CLINICAL EDUCATION MANUAL
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The purpose of this manual is to provide general information and policies and procedures relating to the clinical education component of the DPT curriculum for physical therapy students and clinical instructors of the Division of Physical Therapy Education, School of Allied Health Professions, University of Nebraska Medical Center.

The materials in this manual are subject to change. Students and clinical instructors will be notified of additions, deletions or modifications as they occur. This information is also posted on the Division of Physical Therapy Education website at http://www.unmc.edu/alliedhealth/clin_ed.htm

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I. CLINICAL EDUCATION PHILOSOPHY

The mission of the Division of Physical Therapy Education at the University of Nebraska Medical Center is to improve the health of Nebraska by:

• Preparing physical therapists and other healthcare professionals to deliver evidence-based, patient-centered care as members of an inter-professional team.
• Conducting scholarly activities that contribute to the evidence and influence change in clinical and educational practice.
• Providing professional service including outreach to underserved populations.

In support of the educational element of this mission, the philosophy of the faculty with respect to the clinical education component of the curriculum is to provide students with the opportunity for clinical education experiences in a variety of practice settings serving clients with different conditions. Clinical education courses are recognized by faculty to be an integral part of the DPT curriculum. They allow for the clinical application of physical therapy theories and techniques acquired during lecture and laboratory instruction, and as importantly, these courses provide the student with the opportunity to acquire the knowledge, skills and abilities most effectively taught in the clinical setting.

The clinical education process is designed to provide the student with periodic clinical exposure at key times throughout the curriculum, thus enabling to student to build clinical practice skills and confidence while being exposed to a variety of clinicians, patients, and facilities. Although each student will have different clinical education experiences, the process is designed to move the student along a continuum from observation, identification and description to analysis, demonstration, and evaluation. Consequently, the student will also progress from requiring fairly constant supervision by clinical instructors to requiring periodic guidance and eventually to entry level practice. The clinical faculty provide the student with clinical practice experience and specialty knowledge. This, coupled with the program curriculum, provides the foundational base of knowledge, skills and abilities necessary to begin entry level practice.

Accreditation Status

Physical Therapy Education at the University of Nebraska Medical Center is accredited by:

The Commission on Accreditation in Physical Therapy Education (CAPTE)
1111 North Fairfax Street
Alexandria, Virginia 22314
Telephone: 703-706-3245
Email: accreditation@apta.org
Website: http://www.capteonline.org
II. CLINICAL EDUCATION CURRICULUM

A. Course Titles and Numbers:
- PHYT 550  Clinical Education I
- PHYT 650  Clinical Education II
- PHYT 750  Clinical Education III
- PHYT 751  Clinical Education IV
- PHYT 752  Clinical Education V

B. Course Descriptions and Objectives -- See Course Syllabi Appendix A

C. Overview

1. General Format
   The Clinical Education component of the curriculum consists of five clinical education experiences, including one part-time and four full-time internships in clinical education sites locally, statewide, and nationwide. During Semester 2 of the curriculum, students spend one day per week in the clinical setting, for a total of 80 contact hours, gaining broad exposure to physical therapy practice. The remaining 32 weeks of full-time clinical internships are completed during four 8 week rotations. The first 8 week internship occurs at the completion of the second year (Semester 6) and the final three culminating internships are scheduled in succession, beginning in approximately the second half of semester 7 and continuing throughout semester 8.

2. Requirements
   The Program faculty believes it is in the best interest of each student to participate in a variety of clinical education experiences. Students are required to participate in one full time clinical experience in acute-care, one in out-patient orthopedics, one in a practice that addresses the treatment of persons with conditions primarily affecting the neurologic system (Adult Rehabilitation or Pediatrics) and one in a rural setting (See Appendix B: Clinical Education Experiences Selection Worksheet). Students are encouraged to select clinical education placements that not only vary by type but also by geographic location. Students are responsible for arranging and financing travel and housing. For students who enter the professional program through the Rural Health Opportunities Program (RHOP) two of the four required clinical internships will be in rural Nebraska. The Director of Clinical Education and the Clinical Education Associate review all placements for each clinical education experience and monitor student compliance with these guidelines.

3. Selection Process
   The selection and assignment of clinical education placements is based on a number of factors including student professional goals, site availability, and Program requirements. Students are assigned to clinical sites for their PHYT 550 integrated clinical experiences by the DCE. For the remaining 8 week clinical experiences (PHYT 650,750,751, and 752) students are allowed to select their clinical internships as part of a student negotiation process, under the guidance of the DCE and in accordance with program clinical education requirements which are described in the Clinical Education manual. Students are provided with data each spring
regarding the clinical education internships offered by affiliating sites for the upcoming calendar year. Students preview this information in preparation for the clinical selections which occurs late in the spring semester for the second year class and during the summer of each year for the first year class. All clinical selections must be approved by the Director of Clinical Education. Please, note that all scheduled clinical education experiences are subject to change without notice due to changes in a clinical site’s ability to take a student.

III. CLINICAL EDUCATION POLICIES AND PROCEDURES

A. Attire for Physical Therapy Students on Clinical Education Experiences

Attire should be professional, coordinated, conservative, and non-wrinkled. Generally speaking, business casual dress is appropriate for most clinical settings, as well as for professional functions.

- Students are required to comply with the dress code provided by each clinical site. In some instances, clinical sites have provided a written dress code to UNMC and this information is posted on Blackboard, Clinical Education, Clinical Site Information, in that site’s individual file. In other instances, the clinical site will notify the student prior to the internship about dress code. Some general guidelines that apply to all sites follow.

- Attire should be nonrestrictive, allowing for ease of movement. Apparel not appropriate for the clinical sites includes shorts, jeans, t-shirts, sweatshirts, and shirts with logos, team names, pictures, large brand names, mottos, etc.
- Shirts and blouses are to be long enough to prevent exposure of the abdomen and back while the student physical therapist is working with clients in the clinic. Students are encouraged to move as they would in clinic (bending, squatting, leaning, reaching, etc.) to ensure apparel provides appropriate coverage prior to arrival at a clinical site.
- Shoes should be clean and comfortable casual or dress shoes. It is recommended that shoes have a rubber sole for good traction. Sandals, work boots, and open-toed shoes should be avoided. Some clinical sites permit clinicians to wear tennis shoes, if they are clean and without tears. Please refer to the dress code for a given clinical site when determining if tennis shoes are appropriate. Socks are to be worn at all times.
- All students will be presented with a white clinic jacket in their second year at the annual professional induction ceremony. This will be worn in those clinic settings where required.
- University issued photo ID name tags (or the equivalent issued by the clinical education site) should be worn at all times. Students will have the choice to wear the standard UNMC photo ID name tag that includes their full name, or the alternative UNMC photo ID name tag that includes only their first name, unless the clinical site requires first and last names to appear on the photo ID.
- Swimwear may be required in those clinical facilities with aquatic programs Swimwear should be conservative.
- Hair should be clean and well groomed. Hair which is below shoulder length should be pulled back or up to avoid interfering with patient care, in both the clinical and laboratory setting. Beards and mustaches should be neatly trimmed.
- Jewelry may include watches, appropriate rings and small earrings. Piercings should be limited to earrings. Loose fitting necklaces should be avoided.
• Tattoos should not be exposed.
• Fingernails should be trimmed so as not to extend beyond the fingertips.
• Cologne or perfume should be used sparingly, if at all.

