all other students must obtain Entry-Level Performance.

Performance Criteria #12 (Plan of Care): Advanced Intermediate or Entry-Level Performance for specialty clinical education experience; all other students must obtain Entry-Level Performance.

Performance Criteria #13: Advanced Intermediate or Entry-Level Performance for specialty clinical education experience; all other students must obtain Entry-Level Performance.

Approved 11/2014
<table>
<thead>
<tr>
<th>Competent manner as measured by CPI performance criteria #13 (Procedural Interventions).</th>
<th>Complex Overt Response</th>
<th>Instrument (CPI)</th>
<th>Level Performance for specialty clinical education experience; all other students must obtain Entry-Level Performance</th>
<th>(Procedural Interventions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Educating others (patients, caregivers, staff, students, and other health care providers, business, and industry representatives, school systems) using relevant and effective teaching methods as measured by CPI performance criteria #14 (Educational Interventions).</td>
<td>Psychomotor Origination</td>
<td>CC-5.26 CC-5.41 CC-5.51 CC-5.52 CC-5.62</td>
<td>1, 2, 3 Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
</tr>
<tr>
<td>15. Producing quality documentation in a timely manner to support the delivery of physical therapy services as measured by CPI</td>
<td>Psychomotor Origination</td>
<td>CC-5.42</td>
<td>1 Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
</tr>
<tr>
<td>Performance Criteria #15 (Documentation)</td>
<td>Cognitive Analysis</td>
<td>1</td>
<td>Clinical Education</td>
<td>Clinical Performance Instrument (CPI)</td>
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</tr>
<tr>
<td>16. Collecting and analyzing data from selected outcome measurements in a manner that supports accurate analysis of individual patient and group outcomes as measured by CPI performance criteria #16 (Outcomes Assessment).</td>
<td>CC-5.45 CC-5.46 CC-5.47 CC-5.48 CC-5.49</td>
<td>1</td>
<td>1, 2, 3</td>
<td></td>
</tr>
<tr>
<td>17. Participating in the financial management (budgeting, billing &amp; reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines as measured by CPI performance</td>
<td>Psychomotor Origination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>criteria #17 (Financial Resources).</td>
<td>Psychomotor Mechanism</td>
<td>CC-5.40 CC-5.57</td>
<td>1</td>
<td>Clinical Education</td>
</tr>
</tbody>
</table>

*For definitions, please see Appendix A*
**Course Materials**

**Required Textbooks, Readings, and Resources:**

**Supplemental/ Recommended Readings and Resources:**
Texts utilized in didactic coursework from related areas of physical therapy practice.

**Required Equipment:**
Student equipment kit required for purchase as a textbook in the first year of the program.
COURSE EXPECTATIONS

The student is referred to the student handbooks of Briar Cliff University, the School of Graduate Studies, the Department of Physical Therapy Student Handbook, and the Clinical Education Handbook for all academic performance and professional behavior expectations and policies.

The DPT curriculum and the associated courses are academically rigorous. Success in this course will require a significant investment of time. On average, students should assume the need to invest at least two hours of time outside of scheduled course time for preparation, studying, and completing assignments for each hour of time that the student is physically participating in the course (e.g., a one credit course = 15 contact hours = a minimum of 30 outside of class hours). Based on individual past experiences, study habits, etc., some courses may require more time be devoted to the course, some may require less.

Attendance is an important aspect of professional education and therefore expected for each clinical education day. Students are expected to attend clinic each day per their clinical instructor’s (CI) schedule and to arrive on time as active presence is critical to the professional development of the student and peers. Students who miss clinical are responsible for contacting the DCE and arranging the missed time with their CI.

Excused absences from class must be requested prior to the start of the day and must be validated by the CI and DCE. Examples of excused absences include illness, a death in the family, etc. If there are special circumstances please inform the instructor on or before the first day of class, or as soon as possible. Students experiencing health or personal problems that prevent full participation in the course should attempt to contact the CI and the DCE prior to class. The CI and DCE reserve the right to determine the legitimacy of all excuses and may request written documentation verifying the absence. It is at the discretion of the CI to require additional assignments to be completed in lieu of absences. If a CI is concerned about a student’s attendance in a course, including multiple excused absences, he/she may submit a professional behavior citation to the Progress and Conduct Committee.

Students are discouraged from planning vacations and/or appointments that will result in missed clinical time; an elective physician’s appointment may not be considered an excused absence. Tardiness of over 15 minutes will be deemed as an unexcused absence, unless the student has prior approval from his/her CI. There will be minimal opportunities to make up for missed time in clinic. More than one unexcused absence and/or failure to complete any additional assignments required by the instructor may result in a 10% reduction in a student’s final grade and/or a professional behavior citation to the Progress and Conduct Committee.

In addition to attendance, success in this course is dependent on the participation of each individual enrolled in the course. As part of adult-centered learning, each student is expected to be prepared to participate in clinical education prior to the start of each clinical day. Students who do not bring the necessary materials and/or do not wear appropriate clothing for class will
be dismissed from clinic to retrieve materials and/or change into appropriate attire. Each student is also expected to contribute to the clinical setting on a daily basis. Failure to do so will make it difficult for a student to gain a good understanding of how the clinic operates and the treatment of patient’s, thus potentially negatively effecting learning and the student’s overall progress/grade in the course. If a CI feels a student is not properly participating and/or preparing for clinical, the CI is encouraged to speak individually with the student and/or DCE. The DCE may submit a professional behavior citation to the Progress and Conduct Committee.

Recognizing that true professionalism is the integration of knowledge and skill with altruistic attitudes, values and behaviors, the DPT Program expects its students to develop the dispositions of competent and compassionate health care professionals, and requires that they behave in a manner that brings honor on their profession at all times. In keeping with this philosophy, faculty will act consistently and officially to guide students towards acceptable behaviors, and to take corrective action in the event of repeated or serious infractions of expected professional conduct. Upon the witnessing of behavior that is in conflict with that articulated in Departmental and profession-based documents outlining expected behaviors (e.g., professional Code of Ethics, HIPAA, Student Handbook, etc.), but which falls short of academic or non-academic misconduct, a CI shall contact the DCE who will submit a professional behavior citation to the DPT Progress and Conduct Committee. This includes appropriate use of electronic technology in the clinic. Laptops, tablets, and cell phones may be used for learning activities, such as online research, reviewing PowerPoint slides, and taking notes during lecture or in class activities, although students should follow the clinic’s policies on technology use in the clinic. Students using electronic technology to view social media outlets, check email, work on other course assignments or study for an upcoming exam will receive a professional behavior citation to the DPT Progress and Conduct Committee. Actions that are more severe (e.g., academic misconduct, sexual violence, violation of laws), will be referred to process defined in the School of Graduate Studies and University Student Handbooks.

Part of becoming a professional is the ability to peer-assess. In an effort to comply with University standards, as well as accreditation and ongoing programmatic quality assurance, completion of all DPT course evaluations and graduate curriculum assessments is required in order for the student to be assigned a course grade and/or graduate.
Keeping consistent with University standards, the grading scale below will be utilized for this course:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-92.9%</td>
</tr>
<tr>
<td>B+</td>
<td>88-89.9%</td>
</tr>
<tr>
<td>B</td>
<td>83-87.9%</td>
</tr>
<tr>
<td>B-</td>
<td>80-82.9%</td>
</tr>
<tr>
<td>C+</td>
<td>78-79.9%</td>
</tr>
<tr>
<td>C</td>
<td>73-77.9%</td>
</tr>
<tr>
<td>C-</td>
<td>70-72.9%</td>
</tr>
<tr>
<td>D+</td>
<td>68-69.9%</td>
</tr>
<tr>
<td>D</td>
<td>60-67.9%</td>
</tr>
<tr>
<td>F</td>
<td>≤59.9%</td>
</tr>
</tbody>
</table>

Please note that when grades are calculated, instructors will not round the percent up or down. For example, an 89.9 is a B+. For the purposes of pass/fail courses, a student must achieve a score of 80% or better in the course, as well as successfully complete all required course components to the satisfaction of the course instructor.

Unless otherwise noted by the course instructor or specified below, all assignments are to be typed, completed individually, and submitted to drop boxes on the course website by 11:59 PM CST. Assignments should be titled as follows: Lastname_Firstname_Courseprefix and number_Brief assignment description (e.g., Cross_Patrick_DPT600_codeofethicsassignment). Students should complete assignments early to avoid lateness due to computer problems and other issues that arise when completing assignments at the last minute. Scores will be reduced 10% per day for late assignments or projects.

Students are expected to adhere to Briar Cliff University’s policies on academic integrity. Violations, as outlined in University policies, will be reported.

- **Academic dishonesty** is defined as, but not limited to the following: copying a classmate’s work, using crib notes during a test, stealing or conveying examination questions, informing classmates of information on practical examination, maintaining library materials so that classmates cannot utilize the materials, falsely representing clinical cases, turning in written assignments that are not authentic, or fabrication of any sort. No credit can be given for a dishonest assignment. At the discretion of the instructor, a student caught engaging in any form of academic dishonesty may, at a minimum, receive a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.

- **Plagiarism** is defined as using the words and/or ideas of another and representing them to be one’s own, without proper credit to the author or source. The act of writing is an integral part of the learning process. If a student tries to pass off the work of another writer as their own, whether intentional or unintentional, plagiarism will result, at a minimum, in a grade of zero for that assignment, and could result in receiving a failing grade for this course and/or administrative action, including expulsion from the University.
All students will have one week after the distribution of an assignment to dispute a response or grade. The dispute must be typed and include the following: item number or what is being challenged, why the response should be considered correct, and an accurate reference(s). If an error was made in the grading (e.g., instructor marked an answer wrong and it was correct per the answer key or instructor did not add up points correctly), a dispute is not necessary. However, it must be brought to the instructor’s attention within one week of the distribution of the assignment.

In parallel to policies established by the School of Graduate Studies and the DPT Program, an assignment of a failing or “incomplete” grade may affect a DPT student’s progression in the program. Please see course expectations regarding how unexcused absences and/or failure to complete course evaluation may effect a grade. In addition, there will not be any extra credit opportunities unless otherwise noted by the instructor.
EVALUATIVE ITEMS

Assignments:
1. Prior to the Clinical Education experience, students must complete or provide:
   a. Evidence of Student Clinical Education Preparation form
      • Affiliation Agreement section: Students are required to read the University-Site Affiliation Agreement and sign the above form stating the Agreement has been read.
      • Preparatory Checkoff section: Students are required to read the CSIF for placement site. Student will “check” each item that must be completed and includes dates these items have been completed. Student submits this form, signed, to the DCE by the due date.
   b. Proof of current immunization
      • Students are required to provide proof of current immunization based upon Briar Cliff University Physical Therapy Program and/or facility requirements, whichever is greater. It is the student's responsibility to see that this information is received by the established due date in order to receive full percentage credit for this requirement. Failure to submit this information may result in a delay in Clinical Education start date, which may ultimately affect completion of the program.
   c. Biographical Information Sheet via Acadaware with measurable goals
      • The student submits at three-five measurable site-specific goals with the completed biographical information sheet by the due date.

2. During and after the Clinical Education experience the student must complete or provide:
   a. Weekly journals
      • The student is responsible for maintaining a weekly clinical education journal that is e-mailed to the DCE at the end of each week during the clinical education experience. All weekly journals must be e-mailed to the course directors by the below due date. Students begin their clinical experience with 100 points. It is acceptable if 1 weekly journal submission is no more than 3 working days late. Any subsequent late submission will result in a 5 point reduction in the overall grade for this requirement.
   b. Assessment tools
      • The student is responsible for completing the following forms for the midterm and final assessments.
        o Self-assessment utilizing the online Clinical Performance Instrument.
        o Assessment utilizing the Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form.
The student is responsible for the timely submission of all assessment tools used during the clinical education experience, including those completed by the CI.

- Midterm: Both student and CI must “sign off” on the online midterm assessment in order for the DCE to access the assessment online. Student and CI must both “sign off” on both assessments no later than the end of the fourth week of the clinical education experience. Students will begin their clinical experience with 100 points for this requirement. Failure to complete the midterm requirements by the due date will result in a 5 point deduction per day, beginning with Monday of the sixth week.
- Final: The final CPI must be “signed off” electronically by both CI and student in order for the DCE to access the assessment. Student and CI must both “sign off” on both assessments before the student leaves the clinical experience. The following additional forms must be received in the Physical Therapy department within three working days (in order to prepare grades for graduation).

Other: The course director will determine the final grade for this course. Seventy percent of the total grade is based upon the CPI (completed by the CI). The remaining thirty percent is distributed among various assignments and student responsibilities detailed above.

In order to successfully complete this course, the following criteria must be met:
1. No red-flag items checked at the final evaluation.
2. No significant concerns boxes checked at the final evaluation.
3. Progress on the rating scales on each of the performance criteria from the midterm evaluation to the final evaluation.
4. Ratings which fall within Advanced Intermediate and Entry-Level for specialty clinical education setting, or Entry-Level and/or Beyond Entry-Level Performance for all other clinical education settings.

Failure to successfully complete this course will result in a formal review by the Briar Cliff University Department of Physical Therapy Academic Faculty. Academic Standards and Performance Expectations can be found in the BCUPT Student Handbook. A student will automatically receive the grade of “F” (failure) if any of the following conditions are met:

1. A red flag at the time of the final evaluation in any of the performance criteria (red flag items are considered foundation elements in clinical practice):
   - Safety: Practices in a safe manner that minimizes the risk to patients, self, and others;
   - Professional Behavior: Demonstrates professional behavior in all situations;
   - Accountability: Practices in a manner consistent with established legal and professional standards and ethical guidelines;
• Communication: Communicates in ways that are congruent with situational needs;
• Clinical Reasoning: Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

2. Three “significant concerns” boxes checked on the remaining 15 performance criteria (criteria that are not red flags) at the time of the final evaluation.

<table>
<thead>
<tr>
<th>Evaluative Item</th>
<th>Due Date</th>
<th>Overall Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of Student Clinical Education Form: Affiliation Agreement Section</td>
<td>February 26, 2018</td>
<td>2.5%</td>
</tr>
<tr>
<td>Evidence of Student Clinical Education Form: Preparatory Check Off Section</td>
<td>February 26, 2018</td>
<td>2.5%</td>
</tr>
<tr>
<td>Proof of current immunization</td>
<td>February 26, 2018</td>
<td>5.0%</td>
</tr>
<tr>
<td>Biographical information sheet with measurable goals</td>
<td>February 1, 2018</td>
<td>5.0%</td>
</tr>
<tr>
<td>Weekly Journals</td>
<td>Monday of each week</td>
<td>5.0%</td>
</tr>
<tr>
<td>Mid-term Completion verifications</td>
<td>April 6, 2018</td>
<td>5.0%</td>
</tr>
<tr>
<td>Final Submissions</td>
<td>May 4, 2018</td>
<td>5.0%</td>
</tr>
<tr>
<td>Electronically finalized CPI with sign offs completed</td>
<td>May 4, 2018</td>
<td>70%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Pass
- 80-100
- No red-flag items checked at the final evaluation
- No significant concerns boxes checked at the final evaluation
- Progress on the rating scales on each of the performance criteria

Fail
- <79.99 and/or
- A red-flag item checked at the time of the final evaluation
- If three significant concern boxes are checked at the final evaluation
- No progress on rating scales of the performance criteria

Upon completion of this course, the student will be able to demonstrate, incorporate, and integrate the above objectives into the clinical learning experience. Confirmation will be demonstrated through written feedback via the Clinical Performance Instrument, Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction form, written journal entries, and verbal feedback between the CI, student, and faculty advisor.

Tests & Measurement Skills/Intervention Skills:
The following list of skills that further expounds upon the tests & measurements as well as interventions found in Course Objectives. Upon completion of this course, the student will be able to incorporate the didactic knowledge of the following skills in a fashion consistent with the setting of their clinical education experience and in a fashion consistent with their level in the curriculum.
Tests & Measures relevant to the history, chief complaint, and screening (listed alphabetically; see Guide to Physical Therapy Practice for additional details)

- Aerobic Capacity & Endurance
- Anthropometric Characteristics
- Arousal, Attention, Cognition
- Assistive & Adaptive Devices
- Circulation
- Cranial & Peripheral Nerve Integrity
- Environmental, Home, and Work (Job/School/Play) Barriers
- Ergonomics & Body Mechanics
- Gait, Locomotion, & Balance
- Integumentary Integrity
- Joint Integrity & Mobility
- Motor Function (Motor Control & Motor Learning)
- Muscle Performance (including Strength, Power, and Endurance)
- Neuromotor Development & Sensory Integration
- Orthotic, Protective, and Supportive Devices
- Pain
- Posture
- Prosthetic Requirements
- Range of Motion (including Muscle Length)
- Reflex Integrity
- Self-Care and Home Management (including ADL and IADL)
- Sensory Integrity
- Ventilation & Respiration/Gas Exchange
- Work (Job/School/Play), Community, and Leisure Integration or Reintegration

Interventions (listed alphabetically; see Guide to Physical Therapy Practice for additional details)

- Airway Clearance Techniques
- Coordination, Communication, and Documentation
- Electrotherapeutic Modalities
- Functional Training in Self-Care, Home Management, Work, Community, & Leisure
- Integumentary Repair and Protection Techniques
- Manual Therapy Techniques (including Mobilization/Manipulation)
- Patient/Client Related Instruction
- Physical Agents & Mechanical Modalities
- Prescription/Application of Devices and Equipment (Assistive, Adaptive, Orthotic, Protective, Supportive, and Prosthetic)
- Therapeutic Exercise
Communication:
Physical Therapy Faculty Members are committed to being as accessible as possible to students, but cannot be available at every moment a student needs. Email will be the best way to try to get in touch with the DCE. Please do not try to send text messages to the phone number listed on page one, unless it is very important (i.e. death of family member in the middle of the night for which the student needs to leave immediately). When a student e-mails the DCE in regards to this course, the person should include the course prefix and number or the clinical education experience number in the subject line. Faculty will make every effort possible to respond to all email messages within 24 hours, and much faster whenever possible. At the same time, students should also be checking e-mail regularly and open and read any e-mails received from an DCE.

If there is something urgent that a student needs addressed during regular business hours, the student can try calling the DCE or calling the Program Assistant, while the student is out on clinic. Office hours can be scheduled by appointment using Outlook. Also, if an instructor’s office door is open, feel free to come in and check on the instructor’s availability to meet. Any message that a student leaves on an instructor’s work voicemail will be forwarded via BCU e-mail.

Freedom in Learning:
Students are responsible for learning the content of any course of study in which they are enrolled. Student academic performance shall be evaluated solely on an academic basis and students should be free to take reasoned exception to the data or views offered in any course of study. Students who believe that an academic evaluation is unrelated to academic standards, but is related instead to judgment of their personal opinion or conduct should contact the Dean of Academic Affairs.

Policy on Fair Evaluation:
Each student is entitled to earn and receive a fair grade in each course for which he or she enrolls. It is the right and the responsibility of an instructor to establish criteria for evaluation for each course which he or she teaches and to determine the degree to which an individual student has fulfilled the standards set for the course. Students should be apprised that extraneous factors, such as the eligibility of a student for an organization’s membership, for scholarship and fellowship awards, for admission to graduate schools, or for participation on an athletic team, for example, have no bearing on the determination of the fairness of a grade or grades received. The quality of the student’s overall performance with respect to evaluation standards will be the only criterion for judgment.

Grievance Procedure:
Please consult the student handbook or catalog for specific guidance on BCU’s grievance procedures.

ADA Policy:
Students having legitimately evaluated physical conditions or learning difficulties are eligible for reasonable modifications of classroom and teaching conditions. Disability evaluations

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should be registered through the Student Support Services Office. If a student has a registered disability, please see the Course Director about arranging for accommodations as soon as possible.

**University Assessments/Surveys:**
The assessment of student learning is an integral part of the educational experience at Briar Cliff University. To this end, the faculty continually assess student learning to improve our teaching and to monitor student success. Occasionally a student will be requested to participate in both college-wide and discipline-specific assessment activities. Please take these assessments and surveys seriously. The data that is collected will provide valuable information to faculty and will be used to improve student learning at Briar Cliff University.
**SUPPORT SERVICES AND RESOURCES**

**Student Support Services:**
The Student Support Services office provides accommodations for students with disabilities. To obtain this service, students must make an appointment with the director to submit documentation, talk about the disability, and discuss the accommodations needed. Ideally, this should be done as soon as the student knows he/she will be attending Briar Cliff University because some accommodations require more lead time to provide. See the student disability handbook for more detailed information. Contact Brenda Parkhill by phone at 712-279-5531, or by e-mail at brenda.parkhill@briarcliff.edu.

**Writing Center:**
The Writing Center, located in the Bishop Mueller Library, is available to all Briar Cliff students for strengthening academic writing development. The Center provides one-on-one peer mentoring, workshops and computer-based tutorials. The Writing Center’s number is 712-279-5520 or a student can email the Writing Center mentors at writing.center@briarcliff.edu. The Center’s web address is bcuwritingcenter.wordpress.com.

**Academic Resource Commons:**
The Academic Resource Commons provides students with the resources and services necessary for academic success and recovery. Located in the ARC are the following: ELL support services, the Writing Center, Academic Peer Mentors, the Early Alert Project Manager and the Director of Academic Support and Achievement. Through one-on-one appointments, peer support and mentoring, workshops, and academic advising (in addition to faculty advising), the Academic Resource Commons empowers students to develop a comprehensive set of life and academic skills, connects students with all campus bodies, and offers the social, academic and personal support necessary to persist. Contact Stephanie Andell at Stephanie.Andell@briarcliff.edu.

**ELL Support Services:**
Located in the Academic Resource Commons, ELL support services provide students with additional help in reading comprehension, vocabulary development and grammar, writing skills, listening proficiency, and oral communication. Students closely work one-on-one with an ELL Specialist to help with their specific learning needs.

**Office of Academic Achievement:**
Recognizing there are a variety of reasons why a student may struggle academically, the director of academic support and achievement helps students overcome obstacles while empowering them to create their own unique, college experience. The director meets with students to 1) connect them with necessary campus resources; 2) provide the support and services necessary to aid in students’ success; and, 3) enable the development of programs that fit students’ ever-changing personal and academic needs as they persist at Briar Cliff University.

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The office of academic support and achievement serves students in all ways, and welcomes the opportunity to meet with a student for any reason—whether it be social, academic or personal. Contact Jessica McCormick at Jessica.McCormick@briarcliff.edu.
*This syllabus is subject to change if it is determined to be in the best interest of the students’ learning. Additional learning resources may be added to the course website that are not listed in the required or recommended readings columns of this schedule.

<table>
<thead>
<tr>
<th>Day/Date/Time</th>
<th>Topics/Activities</th>
<th>Session Learning Objectives</th>
<th>Required Readings (prior to class)</th>
<th>Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 12, 2018 – May 4, 2018</td>
<td>Fifth full-time Clinical Education</td>
<td>Individual learning objectives dependent on individual student needs in that particular setting</td>
<td>Class Syllabus</td>
<td>See above</td>
</tr>
</tbody>
</table>
APPENDIX A. CURRICULUM CONTENT

Taxonomic Levels:
Affective Domain: http://www.assessment.uconn.edu/docs/LearningTaxonomy_Affective.pdf
Psychomotor Domain:

CAPTE Curriculum Content:

CC-1. The physical therapist professional curriculum includes content and learning experiences in the biological and physical sciences necessary for initial practice of the profession (e.g., anatomy/cellular biology, histology, physiology, exercise physiology, exercise, biomechanics, kinesiology, neuroscience, pathology, and pharmacology. Learning experiences in the biological and physical sciences include laboratory or other practical experiences involving quantitative and qualitative observations.

CC-2. The physical therapist professional curriculum includes content and learning experiences in the behavioral sciences necessary for initial practice of the profession (e.g., applied psychology, applied sociology, communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidence-based practice, and applied statistics), including laboratory or other practical experiences.

CC-3. The physical therapist professional curriculum includes content and learning experiences in the clinical sciences (e.g., content about the cardiovascular, pulmonary, endocrine, metabolic, gastrointestinal, genitourinary, integumentary, musculoskeletal, and neuromuscular systems and the medical and surgical conditions frequently seen by physical therapists), including laboratory or other practical experiences.

CC-4. The physical therapist professional curriculum includes clinical education experiences for each student that encompass:
   a) Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care;
   b) Practice in settings representative of those in which physical therapy is commonly practiced;
   c) Interaction with physical therapist role models whose practice is consistent with the program’s philosophy of practice;
   d) Opportunities for involvement in interdisciplinary care; and
   e) Other experiences that lead to the achievement of expected student outcomes.

CC-5. The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required...
for initial practice of the profession of physical therapy.1(pp43-121),2(pp16-80)
The curriculum is designed to prepare students to meet the practice expectations listed in CC-5.1 through CC-5.66.

Professional Practice Expectation: Accountability

CC-5.1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
CC-5.2 Have a fiduciary responsibility for all patient/clients.
CC-5.3 Practice in a manner consistent with the professional Code of Ethics.
CC-5.4 Change behavior in response to understanding the consequences (positive and negative) of his or her actions.
CC-5.5 Participate in organizations and efforts that support the role of the physical therapist in furthering the health and wellness of the public.

Professional Practice Expectation: Altruism

CC-5.6 Place patient’s/client’s needs above the physical therapist’s needs.
CC-5.7 Incorporate pro bono services into practice.

Professional Practice Expectation: Compassion/Caring

CC-5.8 Exhibit caring, compassion, and empathy in providing services to patients/clients.
CC-5.9 Promote active involvement of the patient/client in his or her care.

Professional Practice Expectation: Integrity

CC-5.10 Demonstrate integrity in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.

Professional Practice Expectation: Professional Duty

CC-5.11 Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
CC-5.12 Participate in self-assessment to improve the effectiveness of care.
CC-5.13 Participate in peer assessment activities.
CC-5.14 Effectively deal with positive and negative outcomes resulting from assessment activities.
CC-5.15 Participate in clinical education of students.
CC-5.16 Participate in professional organizations.

Professional Practice Expectation: Communication
CC-5.17 Expressively and receptively communicate in a culturally competent manner with patients/clients, family members, caregivers, practitioners, interdisciplinary team members, consumers, payers, and policymakers.

Professional Practice Expectation: Cultural Competence

CC-5.18 Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all professional activities.

Professional Practice Expectation: Clinical Reasoning

CC-5.19 Use clinical judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes.

CC-5.20 Consistently apply current knowledge, theory, and professional judgment while considering the patient/client perspective in patient/client management.

Professional Practice Expectation: Evidence-based Practice

CC-5.21 Consistently use information technology to access sources of information to support clinical decisions.

CC-5.22 Consistently and critically evaluate sources of information related to physical therapist practice, research, and education and apply knowledge from these sources in a scientific manner and to appropriate populations.

CC-5.23 Consistently integrate the best evidence for practice from sources of information with clinical judgment and patient/client values to determine the best care for a patient/client.

CC-5.24 Contribute to the evidence for practice by written systematic reviews of evidence or written descriptions of practice.

CC-5.25 Participate in the design and implementation of patterns of best clinical practice for various populations.

Professional Practice Expectation: Education

CC-5.26 Effectively educate others using culturally appropriate teaching methods that are commensurate with the needs of the learner.

Patient/Client Management Expectation: Screening

CC-5.27 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Patient/Client Management Expectation: Examination

CC-5.28 Examine patients/clients by obtaining a history from them and from other sources.

CC-5.29 Examine patients/clients by performing systems reviews.

CC-5.30 Examine patients/clients by selecting and administering culturally appropriate and age-related tests and measures. Tests and measures include, but are not limited to, those that assess:
a) Aerobic Capacity/Endurance  
b) Anthropometric Characteristics  
c) Arousal, Attention, and Cognition  
d) Assistive and Adaptive Devices  
e) Circulation (Arterial, Venous, Lymphatic)  
f) Cranial and Peripheral Nerve Integrity  
g) Environmental, Home, and Work (Job/School/Play) Barriers  
h) Ergonomics and Body Mechanics  
i) Gait, Locomotion, and Balance  
j) Integumentary Integrity  
k) Joint Integrity and Mobility  
l) Motor Function (Motor Control and Motor Learning)  
m) Muscle Performance (including Strength, Power, and Endurance)  
n) Neuromotor Development and Sensory Integration  
o) Orthotic, Protective, and Supportive Devices  
p) Pain  
q) Posture  
r) Prosthetic Requirements  
s) Range of Motion (including Muscle Length)  
t) Reflex Integrity  
u) Self-Care and Home Management (including activities of daily living [ADL] and instrumental activities of daily living [IADL])  
v) Sensory Integrity  
w) Ventilation and Respiration/Gas Exchange  
x) Work (Job/School/Play), Community, and Leisure Integration or Reintegration (including IADL)

Patient/Client Management Expectation: Evaluation

CC-5.31 Evaluate data from the examination (history, systems review, and tests and measures) to make clinical judgments regarding patients/clients.

Patient/Client Management Expectation: Diagnosis

CC-5.32 Determine a diagnosis that guides future patient/client management.

Patient/Client Management Expectation: Prognosis

CC-5.33 Determine patient/client prognoses.

Patient/Client Management Expectation: Plan of Care

CC-5.34 Collaborate with patients/clients, family members, payers, other professionals, and other individuals to determine a plan of care that is acceptable, realistic, culturally competent, and patient-centered.

CC-5.35 Establish a physical therapy plan of care that is safe, effective, and patient/client-centered.
CC-5.36 Determine patient/client goals and outcomes within available resources and specify expected length of time to achieve the goals and outcomes.

CC-5.37 Deliver and manage a plan of care that is consistent with legal, ethical, and professional obligations and administrative policies and procedures of the practice environment.

CC-5.38 Monitor and adjust the plan of care in response to patient/client status.

Patient/Client Management Expectation: Intervention

CC-5.39 Provide physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
   a) Therapeutic Exercise
   b) Functional Training in Self-Care and Home Management
   c) Functional Training in Work (Job/School/Play), Community, and Leisure Integration or Reintegra
   d) Manual Therapy Techniques (including Mobilization/Manipulation Thrust and Nonthrust Techniques)
   e) Prescription, Application, and, as Appropriate, Fabrication of Devices and Equipment
   f) Airway Clearance Techniques
   g) Integumentary Repair and Protection Techniques
   h) Electrotherapeutic Modalities
   i) Physical Agents and Mechanical Modalities

CC-5.40 Determine those components of interventions that may be directed to the physical therapist assistant (PTA) upon consideration of: (1) the needs of the patient/client, (2) the PTA’s ability, (3) jurisdictional law, (4) practice guidelines/policies/codes of ethics, and (5) facility policies.

CC-5.41 Provide effective culturally competent instruction to patients/clients and others to achieve goals and outcomes.

CC-5.42 Complete documentation that follows professional guidelines, guidelines required by health care systems, and guidelines required by the practice setting.

CC-5.43 Practice using principles of risk management.

CC-5.44 Respond effectively to patient/client and environmental emergencies in one’s practice setting.

Patient/Client Management Expectation: Outcomes Assessment

CC-5.45 Select outcome measures to assess individual outcomes of patients/clients using valid and reliable measures that take into account the setting in which the patient/client is receiving services, cultural issues, and the effect of societal factors such as reimbursement.

CC-5.46 Collect data from the selected outcome measures in a manner that supports accurate analysis of individual patient/client outcomes.

CC-5.47 Analyze results arising from outcome measures selected to assess individual outcomes of patients/clients.

CC-5.48 Use analysis from individual outcome measurements to modify the plan of care.
CC-5.49 Select outcome measures that are valid and reliable and shown to be generalizable to patient/client populations being studied.

Practice Management Expectation: Prevention, Health Promotion, Fitness, and Wellness

CC-5.50 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities.

CC-5.51 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapist practice.

CC-5.52 Apply principles of prevention to defined population groups.

Practice Management Expectation: Management of Care Delivery

CC-5.53 Provide culturally competent first-contact care through direct access to patients/clients who have been determined through the screening and examination processes to need physical therapy care.

CC-5.54 Provide culturally competent care to patients/clients referred by other practitioners to ensure that care is continuous and reliable.

CC-5.55 Provide culturally competent care to patients/clients in tertiary care settings in collaboration with other practitioners.

CC-5.56 Participate in the case management process.

Practice Management Expectation: Practice Management

CC-5.57 Direct and supervise human resources to meet patient’s/client’s goals and expected outcomes.

CC-5.58 Participate in financial management of the practice.

CC-5.59 Establish a business plan on a programmatic level within a practice.

CC-5.60 Participate in activities related to marketing and public relations.

CC-5.61 Manage practice in accordance with regulatory and legal requirements.

Practice Management Expectation: Consultation

CC-5.62 Provide consultation within boundaries of expertise to businesses, schools, government agencies, other organizations, or individuals.

Practice Management Expectation: Social Responsibility and Advocacy

CC-5.63 Challenge the status quo of practice to raise it to the most effective level of care.

CC-5.64 Advocate for the health and wellness needs of society.

CC-5.65 Participate and show leadership in community organizations and volunteer service.

CC-5.66 Influence legislative and political processes.
Proposed CAPTE Standards:
http://www.capteonline.org/uploadedFiles/CAPTEorg/About_CAPTE/What_We_Do/Whats_N ew/CAPTE_MASTERRevisedCriteria.pdf


DPT Goals
In parallel with the Program’s mission, upon completion of all requirements of the Briar Cliff University School of Physical Therapy, the **graduate** will be prepared to:

1. Practice physical therapy autonomously.
2. Be leaders within their communities and profession.
3. Provide health care services in underserved settings.
APPENDIX B. SYLLABUS CONTRACT

Name: ____________________________________________
(Print)                                      Date: ______________

PLEASE INITIAL THE FOLLOWING:

_____ I understand the assignment expectations as stated in the syllabus.

_____ I understand the policies regarding performance expectations for this class.

_____ I understand the policies regarding attendance and late work/papers for this class.

_____ I understand the attendance policy in place for this class, including my missed tests, assignments, and in-class work.

_____ I understand the expectations regarding before class preparation and in-class participation.

_____ I understand the expectations regarding classroom conduct, including the use of electronic devices and tardiness.

_____ I understand the importance of maintaining a constructive and respectful environment during all class sessions.

_____ I have read the above and understand that failure of any of the above will affect my grade in a negative manner even to the result of failing this course.

_______________________________________________
Student’s Signature

Approved 11/2014
Doctor of Physical Therapy* Clinical Education Affiliation Agreement

This Agreement is made and entered into by and between __________ (hereinafter referred to as Site/Facility) and Briar Cliff University (hereinafter referred to as University) on ______.

The purpose of this Agreement is for University to obtain access to and use of Site/Facility facilities for the purpose of providing clinical experience to Doctor of Physical Therapy student(s) working toward a degree in the University’s Doctor of Physical Therapy Program.

1. The clinical education program at the Site/Facility will extend over the period of time provided in this Agreement, subject to renewal. The University and the Site/Facility will mutually agree upon beginning and finishing dates for the placement of each student in the clinical education program in writing.

2. The number of students eligible to participate in the clinical education program will be mutually determined by agreement of parties and may be altered by mutual agreement.

3. It is mutually agreed that there shall be nondiscrimination and equal opportunity on the basis of a person’s race, religion, national origin, ancestry, citizenship, gender, sexual orientation, age, or disability.