The clinical faculty may dismiss a student whose clinical attire and/or the personal grooming do not meet acceptable standards when he/she reports for assigned clinical practice. The clinical faculty will immediately report the dress code violation and action taken by the clinical faculty to the Director of Clinical Education.

B. Absences from Clinical Education Experiences

All absences from clinical internships must be reported to and approved by the site Clinical Instructor. All absences during a given clinical education internship must also be reported to the Director of Clinical Education. If a student must miss greater than two days on a given clinical internship, the internship may have to be repeated and/or rescheduled. A group including the Director of Clinical Education, the Program Director, and the Student Performance Evaluation Committee will make this decision. Failure to comply with the requirements for make-up will result in a grade of "F" for that experience. If, due to extenuating circumstances, the student is required to miss a significant amount of the clinical education experience, the student may request a grade of "Incomplete" for the experience.

It is the expectation of the UNMC PT Program that students will make up all time missed during a clinical education experience. The mechanism for this will be made on a case by case basis, with input from the Clinical Instructor, the student, and the Director of Clinical Education. An unapproved absence will result in a failing grade for that clinical education experience and the student will appear before the Student Performance Evaluation Committee.

C. Calculating Clinical Education Hours

1. The assignment of credit hours for clinical education internships is based on a (40) forty-hour work week (1 credit hour per week). However, a major purpose of clinical education is to expose the student to the realistic practice of physical therapy. Students should be expected to work the length of days worked by the Clinical Instructor, unless the Clinical Instructor deems otherwise. Weekend work is allowable if the Clinical Instructor believes it to be of educational benefit to the student. In such a case the Clinical Instructor is advised to:
   a. Inform the student of weekend assignment(s) during the orientation period to the clinical education experience.
   b. Provide adequate supervision and instruction for the student during weekend coverage.
   c. Provide for the student the same mechanism for compensatory time (if utilized at the institution afforded employees).

2. Approved absences from clinical practice may be made up through working extended hours or on Saturday. In such case, the Saturday assignment will be made by the Clinical Instructor and the student will receive as much notice as time allows.

3. Students may not petition to work extended hours or Saturdays in order to fulfill the time
requirements of the clinical education experience for the purpose of completing the experience before the scheduled end date. However, such negotiation may take place at the discretion of the clinical instructor and the Director of Clinical Education to allow students an opportunity to participate in employment interviews or other personal commitments. These commitments should consume no more than two days on any given internship.

D. Clinical Instructor Evaluation of Student Performance

Students participating in clinical education experiences will receive formal, written performance evaluations using the APTA Clinical Performance Instrument (CPI). If concerns regarding performance are identified by the Clinical Instructor the Director of Clinical Education should be notified immediately.

1. The evaluation of physical therapy students in the clinical setting should provide:
   a. a basis for counseling and guidance through an identification of the strengths and areas for improvement of the student.
   b. a means of evaluating the student's progress.
   c. an ongoing evaluation of the DPT curricular content and the site clinical education program.

2. In order to provide a valuable evaluation, the Clinical Instructor should:
   a. Read and familiarize himself/herself with the CPI and guidelines provided;
   b. Use the comment sections frequently as this greatly aids in the interpretation of the evaluation;
   c. Review the student's performance frequently with the student, but at minimum, conduct a mid-term and final formal evaluation for the clinical education internships; and
   d. Ensure that both the student and the Clinical Instructor have completed the CPI on-line, with all appropriate signatures.

E. Student Evaluation of Clinical Education Site

Students are required to complete an evaluation at the end of each full-time clinical internship of the clinical site and clinical instruction. These evaluations are to be completed by the student using the APTA Physical Therapist Student Evaluation form. A time should be reserved for the student to review the document with the Clinical Instructor. After the discussion, the appraisal should be signed and dated by the student and the Clinical Instructor, and returned to the office of the Director of Clinical Education. The clinical education site may make a copy of the evaluation.

F. Travel time between Final Two Culminating Clinical Education Experiences

In 2015, there will no longer be a one week break between the PHYT 751 and PHYT 752 clinicals. This change was made to accommodate students who would like to take the licensure exam in late April, 2015. Please, contact the DCE if you believe the amount of time allotted for travel between your clinical sites is not sufficient.
G. Supervision of Physical Therapy Students by the Clinical Instructor

Physical therapy students may not practice in the capacity of a licensed physical therapist. Physical therapy students must have supervision available on the premises by a licensed physical therapist at all times during their clinical education experiences. The Program supports the *APTA Position on the Provision of Physical Therapy and Physiotherapy Services by Student Physical Therapists* available at the APTA website, [http://www.apta.org](http://www.apta.org), and reprinted below. It is the Clinical Instructor's responsibility to ensure that adequate supervision is available for the student(s) at all times during the clinical affiliation.

**STUDENT PHYSICAL THERAPIST PROVISION OF SERVICES**  
(HOD 06-00-18-30) (Program 32) {Amended HOD 06-96-20-33; HOD 06-95-20-11}

Student physical therapists, when participating as part of a physical therapist professional education curriculum and when acting in accordance with the American Physical Therapy Association policy and applicable state laws and regulations, are qualified to provide services only under the direction and direct supervision of the physical therapist, who is responsible for patient/client management. Direct supervision means the physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the *Guide to Physical Therapist Practice* as all encounters with a patient/client in a twenty four hour period. Telecommunications does not meet the requirement of direct supervision.

H. Student Health

1. **Medical History/Vaccinations**

Students enrolled in academic programs at the University of Nebraska Medical Center must provide a medical history and evidence of certain vaccinations or immunities. The medical history will be filed in the Student Health Services Clinic. Students will be expected to provide physician certification of the following:

A. A previous vaccination for rubella or evidence of an immune titer.
B. Tetanus inoculation within the last ten years.
C. Rubeola (measles) -- All students must have a second immunization (in compliance with March, 1990 National Communicable Disease Control Center recommendation).
D. Vaccinations for mumps and polio or documentation on the medical history form that the student had the disease previously.
E. Varicella (chicken pox) -- History of disease and year. If there is no documentation of disease, a titer may be required.

The Director of Student Health will provide an appropriate medical history form which will be sent to each student by the Office of Academic Records. The student must complete and return the history form along with certifications of vaccinations required. Forms will be returned to the Office of Academic Records and forwarded to Student Health Services for maintenance. Students will not be allowed to enroll until documentation for the required vaccinations listed above is available. If it is necessary for Student Health Services to administer any of the
required vaccinations, students will be responsible for the cost and will be expected to pay at the time of vaccination. If an update on MMR or Tetanus is required, students can receive free vaccinations at the Douglas County Health Department.

2. **Hepatitis B Vaccination**
Physical Therapy students are strongly encouraged to become immunized for Hepatitis B; however, this is not a requirement. Health care workers are at increased risk for Hepatitis B infections. Students may obtain the Hepatitis B vaccine from Student Health. Questions regarding Hepatitis B may be answered by the Student Health Staff. Clinical education sites require physical therapy students to report whether they have taken the Hepatitis B vaccine or whether they have elected to waive the option of receiving the vaccine.

3. **Reporting Health Information to Clinical Education Sites**
UNMC is required to provide reasonable assurances to the clinical education sites that students participating in the program meet basic standards regarding health and immunization status. UNMC will provide the clinical education site with relevant health and immunization status of participating students, including proof of Hepatitis B vaccination or written waiver and evidence of immunization for mumps, measles, rubella, tetanus, TB screening and Varicella immune status. This information is compiled by UNMC Student Health and available for review by the student.

Currently, UNMC is not requiring students to obtain the seasonal flu shot. However, there has been an increased expectation from many of our clinical sites that students arrive with documentation of having received the seasonal flu shot. Flu shot clinics are held each Fall at UNMC for the benefit of Faculty and students. In the event that a student declines the flu shot, some clinical sites have been requiring those students to wear a mask during all patient clinical encounters.

4. **Maintaining Health Insurance**
All students will be required to be enrolled in the University of Nebraska Student Health Services for the outpatient, ambulatory care and inpatient insurance or demonstrate the approval equivalent insurance from another source. All students enrolled at the University of Nebraska Medical Center will be enrolled through Student Health Services (Fund B) fees for outpatient services provided through the Student Health Center on the UNMC campus. Services provided through UNMC Student Health will have the deductible and coinsurance charges waived.

5. **Acquisition of Off-Site Health Services**
The UNMC Student Health Clinic will pay for services rendered when the student is on an out of town internship and cannot come to the Clinic. Outpatient care rendered at sites other than the UNMC Student Health Clinic may be obtained without pre-approval. Students should contact the Student Health clinic at (402) 559-5158 to let the student representative know about their outpatient visit. However, there are services or procedures that the clinic will not pay for such as emergency room visits, outpatient surgery and hospitalization. In these cases, students should file a claim with their insurance company. If the student has UNMC's student health insurance, they can go to the company's website (www.macori.com) and electronically
submit a claim form for services not covered under their clinic privileges. If the student has questions about his/her student insurance, he/she may contact Patricia Oberlander, UNMC Student Services, at (402) 559-7276 or email at poberlander@unmc.edu.

Emergency room services or inpatient hospital services may be accessed without pre-approval under the student insurance plan. (Students who do not have the student insurance should contact their insurance company and confirm whether they need pre-approval for the emergency room, outpatient surgery or hospitalization). In the event of an emergency room visit, clinical education sites will provide such services to students as would otherwise be provided to employees. The student may be responsible for the resulting charges.

6. **Accidental Exposure to Blood or Body Fluids**
Immediately report blood or body fluid exposure. High-risk HIV exposures need post-exposure prophylactic medication within the first 1-2 hours after exposure.

If you are on the UNMC campus do the following:

1. **Immediately call the OUCH pager number of The Nebraska Medical Center: 402-888-6824**
2. The OUCH nurse will consult and advise you regarding necessary testing and/or treatment. You may be directed to report to the Nebraska Medical Center Employee Health Department (located in the Clarkson Hospital lobby next to the gift shop). Phone: 402-552-3563, hours: 7:00 a.m. - 4:30 p.m., Mon. - Fri.
3. Call the Director of Clinical Education within 24 hours of the incident.

If you are off the UNMC campus do the following:

1. **Report immediately to the clinical education site’s designated area, or the nearest Emergency Room.**
2. Also, call the OUCH pager number at 402-888-6824 to report the exposure to the OUCH nurse.
3. Call Terre Batt in UNMC Student Health within 48 hours of the incident 402-559-5158.
4. Call the Director of Clinical Education within 24 hours of the incident.

**TB exposure procedure**
Contact UNMC Student Health at 402-559-5158 to consult with a nurse within 48 hours. The nurse will advise you regarding necessary testing and/or treatment.

The clinical site is responsible for: assessing potential risk; if necessary securing permission and a blood sample from the patient (faculty member or student) for testing; cost of blood testing; and securing medication required for emergency treatment of high risk exposures. The faculty member or student is responsible for obtaining follow-up care and is liable for the expense.

7. **ADA Accommodation**
It is the policy of the University Nebraska Medical Center to provide flexible and individualized accommodation to students with documented disabilities. Reasonable accommodations are provided for students who have applied to Services for Students with Disabilities and make
their requests sufficiently in advance. For more information, go to the website: www.unmc.edu/stucouns/ or contact Pat Oberlander at 402-559-7276 or poberlander@unmc.edu. Meetings are by appointment in Bennett Hall 6001 on the UNMC campus. Additionally, the student must contact the Director of Clinical Education three months before the scheduled clinical education internship as considerable lead-time is required for authorized accommodations. All requests will be handled confidentially.

I. Compliance Requirements for Participation in Clinical Education

1. UNMC Regulatory Compliance Training
   In order to participate in clinical education experiences the student must successfully complete all regulatory compliance training offered through UNMC. This includes annual completion of the Bloodborne Pathogen and Tuberculosis Training for Individuals Involved in Direct Patient Care, Safety Competency Assessment, and the Privacy, Confidentiality and Information Security Training, and one time completion of the training related to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A statement indicating successful completion of these training requirements will be provided to the clinical education site and maintained in the Program files.

2. CPR Certification
   In order to participate in clinical education experiences the student must have in force Health Care Provider CPR certification. Documentation of certification must be provided to the office of the Administrative Assistant for Clinical Education. Students may obtain certification at the provider of their choice.

3. Criminal Background Check
   Students must complete a criminal background check when they arrive on campus, in preparation for participation in clinical education experiences. Please go to the SAHP Blackboard Orientation Course for detailed instructions on how to complete this compliance requirement. If you have any questions, please contact the SAHP Office of Student Affairs at 402-559-6673 or sahpadmissions@unmc.edu.

   Students with documented discrepancies on the background check may be asked to meet with the Director of Clinical Education, and may be referred to Student Counseling. The physical therapy Program Director may be contacted by the Director of Clinical Education to discuss any issues related to the student's background discrepancy.

   If a clinical site requests the student’s background check information it may be provided by the Director of Clinical Education. The Director of Clinical Education may need to speak with a clinical site about the student’s background check information. Some sites do not allow students to participate in a clinical experience based on information on the background check.

   All physical therapy students are expected to report any legal issues which may occur during their time of enrollment at UNMC which may affect their ability to participate in a clinical internship. This information should be reported to the Director of Clinical Education and Program Director. This information will also need to be reported to clinical sites that request
background check information by the same process described above.

4. **Site Specific Requirements**
A given clinical education site may require an assigned student to undergo a drug screening prior to participation in a clinical education experience. Some clinical sites require reporting of background check information. Clinical site requirements can be found on Blackboard in the Clinical Education course under Clinical Site Information.

J. **Requesting Clinical Education Slots and Notifying Sites of Use**
Requests for clinical education slots for the next full calendar year will be mailed to clinical education sites beginning in March of each year, with a request for sites to return information to the program by the first week of April. Available sites will be posted on Blackboard for PT Program students to review. The selection/assignment process will begin in the late spring for the second year class and early summer for the first year class. All clinical education sites will be notified by or before the end of July of the PT Program's intent to use or release offered slots.

K. **Information Available to Students about Clinical Education Sites**
All clinical education sites affiliating with the Program will be required to submit in hard copy or electronically, the APTA Clinical Site Information Form (CSIF). The Program maintains a file on each clinical education site containing the CSIF and any other materials provided by the site. Files are stored on Blackboard at the Clinical Education site, under the Clinical Information Site button, allowing students to access this information at their convenience. CSIF’s may also be found on the CPI website.

L. **Clinical Affiliation Agreements**
The Division of Physical Therapy Education assumes accountability for arranging and maintaining clinical education agreements between the Program and each affiliating clinical education site. The UNMC Affiliation Agreement for Clinical Education (hereafter referred to as the Agreement) includes a statement of purpose, the objectives of UNMC and the clinical education site in establishing the Agreement, the Mutual Agreements of both parties, the Rights and Responsibilities of the individual parties, the term of the Agreement, and the procedures to be followed for renewing or terminating the Agreement. Agreements are reviewed every three years and either terminated or renewed for a successive three-year period. One original of the Agreement is maintained by the clinical education site and two originals are housed on the UNMC campus, one in the PT Program office and one in the office of the Vice-Chancellor for Academic Affairs.