4. Briar Cliff University agrees that:

   a. Faculty of the University will be responsible for the assignment of DPT student(s) to appropriate clinical education sites and the number of students will be subject to the facility’s personnel with information regarding students provided at least 4 weeks prior to the start of each clinical education experience.
   i. If extenuating circumstances arise and both parties are acceptable to a shorter time frame, the information will be provided as needed.

   b. University will carry medical professional liability insurance of at least $1,000,000 per occurrence and $3,000,000 aggregate on all physical therapy students while they are in the clinical setting as part of their teaching/learning experiences. Copies of insurance certificates will be provided to the Site/Facility.

   c. University shall require and document students’ current health certification and provide it to Site. Health information shall include:
i. Students members are recommended to receive an annual influenza vaccine immunization

ii. A Two-Step TB process shall be documented as well as a current TB test from within the prior 12 months. If the individual has had a positive TB test then a check x-ray completed within the last 12 months is needed along with a Tuberculin Assessment Form that has been completed no earlier than 3 weeks before starting.

iii. Individuals will show proof of immunity to Varicella (chickenpox) through documentation of treatment by physician, documentation of Varicella vaccinations, or Varicella titer.

iv. Individuals will show proof of documentation of two MMR vaccinations.

v. Evidence that student has received the vaccination against Hepatitis B, proof of immunity to Hepatitis B, (or written refusal of Hepatitis B vaccination signed by student that expressly holds Site/Facility harmless for any Hepatitis B exposure or infection that may result from student’s clinical experience at Site/Facility) and/or such other immunization and health related testing as may be required by the State Department of Health Services or the Occupation Health and Safety Administration for each student assigned to Site/Facility, as these requirements may change from time to time. For purposes of this Agreement, student shall be considered to be vaccinated against Hepatitis B if he or she has received at least one injection of the vaccine and is in the process of completing the required series of three injections.

vi. The Tdap (tetanus) inoculation is highly recommended but not required. Student should check individual health care agency requirements.

d. During the course of this agreement, student will also provide University with evidence of Cardiopulmonary Resuscitation (CPR) skills and AED skills for the Healthcare Provider, as approved by the American Heart Association or the American Red Cross, before clinical education experience begins.

e. University shall require and document criminal and abuse background checks on each student and provide evidence as requested by Site/Facility. Any issues identified in background checks will be discussed before student experience with Site/Facility. This shall also include certification of completion of training for child and dependent adult mandatory reporters.
f. Student and faculty will respect the confidential nature of all information which may come to them with regards to patients and patient records, and may not publish this data.

g. The University shall assume responsibility for assuring continuing compliance with educational standards established by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

h. The University maintains the privilege to visit the Site/Facility before, after, and/or during the clinical education experience.

i. The University will assign to the Site/Facility only those students who have satisfactorily completed all didactic portion of the curriculum prior to the start of his/her clinical education experience.

j. The University will provide the Site/Facility with the information needed to plan meaningful clinical activities, and will consider supplying any additional information required by the Site/Facility prior to the arrival of the student.

k. The University will assign a pass/fail grade for the clinical education experience.

l. The University will facilitate and maintain regular communication between the academic and clinical faculty.

m. The University will provide the following supervision while the student is on site during the clinical education experience.

   i. A site, telephone, and/or telecommunications visit will be completed for each student. During the site visit, the University faculty member, the Director of Clinical Education, (DCE) will meet separately or in a group as indicated with the student, the Clinical Instructor (CI), the Center Coordinator of Clinical Education (CCCE), and/or the Department Director to discuss the student’s progress, problems, or other issues. During the telephone or telecommunications visit, the University’s faculty member will converse separately or in a group as indicated with the student, CI, CCCE, and/or Department Director to discuss the student’s progress, problems, or other issues.

   ii. Additional site/telephone/telecommunications visits per the request of the Facility/Site or the University if problems arise during the clinical education experience.
iii. Monitoring of e-mails from the student to a University faculty member regarding student progress and/or concerns.

n. The clinical education faculty will have privileges to exclusive benefits potentially including library privileges, university e-mail, ability to sit in on physical therapy department committees and admissions and reduced cost faculty development opportunities as offered by the University.

5. The Site/Facility agrees that:

   a. Doctor of Physical Therapy students from Briar Cliff University may receive clinical experience that meets course/curriculum objectives in and through the Site/Facility.

   b. The CI at the Site/Facility will cooperate in selecting appropriate patients to be cared for by the student(s) for learning purposes.

   c. Staff of the Site/Facility will collaborate in planning care for patient(s)/family(s) assigned to student(s).

   d. Staff of the Site/Facility will cooperate in involving physical therapy students in interprofessional learning experiences to the extent these are available and appropriate to patient/family care and student learning.

   e. The Site/Facility is accredited/approved by the appropriate body(s).

   f. Site/Facility will provide or arrange for emergency treatment in the event of accident or illness to student associated with their learning experience while at the Site/Facility. Emergency treatment shall be the financial responsibility of the student. Site/Facility agrees that if blood or bodily fluid exposure occurs to a student or faculty while caring for a Site/Facility patient during a clinical education experience, the Site/Facility is responsible for the follow-up procedures for the source patient defined by State and OSHA regulations. The student is responsible for all costs associated with source patient procedures, testing, and related expenses.

   g. The Site/Facility may terminate the participation of any student in any clinical education experience governed by this Agreement if Site/Facility determines that student failed to observe applicable policies, procedures, rules, regulations, or the instruction of Site/Facility CI/CCCE or has in any other manner compromised an
acceptable standard of patient care. Site/Facility will immediately notify University of any such termination.

h. The Site/Facility should provide clinical education experiences consistent with the mission and vision of the program.

i. The Site/Facility should provide supervision appropriate to the academic and clinical level of the student. The Site/Facility will discuss expectations, provide feedback, and discuss completed evaluation forms with the student, and submit written documentation of student performance as required by the University.

j. The Site/Facility should designate and submit in writing to the University for acceptance of the name and professional and academic credentials of a clinical individual responsible for the clinical education program at the Site/Facility. This person is called the Center Coordinator of Clinical Education (CCCE).

k. Site/Facility should notify the University promptly of any changes in personnel, operations, or policies that may impact the clinical education assignment.

l. The Site/Facility will suggest programming to the University that may prove beneficial to the Site/Facility.

m. The Site/Facility will orient the student including policies, procedures, and objectives regarding the Site/Facility within the first two days of the clinical education experience.

n. The Site/Facility faculty are required to complete the student CPI evaluation and Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction at midterm and final of each full time clinical education experience.

o. The Site/Facility require the student to complete 40 hours of work per week and schedule will be determined by CI and the Site/Facility.

6. The Student agrees that:

a. The student is responsible for following the administrative policies of the Site/Facility as well as the laws established by the practice act and rules and regulations of the State.

b. The student agrees they will have learning objectives completed prior to the site visit and will discuss these objectives within the first two days of their clinical education experience.
c. The student is responsible for reporting to the Site/Facility on time and following established regulations.

d. The student is responsible for providing transportation to and from the Site/Facility and is responsible for locating and paying for housing during the clinical education experience.

e. The student is responsible to conduct himself/herself in a professional manner as outlined by the Code of Ethics of the APTA.

f. Students will wear name tags identifying them as Doctor of Physical Therapy students and being from the University.

g. Physical therapy students and faculty will honor the policies of the Site/Facility in relation to patient/family treatment recognizing the Site/Facility staff is responsible for the patient/family even though patient/family is being cared for by a doctor of physical therapy students.

h. Students will complete a student CPI evaluation and Physical Therapist Student Evaluation: Clinical Experience & Clinical Instruction at midterm and final of each full time clinical education experience.

i. Students who are participating in approved professional activities such as CSM, Annual Conference, Student Conclave, continuing education courses, etc including attending and presenting, can ask the Clinical Education Committee for excuse from the clinical education experience

7. It is mutually agreed that:

a. Both parties to this agreement shall have the right to discontinue or terminate this agreement by giving a 90 day notice to the other party.

b. Faculty and CI(s) will participate in the evaluation of student performance during and at completion of the clinical education experience.

c. If either party deems changes are recommended to this document, the initiating party will make changes and submit to the second party. The second party will then review changes and resubmit to first party with several cycles of this process until the document can be fully agreed upon by both parties.

Briar Cliff University
*Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

Briar Cliff University is seeking accreditation of a new physical therapist education program from CAPTE. The program will submit an Application for Candidacy, which is the formal application required in the pre-accreditation stage. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the professional phase of the program; therefore, no students may be enrolled in professional courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.
PREAMBLE

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

Key Assumptions

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

Acknowledgement

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

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

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address   City   State

Clinical Experience Number   Clinical Experience Dates

Signatures

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

Student Name (Provide signature)   Date

Primary Clinical Instructor Name (Print name)   Date

Primary Clinical Instructor Name (Provide signature)

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

Additional Clinical Instructor Name (Print name)   Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned
Highest degree earned   Degree area
Years experience as a CI
Years experience as a clinician
Areas of expertise
Clinical Certification, specify area
APTA Credentialed CI   □ Yes   □ No
Other CI Credential   State   □ Yes   □ No
Professional organization memberships   □ APTA   □ Other
SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site

   Address   City   State

2. Clinical Experience Number

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

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

Orientation

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

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

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

Patient/Client Management and the Practice Environment

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

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

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

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

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

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Screening</td>
<td>Prognosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• History taking</td>
<td>Plan of Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Systems review</td>
<td>Interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tests and measures</td>
<td>Outcomes Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

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

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

Clinical Experience

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

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

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

☐ 1 student to 1 CI
☐ 1 student to greater than 1 CI
☐ 1 CI to greater than1 student; Describe

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

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

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

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

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

☐ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
☐ Time well spent; would recommend this clinical education site to another student.
☐ Some good learning experiences; student program needs further development.
☐ Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience?

21. What curricular suggestions do you have that would have prepared you better for this clinical experience?
SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

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

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

Midterm Evaluation   □ Yes   □ No   Final Evaluation   □ Yes   □ No
24. If there were inconsistencies, how were they discussed and managed?
   Midterm Evaluation
   Final Evaluation

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

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

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.
Acadaware Student Final CI Evaluation (Desk-top report view)

Student:
Internship:
Site:
Care Class:
Instructor:

1. CI was welcoming and supportive
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

Comments: My CI was always very friendly and supportive of helping me grow as a therapist.

2. Expectations and goals were appropriate and discussed early, often and revised if needed
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

Comments: My CI was very good at discussing her expectations for me along the course of my experience.

3. CI allowed me to share my ideas and contribute
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

Comments: I felt as though my CI treated me as a peer and I never felt as though she was talking down to me. She always asked what I planned to do with patients and allowed me to offer my ideas for treatment.
4. Appropriate time was allotted to discuss patient management
   - **Strongly Agree**
   - Agree
   - Disagree
   - **Strongly Disagree**

   Comments: My CI always found time to discuss patient management throughout the day.

5. Appropriate time was allotted to discuss my performance
   - **Strongly Agree**
   - Agree
   - Disagree
   - **Strongly Disagree**

   Comments: My CI never worried about taking a little extra time to discuss my performance and provide feedback on my performance.

6. Feedback was constructive and balanced
   - **Strongly Agree**
   - Agree
   - Disagree
   - **Strongly Disagree**

   Comments: I was frequently provided with feedback on both things that I have been doing well and things that I can improve upon.

7. CI provided suitable levels of supervision and guidance

   Answer: Strongly Agree

   Comments: My CI always provided me with adequate supervision and feedback but allowed me to have a significant level of freedom to allow me to build my confidence and use my knowledge and skills.
8. Communication was good between CI and student
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

Comments: I felt as though we maintained open, constructive communication throughout the experience.

9. Progression of responsibility was just right and challenged me appropriately
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

Comments: My CI knew when I needed to be pushed to make significant progress in my development and increased my responsibility accordingly.

10. CI mentored effective clinical skills
    - Strongly Agree
    - Agree
    - Disagree
    - Strongly Disagree

Comments: My CI was always talking about clinical skills to provide the best treatment for each patient.

11. CI was an excellent professional role model
    - Strongly Agree
    - Agree
    - Disagree
    - Strongly Disagree

Comments: My CI was always very professional and treated all of her patients with the utmost respect. She also valued the field of physical therapy and made me want to be a better therapist.
12. I would recommend this CI to future students
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

Comments: I feel as though I have made the most improvements working with this CI.

13. Additional Assessment Comments

Comments: I think it is very important to discuss expectations with each student and formulate short term progressions each week to reach the end-goal.
1. What describes your assessment of the Supervision and Guidance you typically received?
   - Needed much more
   - Needed a little more
   - Just Right
   - Needed a little less
   - Needed a lot less

Comments: My CI provided me with adequate guidance and feedback while still providing me the independence that allowed me to build my confidence.

2. What best describes your assessment of the Progression of Responsibility
   - Too slow
   - A little too slow
   - Just right
   - A little too fast
   - Too fast

Comments: Over the course of my clinical my CI and I were always discussing my goals and where I should be each week. By the end of my clinical experience I was seeing the majority of the caseload.

3. Rate your assessment of the Frequency of Feedback and Discussion
   - Needed more
   - Needed a little more
   - Just right

Comments: I had a very open communication with my CI and we were always discussing our patients and ideas for treatment as well as any improvements that I could make in my treatment approach.
4. What best represents your level of satisfaction with the overall type of feedback you received
   - Very satisfied
   - Satisfied
   - Slightly satisfied
   - Not satisfied

Comments: My CI was very open and honest with her feedback and with her expectations of where I should be at the end of my clinical and that helped immensely.

5. What best represents your level of satisfaction with the achievement of your goals for this internship
   - Very satisfied
   - Satisfied
   - Slightly satisfied
   - Not satisfied

Comments: I feel as though I have improved immensely since starting this experience. I am now much more confident and efficient in conducting all aspects of care in the acute setting.

6. The Clinical site was well prepared for my internship
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

Comments: This clinical site is used to having students and they were very accommodating.

7. The orientation process was thorough and informative
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

Comments: I did my orientation very early in my experience and it helped to make me feel a lot more comfortable with the environment.
8. I was made to feel welcome and part of the team
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

Comments: The rehab team was very welcoming and everyone was always looking out for me and offering their help when they were able.

9. The overall learning environment was excellent
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

Comments: I was always able to try out my ideas and had the freedom to make mistakes and work with a diverse patient population.

10. Evidence based practice was the standard of care for this clinic
    - Strongly Agree
    - Agree
    - Disagree
    - Strongly Disagree

Comments: The PTs and OTs were able to justify their decisions based upon researched material.

11. I would recommend this clinical site to other students
    - Strongly Agree
    - Agree
    - Disagree
    - Strongly Disagree

Comments: The environment was great and really allowed me to grow as a PT. I looked forward to coming to the hospital every day and continuing to learn.
12. Percent time you were involved in working with patients/clients

   Musculoskeletal: 21
   Neuromuscular: 16
   Cardiovascular: 26
   Integumentary: 23
   Other: 14

   Age 0-10: 0
   Age 11-17: 0
   Age 18-40: 21
   Age 41-64: 42
   Age 65 Plus: 37

13. What was most helpful for your learning during the second half of this internship?

   - I think that having an open, honest discussion about what my CI expected of me by the end of my internship helped to applied the necessary pressure to allow me to push myself to be better than I thought that I could be.

14. What specific suggestions do you have for your instructors(s) to make the clinical instruction you received even better?

   - I feel like you should continue having open discussions with your students to provide them with expectations and short term goals each week to reach those expectations.

15. Please provide any other constructive feedback on the student program at this facility.

   - I think I would just recommend continuing pairing students with the great staff that you have and allowing them to have the freedom to learn and test their knowledge.

16. Identify the special learning opportunities you were exposed to during this clinical experience.

   - I had the chance to attend two in-service presentations, work with very complex neurological patients, take part in the bi-weekly care conferences, and make a presentation for the annual employee "refresh" course.
17. List the different types of healthcare providers you interacted with during your clinical experience.
   - Physician, nutritionist, wound care nurse, RNs, PCTs, occupational therapists, respiratory therapists, PTAs, Rehab techs, social workers, case managers

18. What suggestions do you have for any future students?
   - Be prepared! I feel like I was much more successful working with patients when I went home at night and researched different treatment approaches and educating myself on the various conditions that I was exposed to.

19. Please provide any helpful information for future students about logistics.

20. To what activities/experiences were you exposed for which you felt well prepared?
   - I felt like I was well prepared for most of the aspects of the exam/eval and interventions.

21. To what activities/experiences were you exposed for which you felt unprepared?
   - I felt like I was not prepared to always be aware of the lines and tubes when working with and transferring patients. Also, I was not quite as well prepared for the precautions to look for when working in the acute setting. I feel like I could have been more prepared for working with complex neuro patients.

22. What suggestions do you have for changes in the academic curriculum?
   - More hands on practice with acute situations and interventions aimed at complex neurological patients, especially those that are very low on the Rancho scale.
Guidelines and Self-Assessments for Clinical Education

2004 Revision

Endorsed by APTA’s House of Delegates, June 13, 1993

Adopted by APTA’s Board of Directors, 1992, 1999, 2004

Order No. E-48
ISBN 1-887759-68-9
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Clinical education represents a significant component of physical therapy* curricula that has been continuously examined and discussed since the APTA publications of Moore and Perry (1976) entitled Clinical Education in Physical Therapy: Present Status/Future Needs and Barr and Gwyer (1981) entitled Standards for Clinical Education in Physical Therapy: A Manual for Evaluation and Selection of Clinical Education Centers. As a result, the Association and the Section for Education have launched a number of initiatives to explore and enhance clinical education and to clarify and revise the roles and expectations for individuals responsible for providing student clinical learning experiences. Some of these notable undertakings included conferences held in Kansas City, Missouri (1983), Rock Eagle, Georgia (1985), and Split Rock, Pennsylvania (1987). All of these efforts spurred the growth and development of clinical education research, student evaluation* and outcome performance assessment, training and development programs for clinical educators, regional consortia, several National Task Forces on Clinical Education, and universal guidelines for clinical education.

Between 1989 and 1994, two Task Forces on Clinical Education (1989–1991 and 1992–1994), in concert with clinical educators throughout the nation, dedicated their energies towards the development and refinement of voluntary guidelines for clinical education. Approximately 2,500 clinical educators provided substantial feedback on these documents through consortia, academic programs, or individual responses directly to the Task Force on Clinical Education, or through testimony given at a total of five hearings held in San Francisco, Denver, and Virginia in 1992. The culmination of these efforts was the development of three documents: Guidelines for Clinical Education Sites, Guidelines for Clinical Instructors (CIs), and Guidelines for Center Coordinators of Clinical Education (CCCEs). These guidelines were first adopted by the APTA Board of Directors in November 1992 and endorsed by the APTA House of Delegates on June 13, 1993. Revisions to these Clinical Education Guidelines have been subsequently approved by the APTA Board of Directors in 1999 and 2004.

The intent of these voluntary guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CIs and CCCEs. These documents reflect the nature of current practice and also represent the future ideals of physical therapy clinical education. The guidelines were designed to encourage and direct clinical education in diverse settings ranging from single or multiple clinicians, public or private clinical education sites, and clinical education sites housed within a building or a patient’s home.

These guidelines are most effective when used collectively; however, they have been written in a format that allows them to be used separately. Each guideline is accompanied by measurement statements to help the clinical education site, CIs, and CCCEs understand how to demonstrate the attainment of the specific guidelines and to delineate areas for further growth. In addition, each document provides minimal guidelines essential for quality clinical education as well as ideal guidelines to foster growth in the clinical education site, CI, and CCCE. Minimal guidelines are expressed through the active voice while ideals are designated by the use of “should” and “may.”

In addition to the development of guidelines for clinical education, the Task Force on Clinical Education (1992–1994) generated three assessment tools to be used by developing and existing clinical education sites providing physical therapy education. The self-assessment instruments for CCCEs, CIs, and clinical education sites, should be used in conjunction with the guidelines for clinical education. The assessment tools can be found after each of their respective clinical education guidelines. They are most effective when used as a comprehensive document for evaluating the effectiveness of the clinical education site’s program and its clinical teachers.
The purposes of these assessment tools are threefold:

1) To empower clinical education sites, CCCEs, and CIs to assess themselves in order to enhance the development and growth of student clinical education experiences;

2) To provide developing and existing clinical education sites with objective measures to evaluate their clinical education program’s assets and areas for growth; and

3) To provide clinical education sites with objective measures for the selection and development of CCCEs and CIs.

The self-assessment process is vital not only to the clinical education site, but also to the academic program. Information generated from this process can assist the academic coordinator/director of clinical education (ACCE/DCE) in developing insight into the clinical education site’s strengths and resources available to students for learning experiences. In addition, the ACCE/DCE can be provided with information about areas requiring further development of the clinical education site and clinical faculty.

In October 1998, the Guidelines and Self-Assessment for Clinical Education were reviewed and revised by an Ad Hoc Documentation Review Group to ensure that these documents reflected contemporary and forward-looking clinical education, practice, and care delivery. As part of the review process, current APTA documents were used to assist in editing the Guidelines and Self-Assessments for Clinical Education to ensure congruence in language, education and clinical education expectations, and practice philosophy and framework. Documents used to carry out this process included the Guide to Physical Therapist Practice and in particular the patient management model, A Normative Model of Physical Therapist Professional Education:: Version 1997, A Normative Model of Physical Therapist Assistant Education: First Revision (January 1998), Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants. The revised Guidelines and Self-Assessments for Clinical Education were approved by the APTA Board of Directors in March 1999.

In March 2004, these Guidelines and Self-Assessments for Clinical Education were revised and approved by the Board of Directors. Revisions were made to reflect the most contemporary versions of the Guide to Physical Therapist Practice (2003), A Normative Model of Physical Therapist Professional Education: Version 2004, Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists, and Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants, and APTA policies and positions.

We wish to extend our appreciation and gratitude to all of the clinical educators and educators who since 1993 have provided feedback and comments on these documents during their initial development through the process of widespread consensus building. Likewise, the contributions of Barr, Gwyer, and Talmor’s Standards for Clinical Education in Physical Therapy and the Northern California Clinical Education Consortium’s Self-Assessment of a Physical Therapy Clinical Education Site were instrumental to the initial development of the guidelines and self-assessment tools. We are also indebted to the Ad Hoc Documentation Review Group that participated in the process of revising the Guidelines and Self-Assessments for Clinical Education in 1999. The APTA is committed to ensuring that these guidelines and self-assessment tools continue to reflect contemporary and forward-looking standards for clinical education that are congruent with expectations for physical therapy education and practice.
DIRECTIONS FOR USE

This resource document should be used to guide the development and enhancement of clinical education sites and to clarify the roles, responsibilities, and expectations of CIs and CCCEs. There are 17 guidelines for clinical education sites and 6 guidelines for CIs and for CCCEs. Below each guideline are statements that clarify the intent, scope, and meaning of the guideline. These guidelines should be used by practice facilities to help determine their readiness to become a clinical education site, and by clinicians to help determine their readiness to become a CI or CCCE.

Following each set of guidelines is a companion self-assessment tool. Response options on the self-assessment forms include yes, no, or developing boxes. The user should check only one box for each item. A yes response indicates that the assessor demonstrates the item, a no response indicates that the assessor has not demonstrated the item, and a developing response indicates that this is an item that is in progress and that the assessor is working toward a yes response. When either a no or developing box is checked, the Comments/Plan section should be completed by briefly describing the actions to be taken to demonstrate the item(s). It is plausible that in some situations a no response could be checked because a particular item may not be relevant for the specific practice setting. Self-assessments for clinical education sites, CCCEs, and CIs may be separated and used in conjunction with their respective set of guidelines. They are most effective, however, when used as a comprehensive document for evaluating the effectiveness of the clinical education site’s program and its clinical teachers.

To provide clarity, the terms academic program, clinical education site, and provider of physical therapy are used consistently throughout the documents. Academic program is used to describe that part of the curriculum that occurs at the academic institution of higher education. Clinical education site indicates the entire clinical facility. Provider of physical therapy indicates that part of the clinical education experience that is managed and delivered exclusively under the direction and supervision of the physical therapist with the ability to direct and supervise the physical therapist assistant in providing physical therapy interventions. An asterisk indicates that the word can be found in the glossary. Users of this document are strongly encouraged to refer to the glossary because some commonly used terms may now have different meanings or intent. In addition, the plural form of “students” is used throughout the document to encourage clinical education sites to provide clinical learning experiences to more than one student simultaneously, using alternative collaborative and cooperative approaches to student supervision where feasible.

Opportunities should be provided for CIs and CCCEs to discuss the guidelines and self-assessments to determine how they should be applied to their specific clinical setting and how they may be used to determine an individual’s readiness to become a CI or CCCE. In addition, academic programs should consider using information from the clinical educators’ completed self-assessments to help in the development of the clinical site and the clinical educators. Based on this information, academic programs can ensure high-quality clinical learning experiences for their students by providing in-service and continuing education programs that will enhance the overall clinical education site* and will help CIs and CCCEs keep up-to-date on current practice.
1.0 THE PHILOSOPHY OF THE CLINICAL EDUCATION SITE AND PROVIDER OF PHYSICAL THERAPY FOR PATIENT/CLIENT CARE AND CLINICAL EDUCATION IS COMPATIBLE WITH THAT OF THE ACADEMIC PROGRAM.

1.1 The philosophies of the clinical education site and the academic program must be compatible, but not necessarily identical or in complete accord.

1.2 The clinical education site and the provider of physical therapy should have a written statement of philosophy.

   1.2.1 The statement of philosophy may include comments concerning responsibilities for patient/client care, community service and resources, and educational and scholarly activities.

2.0 CLINICAL EDUCATION EXPERIENCES FOR STUDENTS ARE PLANNED TO MEET SPECIFIC OBJECTIVES OF THE ACADEMIC PROGRAM, THE PROVIDER OF PHYSICAL THERAPY, AND THE INDIVIDUAL STUDENT.

2.1 Planning for students should take place through communication* among the center coordinator of clinical education (CCCE), the clinical instructors (CIs), and the academic coordinator/director of clinical education (ACCE/DCE).

   2.1.1 The provider of physical therapy has clearly stated, written objectives for its clinical education programs consistent with the philosophy and requirements of each academic program.

   2.1.2 Clinical education objectives should be written specifically for the provider of physical therapy by physical therapy personnel.

   2.1.3 Students should participate in planning their learning experiences according to mutually agreed-on objectives.

   2.1.4 CIs should be prepared to modify learning experiences to meet individual student needs, objectives, and interests.

2.2 A thorough orientation to the clinical education program and the personnel of the clinical education site should be planned for students.

   2.2.1 Organized procedures for the orientation of students exist. These procedures may include providing an orientation manual, a facility tour, and information related to housing, transportation, parking, dress code, documentation, scheduling procedures, and other important subjects.

2.3 Evaluation of student performance is an integral part of the learning plan to ensure that objectives are met.

   2.3.1 Opportunities for discussion of strengths and weaknesses should be scheduled on a continual basis.
2.3.2 The provider of physical therapy gives both constructive and cumulative evaluations of students. These will be provided in both written and verbal forms, and the evaluation frequency will be scheduled as mutually agreed on by the academic program and the provider of physical therapy.

3.0 PHYSICAL THERAPY PERSONNEL PROVIDE SERVICES IN AN ETHICAL AND LEGAL MANNER.

3.1 All physical therapists and physical therapist assistants provide services in an ethical and legal manner as outlined by the standards of practice, the state/jurisdictional practice act, clinical education site policy, and APTA positions, policies, standards, codes, and guidelines.

3.1.1 The clinical education site has evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate.

3.1.2 The provider of physical therapy has a current policy and procedure manual, which includes a copy of the state/jurisdictional practice act and interpretive rules and regulations, the APTA Code of Ethics, Standards for Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Affiliate Member, Guide to Physical Therapist Practice, and a clinical education site code of ethics, if available.

3.2 The clinical education site policies are available to the personnel and students.

3.2.1 Written policies should include, but not be limited to, statements on patients/clients’ rights, release of confidential information (eg, HIPAA), photographic permission, clinical research, and safety and infection control.

3.2.2 The clinical education site has a mechanism for reporting unethical, illegal, unprofessional, or incompetent* practice.

4.0 THE CLINICAL EDUCATION SITE IS COMMITTED TO THE PRINCIPLE OF EQUAL OPPORTUNITY ANDAFFIRMATIVE ACTION AS REQUIRED BY FEDERAL LEGISLATION.

4.1 The clinical education site adheres to affirmative action policies and does not discriminate on the basis of race, creed, color, gender, age, national or ethnic origin, sexual orientation, or disability or health status. These policies apply to recruiting, hiring, promoting, retaining, training, or recommending benefits for all personnel.

4.1.1 The clinical education site has written statements regarding nondiscrimination in its hiring, promotion, and retention practices.

4.2 The clinical education site does not discriminate against students and ensures that each student is provided equal opportunities, learning experiences, and benefits.

4.2.1 The clinical education site does not discriminate in the selection or assignment of students or their learning experiences. Evidence of this nondiscrimination may be demonstrated through the clinical education agreement.*
4.2.2 The clinical education site is sensitive to issues of individual and cultural diversity in clinical education.

4.2.3 The clinical education site makes reasonable accommodations for personnel and students according to ADA* guidelines.

5.0 THE CLINICAL EDUCATION SITE DEMONSTRATES ADMINISTRATIVE SUPPORT OF PHYSICAL THERAPY CLINICAL EDUCATION.

5.1 A written clinical education agreement, in a format acceptable to both parties, exists between each academic program and each clinical education site.

5.1.1 A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.

5.2 The clinical education site demonstrates support of the participation of its personnel in clinical education activities.

5.2.1 The clinical education site promotes participation of personnel as CIs and CCCEs.

5.2.2 The clinical education site facilitates growth of clinical educators by providing educational opportunities related to clinical education such as in-service presentations, CI training and credentialing programs, and attendance at clinical education conferences.

5.2.3 The clinical education site demonstrates commitment to clinical education by reasonable allocation of resources.

5.3 Administrative support should be demonstrated by the inclusion of a statement of educational commitment within the clinical education site’s philosophy statement.

5.4 A clinical education program manual exists, which might include, but should not be limited to, structure of the program, roles and responsibilities of personnel, quality improvement mechanisms, policies and procedures, sample forms, and a listing of current academic program relationships.

6.0 THE CLINICAL EDUCATION SITE HAS A VARIETY* OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.

6.1 Students in clinical education are primarily concerned with delivery of services to patients/clients; therefore, the provider of physical therapy must have an adequate number and variety of patients/clients.

6.1.1 The primary commitment of students is to patient/client care, including when appropriate, screening, examination, evaluation, diagnosis,* prognosis,* intervention, outcomes, and reexamination (see Guide to Physical Therapist Practice).

6.1.2 Provision of a “variety of learning experiences” may include, but should not be limited to, patient/client acuity, continuum of care, presence of a PT working
with a PTA, complexity of patient/client diagnoses and environment, health care systems, and health promotion.

6.1.3 The clinical education site provides a clinical experience appropriate to the students’ level of education and prior experiences.

6.1.4 The clinical education site will provide, if available and appropriate, opportunities for students to participate in other patient/client-related experiences, including, but not limited to, attendance on rounds, planning conferences, observation of other health professionals and medical procedures, and health promotion, prevention, and wellness programs.

6.1.5 The provider of physical therapy has adequate equipment to provide contemporary services to conduct screenings, perform examinations, and provide interventions.

6.1.6 The provider of physical therapy indicates the types of clinical learning experiences that are offered (eg, observational, part-time, full-time).

6.2 Other learning experiences should include opportunities in practice management (eg, indirect patient/client care). For physical therapist students, these opportunities may include consultation, education, critical inquiry, administration,* resource (financial and human) management, public relations and marketing, and social responsibility and advocacy. For physical therapist assistant students, these opportunities may include education, administration, and social responsibility and advocacy.

6.2.1 The clinical education site will expose students to various practice management opportunities, if available and appropriate, such as resource utilization, quality improvement, reimbursement, cost containment, scheduling, and productivity.

6.2.2 The clinical education site will expose students to various direction and supervision experiences, if available and appropriate, such as appropriate utilization of support personnel.

6.2.3 The clinical education site will expose students to teaching experiences, if available and appropriate, such as in-service programs and patient/client, family, caregiver, and consumer education.

6.2.4 The clinical education site will expose students to various scholarly activities, if available and appropriate, such as journal clubs, continuing education/in-services, literature review, case studies, and clinical research.

7.0 THE CLINICAL EDUCATION SITE PROVIDES AN ACTIVE, STIMULATING ENVIRONMENT APPROPRIATE TO THE LEARNING NEEDS OF STUDENTS.

7.1 The desirable learning environment in the clinical education site demonstrates characteristics of effective management, positive morale, collaborative working relationships, professionalism, and interdisciplinary patient/client management procedures.
7.1.1 Less tangible characteristics of the site’s personnel include receptiveness, a variety of expertise, interest in and use of evidence-based interventions, and involvement with care providers outside of physical therapy.

7.2 There is evidence of continuing and effective communication within the clinical education site.

7.2.1 Possible mechanisms of verbal communication might include personnel meetings, advisory committee meetings, and interaction with other care providers, referral agencies, and consumers.

7.2.2 Possible written communications available includes regular monthly or yearly reports, memorandums, and evaluations.*

7.2.3 Possible use of information technology includes e-mail, voice mail, computer documentation, electronic pagers, literature searches on the Internet, and use of APTA’s Hooked-on-Evidence database (http://www.apta.org/hookedonevidence/index.cfm).

7.3 The physical environment for clinical education should include adequate space for the student to conduct patient/client interventions and practice-management activities.

7.3.1 The physical environment may include some or all of the following physical resources: lockers for personal belongings, study/charting area, area for private conferences, classroom/conference space, library resources, and access to the Internet.

7.3.2 Patient/client-care areas are of adequate size to accommodate patients/clients, personnel, students, and necessary equipment.

7.4 The learning environment need not be elaborate, but should be organized, dynamic, and challenging.

8.0 SELECTED SUPPORT SERVICES ARE AVAILABLE TO STUDENTS.

8.1 Evidence exists that, prior to arrival, students are advised in writing of the availability of support services within the clinical education site and procedures for access to such services.

8.1.1 Support services may include, but are not limited to: health care, emergency medical care, and pharmaceutical supplies; library facilities, educational media and equipment, duplicating services, and computer services; support for conducting critical inquiry; and room and board, laundry, parking, special transportation, and recreational facilities.

8.1.2 Support services will be provided for special learning needs of students within reasonable accommodations and in accordance with ADA guidelines.
9.0 ROLES AND RESPONSIBILITIES OF PHYSICAL THERAPY PERSONNEL ARE CLEARLY DEFINED.

9.1 Current job descriptions exist which are consistent with the respective state/jurisdictional practice acts and rules and regulations, and are available for all physical therapy personnel.

9.1.1 Job responsibilities reflecting clinical education activities are clearly defined within the job descriptions of all physical therapy personnel.

9.2 Students are informed of the roles and responsibilities of all levels of personnel within the clinical education site and provider of physical therapy and how these responsibilities are distinguished from one another.

9.3 The clinical education site and the provider of physical therapy should have a current policy and procedure manual that includes a written organizational chart for the provider of physical therapy and for the provider of physical therapy in relation to the clinical education site.

9.3.1 The physical therapy organizational chart clearly identifies the lines of communication to be used by the student during clinical education experiences.*

9.3.2 Organizational charts should also reflect all personnel relationships, including the person to whom the students are responsible while at the clinical education site.

10.0 THE PHYSICAL THERAPY PERSONNEL ARE ADEQUATE IN NUMBER TO PROVIDE AN EDUCATIONAL PROGRAM FOR STUDENTS.

10.1 Comprehensive clinical education can be planned for students in a clinical education site with at least one physical therapist in accordance with APTA positions, policies, standards, codes, and guidelines.