M. **Statement on Professional Liability Coverage**
All students enrolled in the Division of Physical Therapy Education at the University of Nebraska Medical Center are covered under a comprehensive general liability and professional liability policy approved by the Board of Regents of the University of Nebraska during clinical education experiences. Specific details of the coverage are provided in the UNMC Affiliation Agreement for Clinical Education and may be obtained from the Director of Clinical Education.
N. Shanghai Sino-U.S. Health Science Initiative
Students who are admitted into the program via the Shanghai Sino-U.S. Health Science Initiative are expected to complete all clinical education experiences which are outlined in this manual. Though, a rural clinical internship is not required. The PHYT 550 clinical placements will be assigned by the Director of Clinical Education. The Director of Clinical Education will assign the four full time clinical internships (PHYT 650,750,751, and 752) after receiving input from the student and the Division’s Program Director.

IV. CLINICAL EDUCATION SITES AND CLINICAL INSTRUCTORS

A. Selection of Clinical Education Sites and Clinical Instructors
The APTA Task Forces on Clinical Education voluntary guidelines for the selection of clinical education sites, clinical instructors and center coordinators for clinical education were originally approved by the APTA Board of Directors in 1992, and endorsed by the APTA House of Delegates on June 13, 1993. The APTA Board of Directors approved revisions of these guidelines in 1999 and 2004.

The guidelines, descriptive criteria, and self-assessment forms have been assembled in a publication entitled *Clinical Education Guidelines and Self-Assessments for Clinical Education*. published by the American Physical Therapy Association, Division of Education, 1111 N. Fairfax St., Alexandria, VA 22314. These Guidelines are also available to APTA members on line at http://www.apta.org. General information on the roles and qualifications of clinical education personnel, as well as general guidelines for the development and management of the clinical education program are also contained in the APTA document, *A Normative Model of Physical Therapist Professional Education: Version 2004*.

The Division of Physical Therapy Education of the University Nebraska Medical Center endorses these voluntary guidelines and promotes their use in the selection and development of clinical education sites and personnel. If a clinical site offers an area of practice that is currently not available to the students, in high demand by the students, or is deemed necessary for the program to meet clinical education needs, it will be considered by the DCE.

B. Clinical Site Visits

Selecting clinical sites to visit is based on the needs of the program, needs of the students and clinical faculty, and issues identified by the DCE. The goal is for the DCE to visit at least 20 clinical sites per year but, this may increase or decrease depending on the previously described needs. Clinical site visits typically involve the DCE meeting with the CCCE, Clinical instructor (CI), and the student. The following are the primary goals of clinical site visits:

1. Develop relationships with clinical faculty to encourage open and frequent communication.
3. Assess clinical site and clinical faculty, learn about the services being provided at the facility.
4. Discuss and provide information regarding the UNMC clinical education program including continuing education opportunities, clinical faculty benefits/responsibilities, processing of students for clinical education, and the UNMC curriculum.
5. Provide updates on clinical education which impact student clinical education. For example, this may include updates on Medicare requirements for the supervision of students, CI credentialing opportunities, or CEU’s for clinical instructors in Nebraska.

6. Potentially provide education for clinical site regarding a topic of their interest or to enhance CI teaching/mentoring.

C. Student request to change a clinical internship assignment

Cancelling internships is rarely done and is not in the best interests of the UNMC clinical education program. Once a clinical site has been informed that a student will be completing an internship at their facility, it will not be cancelled unless deemed absolutely necessary. These decisions will be made by the DCE in consultation with faculty members on the Clinical Education Team (and in consultation with the Program Director if necessary as determined by the DCE) on a case by case basis. Rescheduling clinical internships can be difficult.

Clinical Site Cancellation Procedure:
If a student has a life altering event which they believe will limit their ability to complete an internship they will need to discuss this situation with the Director of Clinical Education (DCE). The DCE will consult with faculty members of the Clinical Education Team and possibly the Program Director to determine if cancelling the internship is warranted. The DCE will then contact the student to discuss whether the request will be granted. The student may contact the Program Director to attempt to remediate if they disagree with the decision made by the DCE/Clinical Education Team.

D. Rights and Privileges of Clinical Instructors

The specific rights and privileges of clinical faculty are formally delineated in the clinical affiliation agreement and are consistent with the rights and privileges afforded clinical faculty from other programs at UNMC. In general, the PT Program views the continuance of communication as a primary right of the clinical faculty. The PT Program maintains routine written correspondence with clinical faculty members via administrative materials sent prior to and during scheduled clinical experiences. Periodic written communication occurs on an as needed basis (such as information informing the clinical sites about students participating in the care of patients with Medicare Parts A and B). Personal communication occurs through site-visits, continuing education seminars, phone calls and e-mails. Additionally, clinical faculty members have access to the PT Program’s website.

Clinical instructors have the right to communicate at any time to the Director of Clinical Education their observations or concerns about the clinical education program or the academic preparation of students or to contact any faculty member for consultation. Clinical instructors have the opportunity to participate in continuing education courses provided by the PT Program. Additionally, the Director of Clinical Education and/or other faculty members may be able to provide continuing education at clinical affiliation sites upon request.

E. Complaints Outside of Due Process (e.g. from clinical ed sites)

Upon receipt of a complaint from a clinical site the DCE will discuss the issue with the site and determine if further, discussion with the appropriate stakeholders is necessary. This includes but is not limited to: Director of the Program, curriculum committee, core faculty, administrative assistant
and/or Clinical Education Team Members.

F. Grading policy

Final course grades are determined by the Director of Clinical Education (see syllabi). The DCE may consult with Clinical Education Team, Program Director and/or Student Performance Evaluation Committee (SPEC) regarding student’s performance and grade for course. See APPENDIX E for description of procedure utilized when students perform below expected level on clinical experiences.

G. Verification Of Student Identity For Distance Education

(Clinical Education is not distance education however the learning management system and CPI are accessed via username and password and contain secure information related to grading). Verification of student identity using the CPI is via the username and password access to enter the CPI web. The CI signs off on the student CPI further acknowledging identity.

H. Due process for student grievances

Student shall contact the DCE regarding a concern/complaint. The DCE will consult with the Clinical Faculty, Clinical Education Team and the Program Director as needed. All Program Policies and Procedures (including the Program Student Handbook and the Clinical Education Manual) will be followed. DCE will communicate with the student to achieve an acceptable outcome. If the student feels that outcome is not satisfactory then the student may pursue their grievance as described in the School of Allied Health Profession Handbook.

I. Protected Health Information:

In order to comply with the American Recovery and Reinvestment Act of 2009, which includes Health Information Technology for Economic and Clinical Health Act (HITECH), PT students at the University of Nebraska Medical Center WILL NOT remove any protected health information (PHI) from any clinical facility. Nor will students transmit any PHI electronically except when doing so in the usual performance of caring for patients or clients and full knowledge of the clinical instructor. This bill established new requirements for business associates (UNMC) and covered facilities (clinical sites) with respect to handling PHI. UNMC must report any breach of confidentiality to the facility and UNMC may be subject to fines.

Use of info other than protected health information (e.g. protocols) and obtaining authorized use of images or material about individual. Approval from the clinical instructor is required to obtain information such as protocols, images of clinic, etc.