10.1.1 Direct clinical supervision of a physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.

10.2 Student-personnel ratio can vary according to the provision of physical therapy services, the composition and expertise of the personnel, the educational preparation of students, the type (PT or PTA) of students, the learning needs of students, the state/jurisdictional practice act, and the length of the clinical education assignments.

10.2.1 Alternative approaches to student supervision should be considered where feasible. Examples may include two or more students to one supervisor, and split supervision by two or more CIs or split supervision by rotation.

10.3 Physical therapist responsibilities for patient/client care, teaching, critical inquiry, and community service permit adequate time for supervision of physical therapy students.
11.0 A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

11.1 To qualify as a center coordinator of clinical education (CCCE), the individual should meet the Guidelines for Center Coordinators of Clinical Education. Preferably, a physical therapist and/or a physical therapist assistant are designated as the CCCE. Various alternatives may exist, including, but not limited to, non–physical therapy professionals who possess the skills to organize and maintain an appropriate clinical education program.*

11.1.1 If the CCCE is a physical therapist or physical therapist assistant, the CCCE should be experienced as a clinician, be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students.

11.1.2 If the CCCE is not from the physical therapy profession, the CCCE should be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist assistant who is experienced as a clinician must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of physical therapist students is delegated to a physical therapist. Direct clinical supervision of the physical therapist assistant student is delegated to a physical therapist or a physical therapist/physical therapist assistant team.

11.2 Planning and implementing the clinical education program in the clinical education site should be a joint effort among all physical therapy personnel with the CCCE serving as the key contact person for the clinical education site with academic programs.

12.0 PHYSICAL THERAPY CLINICAL INSTRUCTORS ARE SELECTED BASED ON SPECIFIC CRITERIA.

12.1 To qualify as a clinical instructor (CI), individuals should meet the Guidelines for Clinical Instructors.

12.1.1 One year of clinical experience with demonstrated clinical competence is preferred as the minimal criteria for serving as a CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

12.1.2 CIs demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

12.2.3 CIs should preferably complete a clinical instructor credentialing program such as the APTA Clinical Instructor Education and Credentialing Program.

12.2 CIs should be able to plan, conduct, and evaluate a clinical education experience based on sound educational principles.
12.2.1 Necessary educational skills include the ability to develop written objectives for a variety of learning experiences, organize activities to accomplish these objectives, effectively supervise students to facilitate learning and clinical reasoning, and participate in a multifaceted process for evaluation of the clinical education experience.

12.2.2 The CI is evaluated on the actual application of educational principles.

12.3 The primary CI for physical therapist students must be a physical therapist.

12.4 The PT working with the PTA is the preferred model of clinical instruction for the physical therapist assistant student to ensure that the student learns the appropriate aspects of the physical therapist assistant role.

12.4.1 Where the physical therapist is the CI, the preferred roles of the physical therapist assistant are to serve as a role model for the physical therapist assistant student and to maintain an active role in the feedback and evaluation of the physical therapist assistant student.

12.4.2 Where the physical therapist assistant is the CI working with the PT, the preferred roles of the physical therapist are to observe and consult on an ongoing basis, to model the essentials of the PT/PTA relationship, and to maintain an active role in feedback and evaluation of the physical therapist assistant students.

12.4.3 Regardless of who functions as the CI, a physical therapist will be the patient/client care team leader with ultimate responsibility for the provision of physical therapy services to all patients/clients for whom the physical therapist assistant student provides interventions.

13.0 SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.

13.1 The clinical education site personnel, when appropriate, provide a variety of learning opportunities consistent with their areas of expertise.

13.1.1 Special expertise may be offered by select physical therapy personnel or by other professional disciplines that can broaden the knowledge and competence of students.

13.1.2 Special knowledge and expertise can be shared with students through in-service education, demonstrations, lectures, observational experiences, clinical case conferences, meetings, or rotational assignments.

13.1.3 The involvement of the individual student in these experiences is determined by the CI.

14.0 THE CLINICAL EDUCATION SITE ENCOURAGES CLINICAL EDUCATOR (CI and CCCE) TRAINING AND DEVELOPMENT.

14.1 Clinical education sites foster participation in formal and informal clinical educator training, conducted either internally or externally.
14.1.1 The ACCE and the CCCE may collaborate on arrangements for presenting materials on clinical teaching to the CIs.

14.1.2 The clinical education site should provide support for attendance at clinical education conferences and clinical teaching seminars on the consortia, regional, component, and national levels.

14.1.3 The APTA Clinical Instructor Education and Credentialing Program is recommended for clinical educators.

15.0 THE CLINICAL EDUCATION SITE SUPPORTS ACTIVE CAREER DEVELOPMENT FOR PERSONNEL.

15.1 The clinical education site’s policy and procedure manuals outline policies concerning on-the-job training, in-service education, continuing education, and postprofessional physical therapist/post–entry-level physical therapist assistant study.

15.2 The clinical education site supports personnel participation in various development programs through mechanisms such as release time for in-services, on-site continuing education programs, and financial support and educational time for external seminars and workshops.

15.3 In-service education programs are scheduled on a regular basis and should be planned by personnel of the clinical education site.

15.4 Student participation in career development activities is expected and encouraged.

16.0 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.

16.1 Activities may include, but are not limited to, self-improvement activities; professional development and career enhancement activities; membership in professional associations, including the American Physical Therapy Association; activities related to offices or committees; paper or verbal presentations; community and human service organization activities; and other special activities.

16.2 The physical therapy personnel should be encouraged to be active at local, state, component, and/or national levels.

16.3 The physical therapy personnel should provide students with information about professional activities and encourage their participation.

16.4 The physical therapy personnel should be knowledgeable of professional issues.

16.5 Physical therapy personnel should model APTA’s core values for professionalism.
THE PROVIDER OF PHYSICAL THERAPY HAS AN ACTIVE AND VIABLE PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.

17.1 Performance evaluations of physical therapy personnel should be completed at regularly scheduled intervals and should include appropriate feedback to the individuals evaluated.

17.2 Evaluation of the provider of physical therapy should occur at regularly scheduled intervals.

17.2.1 Evaluation methods may include, but are not limited to, continuous quality improvement, peer review, utilization review, medical audit, program evaluation, and consumer satisfaction monitors.

17.2.2 Evaluations should be continuous and include all aspects of the service, including, but not limited to, consultation, education, critical inquiry, and administration.

17.3 The clinical education site has successfully met the requirements of appropriate external agencies.

17.4 The provider of physical therapy involves students in the review processes whenever possible.

17.5 The physical therapy clinical education program should be reviewed and revised as changes occur in objectives, programs, and personnel.

The foundation for this document is:


Revisions of this document are based on:


### SELF-ASSESSMENTS FOR CLINICAL EDUCATION SITES

#### 1.0 THE PHILOSOPHY OF THE CLINICAL EDUCATION SITE AND PHYSICAL THERAPY SERVICE FOR PATIENT/CLIENT CARE AND CLINICAL EDUCATION IS COMPATIBLE WITH THAT OF THE ACADEMIC PROGRAM.

1. Does the provider of physical therapy policy and procedure manual contain a statement of philosophy for clinical education?

   - Yes
   - No
   - Developing

2. Does the clinical education site have a written statement of philosophy regarding clinical education?

   - Yes
   - No
   - Developing

3. Does the clinical education site statement of philosophy include comments related to the site’s responsibilities for patient/client care plans, community service and resources, and educational and scholarly activities?

   - Yes
   - No
   - Developing

4. After reviewing the academic program’s philosophy, do you believe the philosophy of the provider of physical therapy is compatible with that of the academic program?

   - Yes
   - No
   - Developing

### COMMENTS/PLAN:


15
2.0 CLINICAL EDUCATION EXPERIENCES FOR STUDENTS ARE PLANNED TO MEET SPECIFIC OBJECTIVES OF THE ACADEMIC PROGRAM, THE PHYSICAL THERAPY SERVICE, AND THE INDIVIDUAL STUDENT.

1. Does your provider of physical therapy:
   a) Have written objectives for clinical education?
      □ Yes □ No □ Developing
   b) Develop objectives with the input of physical therapy personnel?
      □ Yes □ No □ Developing
   c) Include students in planning learning experiences according to mutually agreed-on objectives?
      □ Yes □ No □ Developing
   d) Prepare CIs to modify particular learning experiences to meet individual student needs, objectives, and interests?
      □ Yes □ No □ Developing
   e) Have continuous communication with the academic program(s) about clinical education objectives?
      □ Yes □ No □ Developing

2. Are all members of the physical therapy staff who will be involved with clinical education familiar with the academic program and provider of physical therapy objectives for clinical education?
   □ Yes □ No □ Developing
   a) Is there a mechanism for staff to regularly review the academic program’s curriculum and objectives?
      □ Yes □ No □ Developing

3. Are the clinical education objectives sufficiently flexible to accommodate:
   a) The student’s objectives?
      □ Yes □ No □ Developing
   b) The clinical instructor’s objectives?
      □ Yes □ No □ Developing
   c) Student learning at different levels?
      □ Yes □ No □ Developing
   d) The academic program’s objectives for specific experiences?
      □ Yes □ No □ Developing

4. Are there organized procedures for the orientation of students?
   □ Yes □ No □ Developing
   a) Does a student orientation manual exist?
      □ Yes □ No □ Developing
b) Does student orientation include a facility tour and information related to housing, transportation, parking, dress code, documentation and scheduling procedures, and other important policies and procedures? □ Yes □ No □ Developing

5. Do your CIs participate in providing student feedback? □ Yes □ No □ Developing

   a) How do you or your CIs provide feedback to student(s)? [check all that apply]
      - Daily
      - Weekly
      - Periodically
      - Orally
      - Written

6. Do your CIs participate in both constructive (interim) and cumulative (final) formative evaluations? □ Yes □ No □ Developing

   a) How do you or your CIs provide evaluations to the student(s)? [check all that apply]
      - Orally
      - Written
      - Predetermined schedule

COMMENTS/PLAN:


17
3.0 PHYSICAL THERAPY PERSONNEL PROVIDE SERVICES IN AN ETHICAL AND LEGAL MANNER.

1. Does your clinical education site have a written policy for ethical standards of practice?  □ Yes  □ No  □ Developing

2. Does your physical therapy service policy and procedure manual contain:
   a) A current copy of the APTA Code of Ethics, Standards for Ethical Conduct of the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Affiliate Member, and a clinical education site code of ethics?  □ Yes  □ No  □ Developing
   b) A current copy of the state practice act and interpretive rules and regulations?  □ Yes  □ No  □ Developing

3. Does your clinical education site have written policies, which include statements on patients’ rights, including HIPAA, release of confidential information, photographic permission, and clinical research?  □ Yes  □ No  □ Developing

4. Does your clinical education site have a mechanism, formal or informal, for reporting:
   a) Unethical practice?  □ Yes  □ No  □ Developing
   b) Illegal practice?  □ Yes  □ No  □ Developing
   c) Unprofessional practice?  □ Yes  □ No  □ Developing
   d) Incompetent practice?  □ Yes  □ No  □ Developing

5. Does your clinical education site have evidence of valid licensure, registration, or certification for all physical therapists and physical therapist assistants, where appropriate?  □ Yes  □ No  □ Developing

6. Is your physical therapy service consistent with policies and positions of the APTA?  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
4.0 THE CLINICAL EDUCATION SITE IS COMMITTED TO THE PRINCIPLE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION AS REQUIRED BY FEDERAL LEGISLATION.

1. Does your clinical education site have written policies prohibiting discrimination on the basis of race, creed, color, gender, age, religion, national or ethnic origin, sexual orientation, or disability or health status?

   □ Yes  □ No  □ Developing

   These policies apply to [check all that apply]:

   ▪ Recruiting  □ Yes  □ No  □ Developing
   ▪ Hiring  □ Yes  □ No  □ Developing
   ▪ Promoting  □ Yes  □ No  □ Developing
   ▪ Retaining  □ Yes  □ No  □ Developing
   ▪ Training  □ Yes  □ No  □ Developing
   ▪ Recommending benefits  □ Yes  □ No  □ Developing

2. Does your clinical education site ensure each student is provided equal opportunities by:

   a) Accepting students regardless of race, creed, color, gender, age, religion, national or ethnic origin, sexual orientation, or disability or health status?

   □ Yes  □ No  □ Developing

   b) Providing equal opportunities, learning experiences, and benefits?

   □ Yes  □ No  □ Developing

   c) Evaluating student’s performance without regard race, creed, color, gender, age, religion, national or ethnic origin, sexual orientation, or disability or health status?

   □ Yes  □ No  □ Developing

   d) Demonstrating sensitivity to issues of cultural diversity in clinical education?

   □ Yes  □ No  □ Developing

3. Does the clinical education site make reasonable accommodations for personnel and students according to ADA guidelines?

   □ Yes  □ No  □ Developing
4. Does your clinical education site demonstrate evidence of the above through a clinical education agreement, policies and procedures, or organized activities addressing issues of cultural competence (eg, sharing different foods, discussing cultural values)?

☐ Yes  ☐ No  ☐ Developing

COMMENTS/PLAN:
1. Does your clinical education site have a mechanism for completion of clinical education agreements with academic programs?  
   □ Yes  □ No  □ Developing

2. Does your administration demonstrate support for clinical education by:
   a) Including a statement of educational commitment within the clinical education site’s philosophy?  
      □ Yes  □ No  □ Developing
   b) Showing a willingness to enter into a written agreement with an academic program?  
      □ Yes  □ No  □ Developing

3. Does your clinical education site demonstrate continued support for clinical education by:
   a) Maintaining current clinical education agreements?  
      □ Yes  □ No  □ Developing
   b) Providing educational opportunities related to clinical education?  
      □ Yes  □ No  □ Developing
   c) Providing support to attend continuing education programs pertinent to clinical education?  
      □ Yes  □ No  □ Developing
   d) Providing job flexibility to accommodate additional responsibilities in clinical education?  
      □ Yes  □ No  □ Developing
   e) Allocating resources such as space, equipment, and supportive personnel?  
      □ Yes  □ No  □ Developing

4. Does a clinical education program policy and procedure manual exist that includes, but is not limited to:
   a) Structure of the program?  
      □ Yes  □ No  □ Developing
   b) Roles and responsibilities of personnel?  
      □ Yes  □ No  □ Developing
   c) Quality assurance and improvement mechanisms?  
      □ Yes  □ No  □ Developing
   d) Listing current academic program relationships?  
      □ Yes  □ No  □ Developing
e) Policies and procedures?  □ Yes  □ No  □ Developing
f) Sample forms?  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
THE CLINICAL EDUCATION SITE HAS A VARIETY OF LEARNING EXPERIENCES AVAILABLE TO STUDENTS.

1. Do you believe you can provide quality learning experiences for:
   a) Observational experiences? □ Yes □ No □ Developing
   b) Part-time experiences (less than 35 hours/week)? □ Yes □ No □ Developing
   c) Full-time experiences (greater than 35 hours/week)? □ Yes □ No □ Developing
   d) Extended experiences (greater than 16 weeks)? □ Yes □ No □ Developing

2. Do you provide patient/client care learning experiences for students, such as: (See Guide to Physical Therapist Practice)
   a) Observation? □ Yes □ No □ Developing
   b) Screening? □ Yes □ No □ Developing
   c) Examination*? □ Yes □ No □ Developing
   d) Evaluation? □ Yes □ No □ Developing
   e) Diagnosis? □ Yes □ No □ Developing
   f) Prognosis?
      ▪ Plan of care* □ Yes □ No □ Developing
      ▪ Consultation □ Yes □ No □ Developing
      ▪ Goals □ Yes □ No □ Developing
   g) Intervention*?
      ▪ Coordination, communication, and documentation □ Yes □ No □ Developing
      ▪ Patient/client-related instruction □ Yes □ No □ Developing
      ▪ Patient interventions □ Yes □ No □ Developing
   h) Outcome*?
      ▪ Data collection □ Yes □ No □ Developing
      ▪ Analysis □ Yes □ No □ Developing
      ▪ Development of statistical reports □ Yes □ No □ Developing
i) Discharge planning?
   - Follow-up/reexamination
   - Yes ☐ No ☐ Developing

j) Complexity of patient/client learning experiences (level of acuity, comorbidities, etc)?
   - Yes ☐ No ☐ Developing

3. Do your clinical education experiences provide for a continuum of patient/client care?
   - Yes ☐ No ☐ Developing

4. Do you provide other learning experiences such as:
   a) Service consultation (other health professionals, schools, businesses, organizations, community, etc)?
      - Yes ☐ No ☐ Developing
   b) Education?
      - In-service programs
      - Yes ☐ No ☐ Developing
      - Patient care rounds
      - Yes ☐ No ☐ Developing
      - Case conferences
      - Yes ☐ No ☐ Developing
      - Observation of other health professionals and/or medical procedures
      - Yes ☐ No ☐ Developing
   c) Clinical reasoning and evidenced-based practice?
      - Observation or participation in systematic data collection, clinical research, and clinical decision making
      - Yes ☐ No ☐ Developing
   d) Administration/management?
      - Quality improvement
      - Yes ☐ No ☐ Developing
      - Utilization of resources
      - Yes ☐ No ☐ Developing
      - Reimbursement and billing procedures
      - Yes ☐ No ☐ Developing
      - Cost containment
      - Yes ☐ No ☐ Developing
      - Fiscal management
      - Yes ☐ No ☐ Developing
      - Scheduling
      - Yes ☐ No ☐ Developing
      - Productivity analysis
      - Yes ☐ No ☐ Developing
- Direction, supervision, and appropriate utilization of the physical therapist assistant
  - Yes
  - No
  - Developing

- Utilization of support personnel
  - Yes
  - No
  - Developing

- Ability to supervise other students
  - Yes
  - No
  - Developing

  e) Social responsibility and advocacy?
  - Consumer education, prevention, wellness, and health promotion
    - Yes
    - No
    - Developing
  - Exposure to pro bono work
    - Yes
    - No
    - Developing
  - Exposure to community service activities
    - Yes
    - No
    - Developing
  - Opportunities for patient/client advocacy and advocacy for the profession
    - Yes
    - No
    - Developing

  f) Other scholarly activities?
  - Journal club
    - Yes
    - No
    - Developing
  - Literature review
    - Yes
    - No
    - Developing
  - Case studies
    - Yes
    - No
    - Developing

5 Does your provider of physical therapy have equipment and space that is:

  a) Appropriate to the types of patients/clients managed?
    - Yes
    - No
    - Developing

  b) Appropriate to the physical therapy interventions provided?
    - Yes
    - No
    - Developing

  c) Contemporary?
    - Yes
    - No
    - Developing

6 Does your clinical education experience have accessibility to library, Internet, or audiovisual resources?
  - Yes
  - No
  - Developing

comments/plan:
THE CLINICAL EDUCATION SITE PROVIDES AN ACTIVE, STIMULATING ENVIRONMENT APPROPRIATE TO THE LEARNING NEEDS OF STUDENTS.

1. Do your physical therapy personnel demonstrate characteristics, such as:
   a) Variety of expertise? □ Yes □ No □ Developing
   b) Flexibility? □ Yes □ No □ Developing
   c) Interest in contemporary theory and evidence-based practice? □ Yes □ No □ Developing
   d) Receptiveness to diversity? □ Yes □ No □ Developing
   e) Positive working relationships with other professions? □ Yes □ No □ Developing

2. Does your provider of physical therapy demonstrate:
   a) Positive collegial relationships? □ Yes □ No □ Developing
   b) Effective management? □ Yes □ No □ Developing
   c) Positive staff morale? □ Yes □ No □ Developing

3. Are there regular formal mechanisms for communication within the clinical education site, such as:
   a) Personnel meetings? □ Yes □ No □ Developing
   b) Advisory committee meetings? □ Yes □ No □ Developing
   c) Interdisciplinary conferences and meetings? □ Yes □ No □ Developing
   d) Interaction with referral agencies? □ Yes □ No □ Developing
   e) Interaction with consumers? □ Yes □ No □ Developing
   f) Written communications, which may include monthly or yearly reports, memorandums, or evaluations? □ Yes □ No □ Developing
   g) Use of information technology that may include, but is not limited to, e-mail, voicemail, computer documentation, and electronic pagers? □ Yes □ No □ Developing
4. Does the physical environment include appropriate space for:

- a) Patient/client care services? □ Yes □ No □ Developing
- b) Administration activities? □ Yes □ No □ Developing
- c) Educational activities? □ Yes □ No □ Developing
- d) Consultative functions? □ Yes □ No □ Developing
- e) Documentation services? □ Yes □ No □ Developing
- f) Personal belongings? □ Yes □ No □ Developing

COMMENTS/PLAN:
1. Is the student given advance written information concerning the availability, access, limitations, and cost of support services, such as:

   a) Health care?
      □ Yes □ No □ Developing

   b) Emergency medical care and pharmaceutical supplies?
      □ Yes □ No □ Developing

   c) Library facilities?
      □ Yes □ No □ Developing

   d) Educational media and equipment?
      □ Yes □ No □ Developing

   e) Duplicating services?
      □ Yes □ No □ Developing

   f) Computer services?
      □ Yes □ No □ Developing

   g) Research and independent study support?
      □ Yes □ No □ Developing

   h) Room and board?
      □ Yes □ No □ Developing

   i) Laundry?
      □ Yes □ No □ Developing

   j) Parking?
      □ Yes □ No □ Developing

   k) Public or special transportation?
      □ Yes □ No □ Developing

   l) Recreational facilities?
      □ Yes □ No □ Developing

2. Does your clinical education site provide for special learning needs of students, within reasonable accommodations and in accordance with ADA guidelines?

   □ Yes □ No □ Developing

COMMENTS/PLAN:
1. Do you have a job description for all personnel as the providers of physical therapy?  
  ☐ Yes  ☐ No  ☐ Developing

2. Do the job descriptions include the clinical education responsibilities of the:
   a) CCCE?  
      ☐ Yes  ☐ No  ☐ Developing
   b) CI?
      ☐ Yes  ☐ No  ☐ Developing

3. Are the roles of the various physical therapy personnel explained to the student(s)?  
   ☐ Yes  ☐ No  ☐ Developing

4. Does your policy and procedure manual include a written organizational chart for the provider of physical therapy in relation to the other components of the clinical education site?  
   ☐ Yes  ☐ No  ☐ Developing

5. Does the organizational chart for the physical therapy service clearly show:
   a) The relationship of personnel?  
      ☐ Yes  ☐ No  ☐ Developing
   b) The person to whom the students are responsible while at the clinical education site?  
      ☐ Yes  ☐ No  ☐ Developing

COMMENTS/PLAN:
10.0 THE PHYSICAL THERAPY PERSONNEL ARE ADEQUATE IN NUMBER TO PROVIDE AN EDUCATIONAL PROGRAM FOR STUDENTS.

1. Have you referred to your state practice act as a guideline in developing your clinical education program?
   - Yes
   - No
   - Developing

2. Do your personnel have adequate time, aside from patient/client care responsibilities, to assume responsibility for the education of students?
   - Yes
   - No
   - Developing

3. Have accommodations been made to provide student supervision in the absence of the clinical instructor?
   - Yes
   - No
   - Developing

4. Are you currently using or willing to consider alternative approaches to student–staff ratios for the CI?
   - Yes
   - No
   - Developing

   Examples of such ratios are [check all that are used]:
   a) 1 CI : 1 student
   -
   b) 1 CI : 2 students
   -
   c) 1 CI : > 2 students
   -
   d) 2 CIs : 2 students
   -
   e) 2 CIs (split rotations) : 1 student
   -
   f) 1 PT/1 PTA (CI team) : 1 PT/1 PTA (student team)
   -
   g) Other (list them)
   -

COMMENTS/PLAN:
A CENTER COORDINATOR OF CLINICAL EDUCATION IS SELECTED BASED ON SPECIFIC CRITERIA.

1. Does your clinical education site have written criteria for the position of CCCE?
   - Yes  □ No  □ Developing

2. Are the criteria based on the *Guidelines for Center Coordinators of Clinical Education*?
   - Yes  □ No  □ Developing

3. Is the responsibility for coordination of clinical education assigned to one or more individuals?
   - Yes  □ No  □ Developing
     
     a) Is/are the designated person(s) physical therapist(s)?
        - Yes  □ No  □ Developing
     
     b) Is/are the designated person(s) physical therapist assistant(s)?
        - Yes  □ No  □ Developing
     
     c) Is/are the designated person(s) non-physical therapist professional(s) who possess the skills to organize and maintain an appropriate clinical education program?
        - Yes  □ No  □ Developing

4. If the CCCE is a non–physical therapist professional:
   - Yes  □ No  □ Developing
     
     a) Is the direct supervision of PT students provided by physical therapists?
        - Yes  □ No  □ Developing
     
     b) Is the direct supervision of PTA students provided by PTs or the PTA working with the PT?
        - Yes  □ No  □ Developing

5. Is the clinical education site’s CCCE the key contact person with academic programs?
   - Yes  □ No  □ Developing

**COMMENTS/PLAN:**


1. Does your clinical education site have written criteria for the position of CI? □ Yes □ No □ Developing

2. Are the criteria based on the Guidelines for Clinical Instructors? □ Yes □ No □ Developing

3. Do your CIs have at least 1 year of clinical experience and meet the recommended criteria as outlined by the Guidelines for Clinical Instructors? □ Yes □ No □ Developing

4. Do your CIs demonstrate:
   a) A desire to participate in the clinical education program? □ Yes □ No □ Developing
   b) The ability to plan, conduct, and evaluate a clinical education experience based on sound educational principles? □ Yes □ No □ Developing

5. Have your CIs attended formal CI training such as:
   a) APTA’s voluntary Clinical Instructor Education and Credentialing Program (www.apta.org, “Education”)? □ Yes □ No □ Developing
   b) Consortia/component-sponsored CI training? □ Yes □ No □ Developing
   c) Academic program–sponsored CI training? □ Yes □ No □ Developing

6. Does the clinical education site have a mechanism to determine CI competence in providing quality clinical education experiences? □ Yes □ No □ Developing

7. Is the direct supervision of a physical therapist student provided by a physical therapist? □ Yes □ No □ Developing

8. Is the direct supervision of a physical therapist assistant student provided by a physical therapist or a physical therapist assistant working with a physical therapist? □ Yes □ No □ Developing

COMMENTS/PLAN:
13.0  SPECIAL EXPERTISE OF THE CLINICAL EDUCATION SITE PERSONNEL IS AVAILABLE TO STUDENTS.

1. Are there any areas of special expertise within your clinical education site?  
   □ Yes  □ No  □ Developing

   a) Are these experiences available to students?  
      □ Yes  □ No  □ Developing

2. Does the CI’s responsibility include determining individual student readiness for these experiences?  
   □ Yes  □ No  □ Developing

3. If your clinical education site is multidisciplinary, are learning experiences from other disciplines available to the student?  
   □ Yes  □ No  □ Developing

COMMENTS/PLAN:
14.0 THE CLINICAL EDUCATION SITE ENCOURAGES CLINICAL EDUCATOR (CI AND CCCE) TRAINING AND DEVELOPMENT.

1. Does the clinical education site foster formal and informal clinical educator training by:
   a) Providing clinical teaching in-service education? □ Yes □ No □ Developing
   b) Providing support for attendance at clinical teaching seminars? □ Yes □ No □ Developing
   c) Encouraging attendance at clinical education conferences on the consortia, regional, component, and national levels? □ Yes □ No □ Developing
   d) Recommending the APTA Clinical Instructor Education and Credentialing Program? □ Yes □ No □ Developing
   e) Supporting collaborative efforts of the CCCE and ACCE/DCE for CI training? □ Yes □ No □ Developing
   f) Providing CI training materials, such as manuals and videotapes? □ Yes □ No □ Developing

COMMENTS/PLAN:
1. Does the clinical education site’s policy and procedure manuals outline policies concerning:
   a) On-the-job training? □ Yes □ No □ Developing
   b) In-service education? □ Yes □ No □ Developing
   c) Continuing education? □ Yes □ No □ Developing
   d) Post-entry-level study? □ Yes □ No □ Developing

2. Does the clinical education site support personnel participation in various development programs through mechanisms, such as:
   a) Release time for in-services? □ Yes □ No □ Developing
   b) On-site or online continuing education programming? □ Yes □ No □ Developing
   c) Financial support or educational release time for external seminars and workshops? □ Yes □ No □ Developing

3. Are personnel in-service programs scheduled on a regular basis? □ Yes □ No □ Developing

4. Are in-service programs planned by clinical education site personnel? □ Yes □ No □ Developing

5. Is student participation in career development activities expected and encouraged? □ Yes □ No □ Developing

COMMENTS/PLAN:
16.0 PHYSICAL THERAPY PERSONNEL ARE ACTIVE IN PROFESSIONAL ACTIVITIES.

1. Do physical therapy personnel participate in:
   a) Self-improvement, self-assessment, and peer assessment activities?
      □ Yes  □ No  □ Developing
   b) Professional career enhancement activities?
      □ Yes  □ No  □ Developing
   c) Membership in professional associations?
      □ Yes  □ No  □ Developing
   d) Professional activities relating to offices or committees?
      □ Yes  □ No  □ Developing
   e) Presentations?
      □ Yes  □ No  □ Developing
   f) Community and human service organization activities?
      □ Yes  □ No  □ Developing
   g) Other special activities?
      □ Yes  □ No  □ Developing

2. Are the physical therapy personnel knowledgeable about professional issues?
   □ Yes  □ No  □ Developing

3. Are the physical therapy personnel encouraged to be active in the profession?
   □ Yes  □ No  □ Developing

4. Are students aware of your personnel’s involvement in professional or career activities?
   □ Yes  □ No  □ Developing

5. Do your physical therapy personnel provide students with information about professional (eg, APTA) or career activities and encourage them to participate?
   □ Yes  □ No  □ Developing

COMMENTS/PLAN:
17.0 THE PHYSICAL THERAPY SERVICE HAS AN ACTIVE AND Viable PROCESS OF INTERNAL EVALUATION OF ITS AFFAIRS AND IS RECEPTIVE TO PROCEDURES OF REVIEW AND AUDIT APPROVED BY APPROPRIATE EXTERNAL AGENCIES AND CONSUMERS.

1. Are physical therapy personnel performance evaluations:
   
   a) Completed at regularly scheduled intervals? □ Yes □ No □ Developing
   
   b) Providing appropriate feedback to the individual being evaluated? □ Yes □ No □ Developing
   
   c) Covering all aspects of the job, including teaching and scholarly activities? □ Yes □ No □ Developing

2. Is the physical therapy service, including patient/client care and teaching and scholarly activities, evaluated at regularly scheduled intervals? □ Yes □ No □ Developing

3. Is the provider of physical therapy evaluated by: [check all that apply]
   
   a) Continuous quality improvement? □
   
   b) Peer review? □
   
   c) Utilization review? □
   
   d) Medical audit? □
   
   e) Consumer satisfaction monitors? □
   
   f) Program evaluation? □
   
   g) Other? □

4. Are the physical therapy personnel actively involved in these monitoring activities? □ Yes □ No □ Developing

5. Does the provider of physical therapy involve students in review processes? □ Yes □ No □ Developing

6. Has the clinical education site successfully met the requirements of external agencies, if applicable (ie, JCAHO, CARF, OSHA)? □ Yes □ No □ Developing
7. Is the physical therapy clinical education program reviewed and revised:

   a) On a regular basis? ☐ Yes ☐ No ☐ Developing

   b) As changes in objectives, programs, and staff occur? ☐ Yes ☐ No ☐ Developing

8. Are changes in the clinical education program communicated to the academic program(s)? ☐ Yes ☐ No ☐ Developing

COMMENTS/PLAN:
1.0 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.

1.1 One year of clinical experience is preferred as minimal criteria for serving as the CI. Individuals should also be evaluated on their abilities to perform CI responsibilities.

1.1.1 The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.

1.2 The CI is a competent physical therapist or physical therapist assistant.

1.2.1 The CI demonstrates a systematic approach to patient/client care using the patient/client management model described in the Guide to Physical Therapist Practice.

1.2.2 The CI uses critical thinking in the delivery of health services.

1.2.3 Rationale and evidence is provided by:

1.2.3.1 The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and reexaminations.

1.2.3.2 The physical therapist assistant for directed interventions, data collection associated with directed interventions, and outcomes.

1.2.4 The CI demonstrates effective time-management skills.

1.2.5 The CI demonstrates the core values (accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility) associated with professionalism in physical therapy.

1.3 The CI adheres to legal practice standards.

1.3.1 The CI holds a valid license, registration, or certification as required by the state in which the individual provides physical therapy services.

1.3.2 The CI provides physical therapy services that are consistent with the respective state/jurisdictional practice act and interpretive rules and regulations.

1.3.3 The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, HIPAA, Medicare regulations regarding reimbursement for patient/client care where students are involved, and the ADA.

1.3.3.1 The physical therapist is solely responsible for ensuring the patient/client is aware of the student status of any student involved in providing physical therapy services.
1.4 The CI demonstrates ethical behavior.

1.4.1 The CI provides physical therapy services ethically as outlined by the clinical education site policy and the APTA Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Affiliate Member, and Guide to Physical Therapist Practice.

2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

2.1 The CI uses verbal, nonverbal, and written communication skills and information technology to clearly express himself or herself to students and others.

2.1.1 The CI defines performance expectations for students.

2.1.2 The CI and student(s) collaborate to develop mutually agreed-on goals and objectives for the clinical education experience.

2.1.3 The CI provides feedback to students.

2.1.4 The CI demonstrates skill in active listening.

2.1.5 The CI provides clear and concise communication.

2.2 The CI is responsible for facilitating communication.

2.2.1 The CI encourages dialogue with students.

2.2.2 The CI provides time and a place for ongoing dialogue to occur.

2.2.3 The CI initiates communication that may be difficult or confrontational.

2.2.4 The CI is open to and encourages feedback from students, clinical educators, and other colleagues.

3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

3.1 The CI forms a collegial relationship with students.

3.1.1 The CI models behaviors and conduct, and instructional and supervisory skills that are expected of the physical therapist/physical therapist assistant and demonstrates an awareness of the impact of this role modeling on students.

3.1.2 The CI promotes the student as a colleague to others.

3.1.3 The CI demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.

3.1.4 The CI is willing to share his or her strengths and weaknesses with students.
3.2 The CI is approachable by students.

3.2.1 The CI assesses and responds to student concerns with empathy, support, or interpretation, as appropriate.

3.3 The CI interacts with patients/clients, colleagues, and other health care providers to achieve identified goals.

3.4 The CI represents the physical therapy profession positively by assuming responsibility for career and self-development and demonstrates this responsibility to the students.

3.4.1 Activities for development may include, but are not limited to, continuing education courses, journal clubs, case conferences, case studies, literature review, facility sponsored courses, post-professional/entry-level education, area consortia programs, and active involvement in professional associations, including APTA.

4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

4.1 The CI collaborates with students to plan learning experiences.

4.1.1 Based on a plan, the CI implements, facilitates, and evaluates learning experiences with students.

4.1.2 Learning experiences should include both patient/client interventions and patient/client practice management activities.

4.2 The CI demonstrates knowledge of the student's academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience.

4.3 The CI recognizes and uses the entire clinical environment for potential learning experiences, both planned and unplanned.

4.4 The CI integrates knowledge of various learning styles to implement strategies that accommodate students’ needs.

4.5 The CI sequences learning experiences to promote progression of the students’ personal and educational goals.

4.5.1 The CI monitors and modifies learning experiences in a timely manner based on the quality of the student’s performance.