H. Patients Right To Risk-Free Right To Refuse To Participate In Clinical Education

The clinical site (clinical instructor) is responsible for ensuring the risk-free right of patients to refuse to participate in clinical education.
I. Responsibilities of PT Program And Faculty:

1. Responsibilities of UNMC PT Program
   a. Providing an environment that encourages students taking responsibility for their assigned learning tasks.
   b. Providing the instruction for students to learn the knowledge, skills, and behaviors necessary to become a safe and skilled practitioner.
   c. Assigning and communicating with students during their clinical experiences.
   d. Communicating with the CI’s and CCCE’s about the UNMC curriculum.
   e. Ensuring that all members of team: CI’s, CCCE’s, students and faculty are upholding their responsibilities to maintain a positive learning environment.
   f. Maintaining current knowledge of the discipline through continuing professional development.
   g. Meeting or exceeding accreditation requirements.
   h. Ensuring student readiness for clinical education prior to clinical assignment.

2. Responsibilities Of Director Of Clinical Education
   a. Planning and implementing the clinical education component of the curriculum.
   b. Developing clinical sites.
   c. Communicating between UNMC and clinical sites.
   d. Providing orientation to new clinical sites and/or faculty.
   e. Scheduling and assigning student placements to clinical internships.
   f. Performing site visits and/or utilizing phone conversations and electronic meetings/communication with clinical sites.
   g. Coordinating contact with student and CI during clinical internships as needed.
   h. Providing education to clinical education faculty as needed on topics to improve effectiveness of clinical education program
   i. Assessing effectiveness of Clinical Education Program.
   j. Assigning grades for clinical education experience and facilitating confidentiality of student records.
   k. Updating Clinical Education Manual, as needed, and providing access to all clinical sites and students via Clinical Education webpage.
   l. Serving as resource to the student and the CI.
   m. Keeping student and clinical education faculty informed of regulations and rules that guide clinical education for PT students.
   n. Facilitating conflict resolution and problem solving strategies as needed.
   o. Ensuring that clinical sites meet minimum criteria.
   p. Providing the instruction for students' knowledge, skills and behaviors necessary to become a safe and skilled practitioner with Program faculty.
   q. Providing student advising as it relates to clinical education.
   r. Providing an environment that encourages students taking responsibility for their assigned learning tasks.
   s. Promoting an environment of compassion, respect, empathy and dignity in providing care to patients.
   t. Maintaining current knowledge of the discipline through continuing professional development.
u. Ensuring that all CI’s and CCCE’s are informed of any changes in Program policies and procedures and/or student scheduling.

v. Verifying the student has met minimum Program criteria in all coursework prior to clinical placement.

3. Responsibilities Of Clinical Education Coordinator
   Updating and reviewing clinical site database annually and as needed, prior to clinical assignment.
   a. Sending out Clinical Experience Availability Forms and request for Clinical Site Information Form updates annually.
   b. Reviewing Affiliation Agreements are current.
   c. Update clinical site information on Blackboard in conjunction with the Director of Clinical Education.
   d. Notifying clinical site the assigned student’s name at least 4-6 weeks prior to clinical internship.

J. Rights And Responsibilities Of Clinical Education Faculty
Clinical Education Faculty do not have the same rights and responsibilities as Core Faculty. The CCCE’s do have access to the McGoogan Library resources and clinical faculty has received a discounted rate on UNMC hosted continuing education offerings through the Division of Physical Therapy.

1. Responsibilities of the Center Coordinator Of Clinical Education (CCCE)
   a. Coordinating and scheduling clinical experiences with DCE.
   b. Providing orientation materials including safety procedures related to clinical site and equipment or arranging for these to be provided by CI.
   c. Delegating CI responsibilities to qualified staff PT.
   d. Serving as resource for the CI.
   e. Informing CI of all pertinent information from the UNMC PT Program.
   f. Providing communication and problem-solving strategies for the student and CI as needed.
   g. Providing necessary documentation to the Program’s DCE including the Affiliation Agreement, Clinical Experience Availability Form, Clinical Site Information Form (CSIF), and CPI.
   h. Providing facility policies and procedures related to site and equipment safety upon request of the DCE.
   i. May request information regarding background checks. The request for information regarding background checks is made to the DCE.

2. Minimum Criteria for Clinical Instructors
   a. Licensed as a Physical Therapist.
   b. One year of clinical experience with demonstrated clinical competence.
   c. Demonstrate a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.
   d. Completion of a clinical instructor credentialing program such as the APTA clinical instructor education and credentialing program is preferred.
3. Responsibilities of Clinical Instructor (CI)
   a. Providing direct supervision of the student and if not available, assigning this to another licensed PT.
   b. Providing orientation and instruction to the student.
   c. Serving as a role model, educator, advisor, evaluator and clinical resource person for the duration of the student’s clinical education experience.
   d. Aiding the student in various clinical experiences to facilitate learning.
   e. Assuming responsibility for determining which experiences are appropriate for PT student involvement.
   f. Maintaining communication with student and ACCE.
   g. Providing ongoing feedback to the student.
   h. Providing formal documented evaluation of student performance at midterm and end of clinical experience.
   i. Participate in training as needed to utilize CPI.
   j. Notifying the DCE immediately if a student is having difficulty with performance criterion that is a red-flag item on the CPI.
   k. Notifying the DCE immediately if the CI checks the Significant Concerns Box on any criterion on the CPI.
   l. Verifying patient informed consent is received prior to treatment by a student.

m. Directing and assisting the student, per site policies and procedures, in situations that could potentially compromise the student’s safety including, but not limited to, fire, use of hazardous material or use of equipment.

K. Clinical Education Faculty Development Activities

The Program will determine the need for ongoing planned development activities directed at improving clinical education effectiveness through:

- Interviews, conversations, surveys, panel meetings, etc. with clinical education faculty by the DCE
- Student evaluations of the clinical sites and clinical instructors
- Current trends related to clinical education

Specific faculty development activities will be created by the Program Faculty who coordinates continuing education in conjunction with the DCE. In addition, the DCE will provide information to clinical faculty on an as needed basis to promote clinical faculty development. This might be in the form of electronic communication, letters to sites, sites visits or formal seminar.

L. Rights and Responsibilities of Students:

1. Student Rights
   a. Orientation to clinical site.
   b. Direct supervision.
   c. Formal documented feedback at mid-term and final as well as informal feedback throughout experience.
   d. Due process.
   e. Confidentiality of records.
f. Access to a variety of experiences.
g. Environment with established policies and procedures regarding safety.

2. Student Responsibilities
   b. Maintaining appropriate professional and ethical conduct established by the APTA at all times during clinical courses.
   c. Adhere to clinical education site’s policies and procedures.
   d. Complete required clinical experiences.
   e. Consult with CI, CCCE and/or DCE regarding progress and/or any concerns.
   f. Students are encouraged to report any immoral, illegal or unethical behavior or concerns to CI and DCE.
   g. Submit all required paperwork from clinical experience to DCE by due date.
   h. Contact the DCE immediately if supervision does not follow the guidelines:
      • The CI must be a PT with at least one year of experience
      • The CI must be on-site providing direct supervision of the student
      • If the CI is not available, supervising responsibilities may be given to another licensed PT.

V. DPT Program philosophy, curricular goals and outcomes

A. Program Philosophy

The faculty of the Division of Physical Therapy Education affirm and support the missions of the University of Nebraska Medical Center and the School of Allied Health Professions to improve the health of Nebraska. There is an expectation that all faculty, students, and graduates will pursue performance excellence in an ethical manner; foster an environment of learning and communication; respect individuals for their cultures, contributions and points of view; and accept individual accountability for performance and professional development. Physical therapists promote health, function and optimize movement of patients/clients using evidence-based practice as part of an inter-professional team of providers who:
   • cultivate an environment of communication and respect;
   • advocate for the health care, health promotion, and disease prevention needs of patients/clients taking into account access to care and support within the context of community and society;
   • may function as primary care providers within the scope of physical therapy practice; and
   • serve in a variety of roles including consultation, education, critical inquiry, and/or administration.

The Doctor of Physical Therapist education is best met by a curriculum that:

• is founded on the four structural elements of foundational sciences, clinical sciences, practice management and professional practice behaviors;
• is developmental and progressive in nature, taking into account that a successful learner builds problem-solving and critical thinking skills over time with support and instructional guidance from faculty;
• incorporates the principles of learner-centered education that:
acknowledges that each student has a unique background, life experience and approach to learning and applying the curricular content; 
utilizes a variety of learning opportunities and methods for students; 
promotes individual responsibility for learning and ongoing professional development; 
includes purposeful instruction related to developing inter-professional skills needed to work as a team member; and 
incorporates clinical education experiences throughout the curriculum, including caring for underserved population(s).

The mission of the Division is best accomplished by a faculty who, as a whole:

- take responsibility for developing and implementing the curriculum and have the governing authority to ensure that program policies are adhered to; 
- provide effective and innovative instruction using a variety of methods; 
- demonstrate competency in teaching content areas;  
- value collaboration, team teaching and mentorship among faculty; 
- actively contribute to evidence and influence change in clinical and educational practice through scholarly activities; 

- participate in professional service at the University, local, regional and national levels, including outreach to underserved populations and involvement in inter-professional activities and associations; and 
- provides instruction to students from other disciplines and programs.

B. Curricular Goals and Outcomes

Upon completion of the entry-level program, the graduate will be able to:

1. Demonstrate the ability to competently apply the International Classification of Functioning, Disability and Health Enablement (ICFDH) and Patient/Client Management models in the delivery of physical therapy services.

   **Outcomes:**
   1.1. The mean score of a of a class of graduates will meet or exceed the national average scores on the Federation of State Boards in Physical Therapy licensure examination in each of the Content Areas/System Specifications (Exam, Eval, Diff diagnosis, interventions).
   1.2. 85% or more of graduate respondents surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area.
   1.3. 85% or more of employer respondents surveyed 1-year post-graduation indicate that graduates met immediate practice requirements in this area.

2. Function competently in the four major practice areas (musculoskeletal, neurological, cardiopulmonary and integumentary) for readiness to practice in variety of physical therapy settings to upon entry into practice.
Outcomes:

2.1. The mean score of a class of graduates will meet or exceed the national average scores on the Federation of State Boards in Physical Therapy licensure examination in each of the Content Areas/System Specifications (musculoskeletal, neurological, cardiopulmonary and other systems).

2.2. 85% or more of graduate respondents surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area.

2.3. 85% or more of employer respondents surveyed 1-year post-graduation indicate that graduates met immediate practice requirements in this area.

3. Provide appropriate physical therapy services for prevention, health promotion, fitness and wellness to individuals, groups, and communities.

3.1. 85% or more of graduate respondents surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area.

3.2. 85% or more of employer respondents surveyed (1-year post-graduation) indicate that graduates met immediate practice requirements in this area.

3.3. 100% of students will receive entry-level scores on the PHYT 752 CPI.

4. Demonstrate the ability to provide appropriate patient-centered care (practicing ethically and professionally, with cultural competence/sensitivity, with age specific competencies, cost effectively and safely).

4.1. 85% or more of student respondents at exit interview indicate that they met immediate practice requirements in this area.

4.2. 85% or more of graduate respondents surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area.

4.3. 85% or more of employer respondents surveyed (1-year post-graduation) indicate that graduates met immediate practice requirements in this area.

4.4. 100% of students will receive entry-level scores on the PHYT 752 CPI.

5. Demonstrate effectiveness while working as a member of an interprofessional team (flexibility and adaptability, effective interpersonal relationships and communication, self-direction and responsibility, dependability/reliability, initiative and cooperation, gives and receives constructive criticism).

5.1. 85% or more of student respondents at exit interview indicate that they met immediate practice requirements in this area.

5.2. 85% or more of graduate respondents surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area.

5.3. 85% or more of employer respondents surveyed (1-year post-graduation) indicate that graduates met immediate practice requirements in this area.

5.4. 100% of students will receive entry-level scores on the PHYT 752 CPI.

6. Demonstrate the ability to critically evaluate and apply evidence as the basis for physical therapy practice (critically review published literature, utilize clinical research, use information technology).

6.1. 85% or more of student respondents at exit interview indicate that they met immediate
practice requirements in this area.
6.2. 85% or more of graduate respondents surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area.
6.3. 85% or more of employer respondents surveyed (1-year post-graduation) indicate that graduates met immediate practice requirements in this area.
6.4. 100% of students will receive a pass score on their individual PHYT 726 Capstone projects.

7. Demonstrate commitment to professional development and service, including outreach to underserved populations.
7.1. 100% of students will receive a pass score in PHYT 750 Clinical Education IV for participation in community service and attendance at professional meetings.
7.2. 85% or more of graduate respondents surveyed 1-year post-graduation indicate that they met immediate practice requirements in this area, by involvement/willingness to participate in professional activities outside the work environment and to maintain competency.
7.3. 85% or more of employer respondents surveyed (1-year post-graduation) indicate that graduates met immediate practice requirements in this area, by involvement/willingness to participate in professional activities outside the work environment and to maintain competency.
## Year 1 (44 credit hours)

### Semester 1 (Fall)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>CBA 571 Structure of Human Body</td>
<td>9</td>
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<tr>
<td>CIP 606 Physiology</td>
<td>6</td>
</tr>
<tr>
<td>PHYT 502 Foundations of Physical Therapy Practice</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
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### Semester 2 (Spring)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>PHYT 505 Musculoskeletal Physical Therapy I</td>
<td>5</td>
</tr>
<tr>
<td>PHYT 511 Integumentary Physical Therapy</td>
<td>2</td>
</tr>
<tr>
<td>PHYT 512 Neuromuscular Physical Therapy I</td>
<td>3</td>
</tr>
<tr>
<td>PHYT 550 Clinical Education I</td>
<td>2</td>
</tr>
<tr>
<td>PHYT 640 Critical Inquiry I</td>
<td>3</td>
</tr>
<tr>
<td>NURS 818 Pathophysiology for Advanced Practice Nurses</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
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### Semester 3 (Summer)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>PHYT 506 Functional Mobility</td>
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<tr>
<td>PHYT 510 Physical Agents</td>
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<tr>
<td>PHYT 522 Psychosocial Aspects of Health Care</td>
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<td><strong>Total</strong></td>
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## Year 2 (48 credit hours)

### Semester 4 (Fall)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>PHYT 605 Musculoskeletal Physical Therapy II: Upper Quarter</td>
<td>4</td>
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<tr>
<td>PHYT 610 Cardiopulmonary Physical Therapy</td>
<td>4</td>
</tr>
<tr>
<td>PHYT 614 PT Management of Individuals with Chronic Health Conditions</td>
<td>2</td>
</tr>
<tr>
<td>PHYT 616 Neuromuscular Physical Therapy II</td>
<td>4</td>
</tr>
<tr>
<td>PHYT 630 Prevention and Wellness</td>
<td>3</td>
</tr>
<tr>
<td>PHAR 570 Pharmacology for Health Professionals</td>
<td>3</td>
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<td><strong>Total</strong></td>
<td><strong>20</strong></td>
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### Semester 5 (Spring)