5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

5.1 The CI supervises the student in the clinical environment by clarifying goals, objectives, and expectations.
5.1.1 The CI presents clear performance expectations to students at the beginning and throughout the learning experience.

5.1.2 Goals and objectives are mutually agreed on by the CI and student(s).

5.2 Feedback is provided both formally and informally.

5.2.1 To provide student feedback, the CI collects information through direct observation and discussion with students, review of the students’ patient/client documentation, available observations made by others, and students’ self-assessments.

5.2.2 The CI provides frequent, positive, constructive, and timely feedback.

5.2.3 The CI and students review and analyze feedback regularly and adjust the learning experiences accordingly.

5.3 The CI performs constructive and cumulative evaluations of the students’ performance.

5.3.1 The CI and students both participate in ongoing formative evaluation.

5.3.2 Cumulative evaluations are provided at least at midterm and at the completion of the clinical education experience and include student self-assessments.

6.0 THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS.

6.1 The CI articulates observations of students’ knowledge, skills, and behavior as related to specific student performance criteria.

6.1.1 The CI familiarizes herself or himself with the student’s evaluation instrument prior to the clinical education experience.

6.1.2 The CI recognizes and documents students’ progress, identifies areas of entry-level competence, areas of distinction, and specific areas of performance that are unsafe, ineffective, or deficient in quality.

6.1.3 Based on areas of distinction, the CI plans, in collaboration with the CCCE and the ACCE/DCE when applicable, activities that continue to challenge students’ performance.

6.1.4 Based on the areas identified as inadequate, the CI plans, in collaboration with the CCCE and ACCE/DCE when applicable, remedial activities to address specific deficits in student performance.

6.2 The CI demonstrates awareness of the relationship between the academic program and clinical education site concerning student performance evaluations, grading, remedial activities, and due process in the case of student failure.

6.3 The CI demonstrates a constructive approach to student performance evaluation that is educational, objective, and reflective and engages students in self-assessment (eg,
problem identification, processing, and solving) as part of the performance evaluation process.

6.4 The CI fosters student evaluations of the clinical education experience, including learning opportunities, CI and CCCE performance, and the evaluation process.

The foundation for this document is:


Revisions of this document are based on:


SELF-ASSESSMENTS FOR CLINICAL INSTRUCTORS

1.0 THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.

1. Do you, as the clinical instructor (CI), have at least 1 year of clinical experience?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Developing

2. Do you demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Developing

3. Do you, as the CI, demonstrate competence as a physical therapist or a physical therapist assistant by:
   
   a) Utilizing the patient/client management model in the *Guide to Physical Therapist Practice* to demonstrate a systematic approach to patient care?  
      - [ ] Yes  
      - [ ] No  
      - [ ] Developing
   
   b) Using clinical reasoning and evidence-based practice in the delivery of health services?  
      - [ ] Yes  
      - [ ] No  
      - [ ] Developing
   
   c) Providing rationale for the patient/client?
      
      ▪ Examination, evaluation, diagnosis, prognosis, interventions, outcomes, and reexaminations (PT)  
      - [ ] Yes  
      - [ ] No  
      - [ ] Developing
   
      ▪ Interventions (including data collection and outcomes associated with those interventions) as directed and supervised by the PT and within the plan of care (PTA)  
      - [ ] Yes  
      - [ ] No  
      - [ ] Developing
   
   d) Demonstrating effective time-management skills?  
      - [ ] Yes  
      - [ ] No  
      - [ ] Developing

4. Do you, as the CI, adhere to legal practice standards?
   
   a) By holding a current license/registration/certification as required by the physical therapy practice act in the state in which you practice?  
      - [ ] Yes  
      - [ ] No  
      - [ ] Developing
   
   b) By providing physical therapy services that are consistent with your state practice act and interpretive rules and regulations?  
      - [ ] Yes  
      - [ ] No  
      - [ ] Developing
c) By providing physical therapy services that are consistent with state and federal legislation, including, but not limited to:

- Equal opportunity and affirmative action policies
- Americans With Disabilities Act (ADA)

5. Do you, as the CI, demonstrate ethical behavior, as outlined by the clinical education site policy and the APTA Code of Ethics and Guide for Professional Conduct?

6. Do you, as the CI, consistently demonstrate the APTA Core Values (http://www.apta.org/documents/public/education/professionalism.pdf) of accountability,* altruism,* compassion/caring,* excellence,* integrity,* professional duty,* and social responsibility*?

COMMENTS/PLAN:
2.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS.

1. Do you, as the CI, use verbal, nonverbal, and written communication skills and information technology to clearly express yourself to students to:

   a) Define performance expectations for students? □ Yes □ No □ Developing

   b) Collaborate to develop mutually agreed-on goals and objectives for the clinical education experience? □ Yes □ No □ Developing

   c) Provide feedback? □ Yes □ No □ Developing

   d) Demonstrate skill in active listening? □ Yes □ No □ Developing

2. Do you, as the CI, facilitate communication by:

   a) Encouraging dialogue with students? □ Yes □ No □ Developing

   b) Providing time and a place for ongoing dialogue to occur? □ Yes □ No □ Developing

   c) Initiating communication that may be difficult or confrontational around an issue of concern? □ Yes □ No □ Developing

   d) Remaining open to and encouraging feedback from students, clinical educators, and other colleagues? □ Yes □ No □ Developing

COMMENTS/PLAN:
3.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS.

1. Do you, as the CI, form a collegial relationship with students?  
☐ Yes  ☐ No  ☐ Developing

2. Do you model behaviors and conduct and instructional and supervisory skills that are expected of the PT or PTA?  
☐ Yes  ☐ No  ☐ Developing

3. Do you demonstrate an understanding of the impact of your behavior and conduct as a role model for students?  
☐ Yes  ☐ No  ☐ Developing

4. Do you promote the student as a colleague to others?  
☐ Yes  ☐ No  ☐ Developing

5. Do you demonstrate respect for and sensitivity to individual differences?  
☐ Yes  ☐ No  ☐ Developing

6. Are you willing to share your strengths and weaknesses with students?  
☐ Yes  ☐ No  ☐ Developing

7. Do you, as the CI, remain approachable by assessing and responding to student concerns with empathy, support, or interpretation, as appropriate?  
☐ Yes  ☐ No  ☐ Developing

8. Do you, as the CI, interact appropriately with patients, colleagues, and other health professionals to achieve identified goals?  
☐ Yes  ☐ No  ☐ Developing

9. Do you represent the physical therapy profession positively by assuming responsibility for career and self-development and demonstrate this responsibility to the student by participation in activities, such as:

   a) Continuing education courses?  
      ☐ Yes  ☐ No  ☐ Developing

   b) Journal club?  
      ☐ Yes  ☐ No  ☐ Developing

   c) Case conferences?  
      ☐ Yes  ☐ No  ☐ Developing

   d) Case studies?  
      ☐ Yes  ☐ No  ☐ Developing

   e) Literature review?  
      ☐ Yes  ☐ No  ☐ Developing

   f) Facility sponsored courses?  
      ☐ Yes  ☐ No  ☐ Developing

   g) Post-entry-level education?  
      ☐ Yes  ☐ No  ☐ Developing
h) Area consortia programs?  □ Yes  □ No  □ Developing

i) Membership and active involvement in the profession (e.g., America Physical Therapy Association)  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
4.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

1. Do you, as the CI, implement, facilitate, and evaluate learning experiences for students based on a plan created in collaboration with students?  □ Yes  □ No  □ Developing

2. Do you, as the CI, review the student’s academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience?  □ Yes  □ No  □ Developing

3. Do you include learning experiences in the patient/client management model (eg, examination, evaluation, diagnosis, prognosis, plan of care, intervention, and outcomes for the PT student; directed interventions with the plan of care for the PTA student) and practice management activities (eg, billing, staff meetings, marketing)? □ Yes  □ No  □ Developing

4. Do you, as the CI, maximize learning opportunities by using planned and unplanned experiences within the entire clinical environment? □ Yes  □ No  □ Developing

5. Do you, as the CI, integrate knowledge of various learning styles to implement strategies that accommodate students’ needs? □ Yes  □ No  □ Developing

6. Do you, as the CI, sequence learning experiences to allow progression towards the student’s personal and educational goals? □ Yes  □ No  □ Developing

7. Do you, as the CI, monitor and modify learning experiences in a timely manner, based on the quality of the student’s performance? □ Yes  □ No  □ Developing

COMMENTS/PLAN:
5.0 THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

1. Do you, as the CI, present clear performance expectations to students at the beginning of and throughout the learning experience? □ Yes  □ No  □ Developing

2. Are goals and objectives mutually agreed on by you and students? □ Yes  □ No  □ Developing

3. Do you, as the CI, provide both formal and informal feedback? □ Yes  □ No  □ Developing

4. To provide student feedback, do you collect information through:
   a) Direct observation and discussions with students? □ Yes  □ No  □ Developing
   b) Review of the students’ patient/client documentation? □ Yes  □ No  □ Developing
   c) Available observations made by others? □ Yes  □ No  □ Developing
   d) Students’ self-assessments? □ Yes  □ No  □ Developing

5. Do you, as the CI, provide feedback to students that is:
   a) Frequent? □ Yes  □ No  □ Developing
   b) Positive? □ Yes  □ No  □ Developing
   c) Constructive? □ Yes  □ No  □ Developing
   d) Timely? □ Yes  □ No  □ Developing

6. Do you, as the CI, review and analyze feedback regularly and adjust learning experiences accordingly? □ Yes  □ No  □ Developing

7. Do you, as the CI, perform constructive (interim) and cumulative (final) evaluations of the students’ performance by:
   a) Participating with the student in ongoing constructive evaluations? □ Yes  □ No  □ Developing
   b) Providing cumulative evaluations at least at midterm and at the completion of the clinical education experience? □ Yes  □ No  □ Developing
   c) Including student self-assessments? □ Yes  □ No  □ Developing
1. Do you, as the CI, familiarize yourself with the students’ evaluation instrument(s) prior to the clinical education experience? □ Yes □ No □ Developing

2. Do you, as the CI, use and articulate available information and observations when evaluating students’ knowledge, skills, and behavior as related to specific performance criteria? □ Yes □ No □ Developing

3. Do you, as the CI, recognize and document students’ progress by identifying areas of:
   a) Entry-level competence? □ Yes □ No □ Developing
   b) Exceptional performance? □ Yes □ No □ Developing
   c) Unsafe or ineffective performance? □ Yes □ No □ Developing
   d) Appropriate progression? □ Yes □ No □ Developing

4. In collaboration with the CCCE and ACCE/DCE, do you plan activities that continue to challenge student performance based on areas of:
   a) Exceptional performance? □ Yes □ No □ Developing
   b) Appropriate progression? □ Yes □ No □ Developing
   c) Specific deficits? □ Yes □ No □ Developing

5. Do you, as the CI, demonstrate awareness of the relationship between the academic program and clinical education site as it relates to:
   a) Student performance evaluations? □ Yes □ No □ Developing
   b) Grading? □ Yes □ No □ Developing
   c) Remedial activities? □ Yes □ No □ Developing
   d) Due process in the case of student failure? □ Yes □ No □ Developing

6. Do you, as the CI, demonstrate a constructive approach to student performance evaluation that is:
   a) Educational? □ Yes □ No □ Developing
   b) Objective? □ Yes □ No □ Developing
   c) Reflective? □ Yes □ No □ Developing
d) Directed at engaging students in self-assessment?

7. Do you foster student evaluation of the clinical education experience, including:

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<td>a) Learning opportunities?</td>
<td>□ Yes</td>
<td>□ No</td>
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<td>b) CI performance?</td>
<td>□ Yes</td>
<td>□ No</td>
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<td>c) CCCE performance?</td>
<td>□ Yes</td>
<td>□ No</td>
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<td>d) The evaluation process?</td>
<td>□ Yes</td>
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**COMMENTS/PLAN:**
1.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE) HAS SPECIFIC QUALIFICATIONS AND IS RESPONSIBLE FOR COORDINATING THE ASSIGNMENTS AND ACTIVITIES OF STUDENTS AT THE CLINICAL EDUCATION SITE.

1.1 To qualify as a center coordinator of clinical education (CCCE), an individual should meet the Guidelines for Center Coordinators of Clinical Education. Preferably, a physical therapist or a physical therapist assistant is designated as the CCCE. Various alternatives may exist, including, but not limited to, non–physical therapist professionals who possess the skills to organize and maintain an appropriate clinical education program.

1.1.1 If the CCCE is a physical therapist or physical therapist assistant, he or she should be experienced as a clinician, be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable about the clinical education site and its resources, and serve as a consultant in the evaluation process of students.

1.1.1.1 The CCCE meets the requirements of the APTA Guidelines for Clinical Instructors.

1.1.2 If the CCCE is not from the physical therapy profession, the CCCE should be experienced in clinical education, be interested in students, possess good interpersonal communication and organizational skills, be knowledgeable of the clinical education site and its resources, and serve as a consultant in the evaluation process of students. A physical therapist or physical therapist and physical therapist assistant who are experienced clinicians must be available for consultation in planning clinical education experiences for students. Direct clinical supervision of a physical therapist student is delegated to a physical therapist. Direct clinical supervision of a physical therapist assistant student is delegated to either a physical therapist or physical therapist working with a physical therapist assistant.

1.1.2.1 The CCCE meets the non–discipline-specific APTA Guidelines for Clinical Instructors (ie, Guidelines 2.0, 3.0, 4.0, and 5.0).

1.2 The CCCE demonstrates knowledge of contemporary issues of clinical practice, management of the clinical education program, educational theory, and issues in health care delivery.

1.3 The CCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy.
2.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE COMMUNICATION AND INTERPERSONAL SKILLS.

2.1 The CCCE interacts effectively and fosters collegial relationships with parties internal and external to the clinical education site, including students, clinical education site personnel, and representatives of the academic program.

2.1.1 The CCCE performs administrative functions between the academic program and clinical education site, including, but not limited to, completion of the clinical center information forms (CCIF), clinical education agreements, student placement forms,* and policy and procedure manuals.

2.1.2 The CCCE provides consultation to the clinical instructor (CI) in the evaluation process regarding clinical learning experiences.

2.1.3 The CCCE serves as a representative of the clinical education site to academic programs.

2.1.4 The CCCE is knowledgeable about the affiliated academic programs and their respective curricula and disseminates the information to clinical education site personnel.

2.1.5 The CCCE communicates with the academic coordinator of clinical education* (ACCE) regarding clinical education planning, evaluation, and CI development.

2.1.6 The CCCE is open to and encourages feedback from students, CIs, ACCE/DCEs, and other colleagues.

2.1.7 The CCCE demonstrates cultural competence with respect for and sensitivity to individual and cultural differences.

3.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

3.1 The CCCE plans and implements activities that contribute to the professional development of the CIs.

3.1.1 The CCCE is knowledgeable about the concepts of adult and lifelong learning and life span development.

3.1.2 The CCCE recognizes the uniqueness of teaching in the clinical context.

3.2 The CCCE identifies needs and resources of CIs in the clinical education site.

3.3 The CCCE, in conjunction with CIs, plans and implements alternative or remedial learning experiences for students experiencing difficulty.

3.4 The CCCE, in conjunction with CIs, plans and implements challenging clinical learning experiences for students demonstrating distinctive performance.
3.5 The CCCE, in conjunction with CIs, plans and implements learning experiences to accommodate students with special needs.

4.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

4.1 The CCCE supervises the educational planning, clinical experiences, and performance evaluation of the CI(s)/students(s) team.

4.1.1 The CCCE provides consistent monitoring and feedback to CIs about clinical education activities.

4.1.2 The CCCE serves as a resource to both CIs and students.

4.1.3 The CCCE assists in planning and problem solving with the CI(s)/student(s) team in a positive manner that enhances the clinical learning experience.

5.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE PERFORMANCE EVALUATION SKILLS.

5.1 The CCCE is knowledgeable about educational evaluation methodologies and can apply these methodologies to the physical therapy clinical education program.

5.2 The CCCE contributes to the clinical education site’s process of personnel evaluation and development.

5.3 The CCCE provides feedback to CIs on their performance in relation to the APTA Guidelines for Clinical Instructors.

5.3.1 The CCCE assists CIs in their goal setting and in documenting progress toward achievement of these goals.

5.4 The CCCE consults with CIs in the assessment of student performance and goal setting as it relates to specific evaluative criteria established by academic programs.*

5.4.1 For student remedial activities, the CCCE participates in the development of an evaluation plan to specifically document progress.

6.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE ADMINISTRATIVE AND MANAGERIAL SKILLS.

6.1 The CCCE is responsible for the management of a comprehensive clinical education program.

6.1.1 The clinical education program includes, but is not limited to, the program’s goals and objectives; the learning experiences available and the logistical details for student placements; and a plan for CI training, evaluation, and development.

6.1.2 The CCCE implements a plan for program review and revision that reflects the changing health care environment.
6.2 The CCCE advocates for clinical education with the clinical education site’s administration, the provider of physical therapy’s administration, and physical therapy personnel.

6.3 The CCCE serves as the clinical education site’s formal representative and liaison with academic programs.

6.3.1 Activities include scheduling; providing information, documentation, and orientation to incoming students; and maintaining records of student performance, CI qualifications, and clinical education site resources.

6.4 The CCCE facilitates and maintains the necessary documentation to affiliate with academic programs.

6.4.1 The CCCE maintains current information, including clinical site information forms (CSIF), clinical education agreements, and policy and procedure manuals.

6.5 The CCCE has effective relationships with clinical education site administrators, representatives of other disciplines, and other departments to enhance the clinical education program.

6.6 The CCCE demonstrates knowledge of the clinical education site’s philosophy and commitment to clinical education.

6.7 The CCCE demonstrates an understanding of the clinical education site’s quality improvement and assessment activities.

The foundation for this document is:


Revisions of this document are based on:


1. Are you, as the Center Coordinator of Clinical Education (CCCE):

   a) Experienced in clinical education?  
   b) Interested in students?  
   c) Skilled in interpersonal relationships, communication, and organization?  
   d) Knowledgeable about the clinical education site and its resources?  
   e) Able to serve as a consultant in the evaluation process?