<table>
<thead>
<tr>
<th>Course</th>
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<tbody>
<tr>
<td>PHYT 606 Musculoskeletal Physical Therapy III: Lower Quarter</td>
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<tr>
<td>PHYT 612 Pediatric Physical Therapy</td>
<td>4</td>
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<tr>
<td>PHYT 615 Concepts of Therapeutic Exercise for Rehabilitation</td>
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<tr>
<td>PHYT 617 Neuromuscular Physical Therapy III</td>
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<td>PHYT 622 Practice Management Skills in Physical Therapy I</td>
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<tr>
<td>PHYT 624 Orthotics and Prosthetics</td>
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<tr>
<td>PHYT 740 Critical Inquiry II</td>
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<td><strong>Total</strong></td>
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### Semester 6 (Summer)

<table>
<thead>
<tr>
<th>Course</th>
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</thead>
<tbody>
<tr>
<td>PHYT 650 Clinical Education II (8 weeks)</td>
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<tr>
<td><strong>Total</strong></td>
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</table>

## Year 3 (32 credit hours)
<table>
<thead>
<tr>
<th>Semester 7 (Fall)</th>
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<tbody>
<tr>
<td>PHYT 720</td>
<td>Differential Diagnosis I</td>
</tr>
<tr>
<td>PHYT 722</td>
<td>Practice Management Skills in Physical Therapy II</td>
</tr>
<tr>
<td>PHYT 726</td>
<td>Instructional Development in Health Professions</td>
</tr>
<tr>
<td>PHYT 727</td>
<td>Differential Screening for Physical Therapists</td>
</tr>
<tr>
<td>PHYT 750</td>
<td>Clinical Education III (8 weeks)</td>
</tr>
<tr>
<td><strong>Total 16</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 8 (Spring)</th>
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</thead>
<tbody>
<tr>
<td>PHYT 751</td>
<td>Clinical Education IV (8 weeks)</td>
</tr>
<tr>
<td>PHYT 752</td>
<td>Clinical Education V (8 weeks)</td>
</tr>
<tr>
<td><strong>Total 16</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Program Total 123 credit hours**
VI. COMMUNICATION WITH CLINICAL EDUCATION SITES

A. Process for Communicating with Designated Personnel

Communication with a clinical education site is most often conducted with the site’s designated Center Coordinator for Clinical Education. This approach centralizes the dissemination of information and is intended to improve the efficiency of the planning process (especially for larger clinical education sites with multiple facilities). However, communication occurs with each clinical instructor during an internship via the CPI midterm and final student evaluations, email, site visits and/or phone calls. To enhance direct communication with clinical instructors the PT Program requires each student to provide the Program, prior to the start of the internship, information on how to contact the assigned clinical instructor.

Establishing an agreement between a clinical site and the PT program is to be done via the Director of Clinical Education and the clinical site. The Clinical Education Associate will process the clinical education affiliation agreements. Students that have an interest in doing an internship at an unaffiliated site should speak with the Director of Clinical Education.

B. Information Forwarded to Clinical Site for Each Clinical Education Experience

The following information is sent to the CCCE at a minimum of 4-6 weeks prior to the beginning of each clinical education experience:

1. Self-Assessment Form: This form is completed by the student. It outlines the student’s previous clinical education experiences and general objectives for the upcoming experience. (See Appendix D)
2. Health Screening: The student’s immunization record and the result of annual TB skin test.
3. Training Documentation: The dates of completion for the required OSHA and HIPAA in-service trainings and an indication of current Health Provider CPR certification.
4. Certificate of general liability insurance for University of Nebraska Medical Center students for the fiscal year.
5. Student Resume
6. Letter from DCE to clinical faculty
7. Course syllabus corresponding to that internship.

VII. BEHAVIORAL OBJECTIVES

A. Description

Students are required to write behavioral objectives for each clinical education experience. Additionally, many clinical education sites write objectives for a given clinical education experience. The following information is provided to assist the student and clinical instructor in the preparation of useful behavioral objectives. An objective is an intent communicated by a statement describing a proposed change in a learner - a statement of what the learner is to be like when he/she has successfully completed a learning experience. A given objective should include only one intended outcome. Well-written objectives contain an audience, a behavior, a condition, and a degree. Objectives should be specific, measurable, attainable, relevant, and should encompass a defined time period.
B. Terms Relating to Preparing Objectives
1. Audience: The person from whom the behavior is requested/required. This should almost always be the student.
2. Behavior: One specific, observable activity to be displayed by the learner.
3. Condition: Relevant factors affecting the actual performance, i.e., given a case study, diagram, clinical problem; Upon completion of the examination; Following a demonstration by the clinical instructor.
4. Degree: The level of achievement that indicates acceptable performance, such as:
   • to a degree of accuracy, i.e., 90%
   • to a stated proportion, i.e., 3 out of 5
   • within a given time period
   • according to information given by a source, i.e., in compliance with criteria presented by the instructor; i.e., in accordance with recommendations of some organization or authority

C. Suggestions for Writing Objectives
The following are suggestions for verbs that may be used to describe desired behaviors pertaining to various levels of demonstration and integration of knowledge:

<table>
<thead>
<tr>
<th>Knowledge Level</th>
<th>Application Level</th>
<th>Problem-Solving Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define</td>
<td>Apply</td>
<td>Analyze</td>
</tr>
<tr>
<td>Describe</td>
<td>Classify</td>
<td>Appraise</td>
</tr>
<tr>
<td>Discuss</td>
<td>Compute</td>
<td>Assess</td>
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<tr>
<td>Explain</td>
<td>Demonstrate</td>
<td>Breakdown</td>
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<tr>
<td>Identify</td>
<td>Employ</td>
<td>Calculate</td>
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<td>Indicate</td>
<td>Find</td>
<td>Compare</td>
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<td>Label</td>
<td>Operate</td>
<td>Compose</td>
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<td>List</td>
<td>Perform</td>
<td>Construct</td>
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<td>Locate</td>
<td>Predict</td>
<td>Create</td>
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<td>Name</td>
<td>Schedule</td>
<td>Criticize</td>
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<td>Note</td>
<td>Sketch</td>
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<td>Recall</td>
<td>Solve</td>
<td>Diagram</td>
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<tr>
<td>Recite</td>
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<tr>
<td>Recognize</td>
<td>Write</td>
<td>Distinguish</td>
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<tr>
<td>Record</td>
<td>Establish</td>
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</tr>
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<td>Repeat</td>
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Most students focus their objectives on the behaviors related to the application examination or intervention skills. Objectives may be written, however, for all of the elements of the Patient/Client Management Model, as well as for other administrative aspects that pertain to the effective delivery of physical therapy services (i.e., verbal or written communication skills, marketing, conflict management, etc).
VIII. RESUME

Students are required to submit an updated resume prior to each clinical education experience for distribution to the clinical education site. Additionally, students use the resume prepared during the final year of the program in the employment application process. The terms “resume” and “curriculum vitae” are often used interchangeably, although they represent quite different approaches to recording and representing experience and accomplishments. A resume is often viewed as a 1-2 page summary of the applicant’s educational background, employment history and accomplishments. Although the curriculum vita (CV) communicates similar information about the individual it is often a much more detailed document and can be several pages in length.