2. Are you a physical therapist or physical therapist assistant? If so:

   a) Are you an experienced clinician?  
   b) Do you meet the APTA Guidelines for Clinical Instructors?

3. If you are a non–physical therapy professional:

   a) Do you have an experienced physical therapist clinician available for consultation in planning clinical educational experiences?
   b) Do you have a physical therapist for direct clinical supervision of physical therapist students and a physical therapist or physical therapist assistant working with a physical therapist for the direct clinical supervision of the physical therapist assistant student?
   c) Do you meet Guidelines 2.0 through 5.0 for CIs, as outlined in the APTA Guidelines for Clinical Instructors?
4. Do you, as the CCCE, demonstrate knowledge of:
   a) Contemporary issues of clinical practice?  □ Yes  □ No  □ Developing
   b) Management of the clinical education program?  □ Yes  □ No  □ Developing
   c) Education theory?  □ Yes  □ No  □ Developing
   d) Issues in health care delivery?  □ Yes  □ No  □ Developing

5. Do you, as the CCCE, demonstrate legal and ethical behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy?  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
1. Do you, as the CCCE, interact effectively and foster collegial relationships, both internal and external to the clinical education site, by:

   a) Performing administrative functions between academic programs and the clinical education site? Such as completing:
      - The clinical site information form (CSIF)  □ Yes  □ No  □ Developing
      - Clinical education agreements  □ Yes  □ No  □ Developing
      - Student placement forms  □ Yes  □ No  □ Developing
      - Policy and procedure manual  □ Yes  □ No  □ Developing

   b) Providing consultation to the CI in the evaluation process?  □ Yes  □ No  □ Developing

   c) Serving as a representative of the clinical education site to academic programs?  □ Yes  □ No  □ Developing

   d) Demonstrating knowledge of the affiliated academic programs and their respective curricula and disseminating the information to clinical education site personnel?  □ Yes  □ No  □ Developing

   e) Communicating with the ACCE/DCE regarding clinical education planning, evaluation, and CI development?  □ Yes  □ No  □ Developing

   f) Remaining open to and encouraging feedback from students, CIs, ACCEs/DCEs, and other colleagues?  □ Yes  □ No  □ Developing

   g) Demonstrating respect for and sensitivity to individual and cultural differences?  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
3.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS.

1. Do you, as the CCCE, plan and implement activities that contribute to the development of CIs by fostering:
   a) Understanding of the concepts of adult and lifelong learning and life span development?
   □ Yes □ No □ Developing
   b) Recognition of the uniqueness of teaching in the clinical context?
   □ Yes □ No □ Developing

2. Do you, as the CCCE, identify needs and resources of CIs in the clinical education site?
   □ Yes □ No □ Developing

3. In conjunction with CIs, do you, as the CCCE, plan and implement:
   a) Alternative or remedial learning experiences for students experiencing difficulty?
   □ Yes □ No □ Developing
   b) Challenging learning experiences for students demonstrating exceptional clinical performance?
   □ Yes □ No □ Developing
   c) Learning experiences that accommodate students with special needs?
   □ Yes □ No □ Developing

COMMENTS/PLAN:
4.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS.

1. Do you, as the CCCE, supervise the CI(s)/student(s) team during the experience to ensure quality of:
   a) Educational planning?  □ Yes  □ No  □ Developing
   b) Clinical learning experiences?  □ Yes  □ No  □ Developing
   c) Performance evaluation?  □ Yes  □ No  □ Developing

2. Do you, as the CCCE, provide consistent monitoring of and feedback to CIs regarding clinical education activities?  □ Yes  □ No  □ Developing

3. Are you, as the CCCE, serving as a useful resource to:
   a) CIs?  □ Yes  □ No  □ Developing
   b) Students?  □ Yes  □ No  □ Developing
   c) ACCEs/DCEs?  □ Yes  □ No  □ Developing

4. Do you, as the CCCE, enhance the clinical learning experience by assisting in planning and problem solving with the CI(s)/student(s) team?  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
5.0 THE CENTER COORDINATOR OF CLINICAL EDUCATION DEMONSTRATES EFFECTIVE PERFORMANCE EVALUATION SKILLS.

1. Are you, as the CCCE, knowledgeable about educational evaluation methodologies? □ Yes □ No □ Developing
   a) Do you apply these methodologies to the physical therapy clinical education program? □ Yes □ No □ Developing

2. Do you, as the CCCE, contribute to the clinical education sites process of personnel evaluation development? □ Yes □ No □ Developing

3. Do you, as the CCCE, provide feedback to CIs on their performance as clinical teachers in relation to the APTA Guidelines for Clinical Instructors? □ Yes □ No □ Developing

4. Do you, as the CCCE, assist CIs in:
   a) Goal setting? □ Yes □ No □ Developing
   b) Documenting progress toward achievement of goals? □ Yes □ No □ Developing

5. Do you, as the CCCE, consult with CIs in the assessment of student performance as it relates to specific evaluative criteria established by each academic program? □ Yes □ No □ Developing

6. When a student requires remedial activities, do you, as the CCCE, participate in the development of a plan to specifically document student progress? □ Yes □ No □ Developing

COMMENTS/PLAN:
1. Do you, as the CCCE, manage the comprehensive clinical education program?  □ Yes  □ No  □ Developing

2. Does your program include:
   a) Goals and objectives?  □ Yes  □ No  □ Developing
   b) Available learning experiences?  □ Yes  □ No  □ Developing
   c) Logistical details for student placements?  □ Yes  □ No  □ Developing
   d) A plan for CI training, development, and evaluation?  □ Yes  □ No  □ Developing

3. Do you, as the CCCE, routinely review and revise your clinical education program?  □ Yes  □ No  □ Developing

4. Do you, as the CCCE, advocate for clinical education with:
   a) Clinical education site administration?  □ Yes  □ No  □ Developing
   b) Provider of physical therapy administration?  □ Yes  □ No  □ Developing
   c) Provider of physical therapy personnel?  □ Yes  □ No  □ Developing

5. Do you, as the CCCE, serve as the clinical education site’s formal representative and liaison with academic programs for activities such as:
   a) Scheduling of students?  □ Yes  □ No  □ Developing
   b) Orienting incoming students?  □ Yes  □ No  □ Developing
   c) Maintaining records of student performance?  □ Yes  □ No  □ Developing
   d) Maintaining records of CI qualifications?  □ Yes  □ No  □ Developing
   e) Maintaining records of clinical education site resources?  □ Yes  □ No  □ Developing

6. Are you, as the CCCE, responsible for facilitating and maintaining the necessary documentation to affiliate with academic programs such as:
   a) Clinical site information form (CSIF)?  □ Yes  □ No  □ Developing
b) Clinical education agreement?  □ Yes  □ No  □ Developing

c) Policy and procedure manual?  □ Yes  □ No  □ Developing

7. Do you, as the CCCE, enhance the clinical education program by developing effective relationships with:

   a) Clinical education site administrators?  □ Yes  □ No  □ Developing

   b) Representatives of other disciplines?  □ Yes  □ No  □ Developing

   c) Other site departments?  □ Yes  □ No  □ Developing

8. Do you, as the CCCE, demonstrate knowledge of the clinical education site’s philosophy and commitment to clinical education?  □ Yes  □ No  □ Developing

9. Do you, as the CCCE, demonstrate an understanding of the clinical education site’s quality improvement and assessment activities?  □ Yes  □ No  □ Developing

COMMENTS/PLAN:
**Academic Coordinator/Director of Clinical Education (ACCE/DCE):** An individual who is responsible for managing and coordinating the clinical education program at the academic institution, including facilitating development of the clinical education site and clinical educators. This person is also responsible for coordinating student placements, communicating with clinical educators about the academic program and student performance, and maintaining current information on clinical education sites.

**Academic program:** That aspect of the curriculum where students’ learning occurs directly as a function of being immersed in the academic institution of higher education; the didactic component of the curriculum that is managed and controlled by the physical therapy educational program.

**Accountability:** Active acceptance of responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society. (*Professionalism in Physical Therapy: Core Values; August 2003.*)

**ADA (Americans with Disabilities Act):** The 1990 federal statute that prohibits discrimination against individuals in employment, public accommodations, etc.

**Administration:** The skilled process of planning, directing, organizing, and managing human, technical, environmental, and financial resources effectively and efficiently. A physical therapist or physical therapist assistant can perform administrative activities, based on recognition of additional formal and informal training, certification, or education.

**Affective:** Relating to the expression of emotion (eg, affective behavior).

**Altruism:** The primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self interest. (*Professionalism in Physical Therapy: Core Values; August 2003.*)

**Caring:** The concern, empathy, and consideration for the needs and values of others. (*Professionalism in Physical Therapy: Core Values, August 2003.*)

**Center Coordinator of Clinical Education (CCCE):** Individual(s) who administer, manage, and coordinate clinical instructor assignments and learning activities for students during their clinical education experiences. In addition, this person determines the readiness of persons to serve as clinical instructors for students, supervises clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information about the clinical education program to physical therapy programs.

**Clients:** Individuals who are not necessarily sick or injured but can benefit from a physical therapist’s consultation, professional advice, or services. Clients are also businesses, school systems, families, caregivers, and others who benefit from physical therapy services.

**Clinical education agreement:** A legal contract that is negotiated between academic institutions and clinical education sites that specifies each party’s roles, responsibilities, and liabilities relating to student clinical education. (*Synonyms: letter of agreement, affiliation contract)*

**Clinical education consortia:** The formation of regional groups that may include physical therapy programs or clinical educators for the express purpose of sharing resources, ideas, and efforts.

**Clinical education experience:** That aspect of the curriculum where students’ learning occurs...
directly as a function of being immersed within physical therapy practice. These dynamic and progressive experiences comprise all of the direct and indirect formal and practical “real life” learning experiences provided for students to apply classroom knowledge, skills, and behaviors in the clinical environment. These experiences can be of short or long duration (e.g., part-time and full-time experiences, internships that are most often full-time postgraduation experiences for a period of 1 year) and can vary by the manner in which the learning experiences are provided (e.g., rotations on different units that vary within the same setting, rotations between different practice settings within the same health care system). These experiences include comprehensive care of patients across the life span and related activities. (Synonym: Clinical learning experiences)

Clinical education program: That portion of a physical therapy program that is conducted in the health care environment rather than the academic environment; the sum of all clinical education experiences provided.

Clinical education site: The physical therapy practice environment where clinical education occurs; that aspect of the clinical education experience that is managed and delivered exclusively within the physical therapy practice environment and encompasses the entire clinical facility.

Clinical instructor (CI): An individual at the clinical education site, who directly instructs and supervises students during their clinical learning experiences. These individuals are responsible for carrying out clinical learning experiences and assessing students’ performance in cognitive,* psychomotor,* and affective domains as related to entry-level clinical practice and academic and clinical performance expectations. (Synonyms: clinical teacher; clinical tutor; clinical supervisor)

Clinical Performance Instrument (CPI): American Physical Therapy Association developed student evaluation instruments that are used to assess the clinical education performance of physical therapist and physical therapist assistant students. The Physical Therapist CPI consists of 24 performance criteria and the Physical Therapist Assistant CPI consists of 20 performance criteria.

Cognitive: Characterized by knowledge, awareness, reasoning, and judgment.

Communication: A verbal or nonverbal exchange between two or more individuals or groups that is: open and honest; accurate and complete; timely and ongoing; and occurs between physical therapists and physical therapist assistants, as well as between patients, family or caregivers, health care providers, and the health care delivery system.

Compassion: The desire to identify with or sense something of another’s experience; a precursor of caring. (Professionalism in Physical Therapy: Core Values; August 2003.)

Competent: Demonstrates skill and proficiency in a fluid and coordinated manner in rendering physical therapy care (physical therapist), or those aspects of physical therapy care (e.g., interventions) as directed and supervised by the physical therapist (physical therapist assistant).

Competencies: A set of standard criteria, determined by practice setting and scope, by which one is objectively evaluated.

Cultural competence: Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Working definition adapted from

**Cultural and individual differences:** The recognition and respect for and response to, age, gender, race, creed, national and ethnic origin, sexual orientation, marital status, health status, disability or limitations, socioeconomic status, and language.

**Data collection:** For the physical therapist assistant, this term is used in the context of providing interventions that are directed by the physical therapist and within the plan of care and consist of processes or procedures used to collect information relative to the intervention, which may include observation, measurement, and subjective, objective, and functional findings.

**Diagnosis:** Diagnosis is both a process and a label. The diagnostic process performed by the physical therapist includes integrating and evaluating data that are obtained during the examination to describe the patient/client condition in terms that will guide the prognosis, the plan of care, and intervention strategies. Physical therapists use diagnostic labels that identify the impact of a condition on function at the level of the system (especially the movement system) and at the level of the whole person. (*Guide to Physical Therapist Practice.* Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Ethical and legal behaviors:** Those behaviors that result from a deliberate decision-making process that adheres to an established set of standards for conduct that are derived from values that have been mutually agreed on and adopted for that group.

**Excellence:** Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

**Evaluation:** A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. No defined number or range of number of visits is established for this type of episode. (*Guide to Physical Therapist Practice.* Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Examination:** A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The examination has three components: the patient/client history, the systems reviews, and tests and measures. (*Guide to Physical Therapist Practice.* Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Integrity:** Steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do. (*Professionalism in Physical Therapy: Core Values*; August 2003.)

**Intervention:** The purposeful and skilled interaction of the physical therapist with the patient/client and, when appropriate, with other individuals involved in care (ie, physical therapist assistant), using various methods and techniques to produce changes in the condition. (*Guide to Physical Therapist Practice.* Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Outcomes (assessment of the individual):** Performed by the physical therapist and is a measure (or measures) of the intended results of patient/client management, including changes in impairments,
functional limitations, and disabilities and the changes in health, wellness, and fitness needs that are expected as the results of implementing the plan of care. The expected outcomes in the plan should be measurable and time limited.

**Patients:** Individuals who are the recipients of physical therapy direct intervention.

**Patient/client management model:** Elements of physical therapist patient care that lead to optimal outcomes through examination, evaluation, diagnosis, prognosis, intervention, and outcomes. (Adapted from the *Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Philosophy:** Broad context and theoretical framework provided for program purpose, organization, structure, goals, and objectives; a statement of philosophy under some conditions may be synonymous with a mission statement.

**Physical therapist:** A person who is a graduate of an accredited physical therapist education program and is licensed to practice physical therapy.

**Physical therapist assistant:** A person who is a graduate of an accredited physical therapist assistant program and who assists the physical therapist in the provision of physical therapy. The physical therapist assistant may perform physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

**Physical therapist professional education:** First level of education that prepares student to enter the practice of physical therapy.

**Physical therapy:** Use of this term encompasses both physical therapists and physical therapist assistants.

**Physical therapy personnel:** This includes all persons who are associated with the provision of physical therapy services, including physical therapists, physical therapist assistants who work under the direction and supervision of a physical therapist, and other support personnel. (*Synonym:* physical therapy staff)

**Plan of care:** Statements that specify the anticipated goals and the expected outcomes, predicted level of optimal improvement, specific interventions to be used, and proposed duration and frequency of the interventions that are required to reach the goals and outcomes. The plan of care includes the anticipated discharge plans. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Professional:** A person who is educated to the level of possessing a unique body of knowledge, adheres to ethical conduct, requires licensure to practice, participates in the monitoring of one’s peers, and is accepted and recognized by the public as being a professional. (See *Physical Therapist.*)

**Professional duty:** Professional duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society. (*Professionalism in Physical Therapy: Core Values;* August 2003.)

**Prognosis:** The determination by the physical therapist of the predicted optimal level of improvement in function and the amount of time needed to reach that level. (*Guide to Physical Therapist Practice*. Rev 2nd ed. Alexandria, Va: American Physical Therapy Association; 2003.)

**Provider of physical therapy:** This indicates the part of the clinical education experience that is managed and delivered exclusively under the direction and supervision of the physical therapist.
including within the plan of care physical therapy interventions provided by the physical therapist assistant.

**Psychomotor:** Refers to motor activity that is preceded by or related to mental activity.

**Reexamination:** The process of performing selected tests and measures after the initial examination to evaluate progress and to modify or redirect interventions. (*Guide to Physical Therapist Practice. Rev 2nd ed.* Alexandria, Va: American Physical Therapy Association; 2003.)

**Screening:** Determining the need for further examination or consultation by a physical therapist or for referral to another health professional. (*Guide to Physical Therapist Practice. Rev 2nd ed.* Alexandria, Va: American Physical Therapy Association; 2003.) (See also: Cognitive.)

**Social responsibility:** The promotion of a mutual trust between the physical therapist as a part of the profession and the larger public that necessitates responding to societal needs for health and wellness. (*Professionalism in Physical Therapy: Core Values,* August 2003.)

**Student placement forms:** A questionnaire distributed by physical therapy education programs to clinical education sites requesting the number and type of available placements for students to complete clinical education experiences.

**Supervision:** A process where two or more people actively participate in a joint effort to establish, maintain, and elevate a level of performance; it is structured according to the supervisee’s qualifications, position, level of preparation, depth of experience, and the environment in which the supervisee functions.

**Treatment:** The sum of all interventions provided by the physical therapist to a patient/client during an episode of care. (*Guide to Physical Therapist Practice. Rev 2nd ed.* Alexandria, Va: American Physical Therapy Association; 2003.)

**Validity:** The degree to which accumulated evidence and theory support specific interpretation of test scores entailed by proposed use of a test. The degree to which a test measures what it is intended to measure; a test is valid for a particular purpose for a particular group.

**Variety of clinical education experiences:** Considers multiple variables when providing students with clinical learning experiences relative to patient care including, but not limited to, patient acuity, continuum of care, use of a PT/PTA care-delivery team, complexity of patient diagnoses and environment, and health care delivery system.