APPENDIX A: CLINICAL EDUCATION SYLLABI

(NOTE: Complete and updated course syllabi are located on blackboard and provided to students and CCCE’s prior to each clinical education course)

University of Nebraska Medical Center
School of Allied Health Professions
Division of Physical Therapy Education
PHYT 550 Clinical Education I Course Syllabus

A. Course Title: Clinical Education I
B. Course Number: PHYT 550
C. Credit Hours: 2 credit hours
D. Contact Hours: 19.5 hours lecture; 80 hours in clinic setting
E. Prerequisites: Satisfactory completion of all preceding curricular content
F. Semester offered: Semester 2 of curriculum; PT 1 Spring Semester

The Division of Physical Therapy Education, in conjunction with the affiliating clinical facilities, provides the Clinical Education component of the curriculum. The administration of the program is under the direction of the Director of Clinical Education. Classroom preparation for clinical education courses is the responsibility of the Director of Clinical Education. On-site clinical education experiences are taught and supervised by the volunteer clinical faculty of the Division of Physical Therapy Education.

G. Class Days, Times, Location:

Students will participate in weekly (Wednesdays only) clinical experiences during this semester (total of 10 Wednesdays) in addition to scheduled lectures.

H. Course Description

Overview
Clinical education courses are an integral part of the DPT curriculum. They allow for the clinical application of physical therapy theories and techniques acquired during lecture and laboratory
instruction. As importantly, these courses provide the student with the opportunity to acquire the knowledge, skills and abilities most effectively taught in the clinical setting.

The clinical education process is designed to provide the student with periodic clinical exposure at key times throughout the curriculum, thus enabling to student to build clinical practice skills and confidence while being exposed to a variety of clinicians, patients, and facilities. Although each student will have different clinical education experiences, the process is designed to move the student along a continuum from observation, identification and description to analysis, demonstration, and evaluation. Consequently, the student will also progress from requiring fairly constant supervision by clinical instructors to requiring periodic guidance and eventually to entry level practice. The clinical faculty provides the student with clinical practice experience and specialty knowledge. This, coupled with the program curriculum, provides the foundational base of knowledge, skills and abilities necessary to begin entry level practice.

Specific Description
This course is the first in a series of five clinical education courses, and includes a module teaching documentation. This course will provide the student with the first professional exposure to the clinical practice of physical therapy. Students will spend one day per week in the clinical setting, for a total of 10 days (80 contact hours) during the semester. Every student will be assigned clinical placements in outpatient orthopedic, geriatric, and acute care settings, as well as one day in a specialty practice setting (examples: adults or children with neurological disorders, aquatics, pain management clinic). The clinical experience allows for the application of didactic information acquired through the curriculum. The documentation module will provide the student with the first exposure to documentation in the curriculum. Effective documentation promotes positive clinical outcomes, patient safety, continuity of care and appropriate reimbursement. The written record is the evidence for compliance with laws and regulations governing practice. Application of documentation principles will continue in subsequent courses and while on clinical internships.

I. Instruction: Teaching Methods and Learning Experiences

For the clinical education module, teaching methods and learning experiences include lecture and classroom discussion, as well as instruction and demonstration from clinical instructors. Students will progress from observation to supervised application of physical therapy examination and intervention techniques with patients in the clinical setting.

For the documentation module, assigned readings will provide a foundation for knowledge development. Lectures will be used to highlight and reinforce concepts. In-class participation will help to bridge concepts and application. Written assignments will assist the learner in applying course content and building effective documentation skills.

J. ADA Accommodations:

It is the policy of the University Nebraska Medical Center to provide flexible and individualized accommodation to students with documented disabilities. Reasonable accommodations are provided for students who have applied to Services for Students with Disabilities and make their requests sufficiently in advance. For more information, go to the website: www.unmc.edu/stucouns/ or contact Pat Oberlander at 402-559-7276 or poberlander@unmc.edu. Meetings are by appointment in Bennett Hall 6001 on the UNMC campus. Additionally, the student must contact the Director of Clinical Education three months before the scheduled clinical education internship as considerable lead-time is required for authorized accommodations. All requests will be handled confidentially.
K. Course Objectives

All clinical education courses use the Performance Criteria from the Clinical Performance Instrument (CPI) as course objectives. The CPI was developed by the American Physical Therapy Association (1997, 2006) and, “is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.” The expected level of performance varies for each clinical education course. During this clinical education experience the student will demonstrate performance consistent with “Beginning performance” as defined by the PT CPI as follows:

- A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.
- At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner.
- Performance reflects little or no experience.
- The student does not carry a caseload.

**During the clinical education experience, the student will demonstrate “Beginning Performance” on the following criteria from the PT CPI:**

1. Practices in a safe manner that minimizes the risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.

**In addition to the above performance criteria, at the completion of PHYT 550 Clinical Education I, the student will be able to:**

7. Apply Division of Physical Therapy Education policies and procedures (as outlined in clinical educational manual) related to clinical education.
8. Describe the regulations governing the participation of physical therapy students in the provision of services for patients with Medicare Part A and B.
9. Create a personal resume according to the format described in lecture material.
10. Identify clinical instructor behavioral traits and clinical setting characteristics that promote effective clinical instruction.

**Upon completion of the documentation module, the student will be able to:**

11. Describe the relationship of the disablement model to clinical documentation.
12. Document a clinical interview (history) as part of the patient evaluation and management process.
13. Produce documentation consistent with APTA guidelines for documentation.
14. Adjust documentation (content and style) to meet the needs of the intended audience.
15. Verbalize documentation requirements unique to Medicare.
16. Write goals that are patient centered, measurable, and functional, with time frames.
17. Navigate through a mock electronic medical record

**Upon completion of the TeamSTEPPS module, the student will be able to:**
18. Discuss the benefits of team structure and teamwork in a medical setting.
19. Define communication and discuss the standards of effective communication and the importance of team communication.
20. Discuss the connection between communication and medical errors.
21. Describe strategies for information exchange/effective communication in a medical setting.

L. **Required textbook/materials:**

M. **Method of Evaluation/Grading System:**
Clinical education courses are Pass/Fail.

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**University of Nebraska Medical Center**
**School of Allied Health Professions**
**Division of Physical Therapy Education**
**PHYT 650 Clinical Education II**

**Course Syllabus**

A. **Course Title:** Clinical Education II

B. **Course Number:** PHYT 650

C. **Credit Hours:** 8 credit hours

D. **Contact Hours:** 10 hours lecture; 320 hours (8 weeks) in clinic setting

E. **Prerequisites:** Satisfactory completion of all preceding curricular content, including completion of PHYT 550: Clinical Education I

F. **Semester offered:** Semester 6 of curriculum; PT 2 Summer Semester

G. **Faculty and Administrative Staff:**

Division of Physical Therapy Education, in conjunction with the affiliating clinical facilities, provides the Clinical Education component of the curriculum. The administration of the program is under the direction of the Director of Clinical Education. Classroom preparation for clinical education courses is the responsibility of the Director of Clinical Education. On-site clinical education experiences are taught and supervised by the volunteer clinical faculty of the Division of Physical Therapy Education.

H. **Course Description**

**Overview**
Clinical education courses are an integral part of the DPT curriculum. They allow for the clinical application of physical therapy theories and techniques acquired during lecture and laboratory instruction. As importantly, these courses provide the student with the opportunity to acquire the knowledge, skills and abilities most effectively taught in the clinical setting.
The clinical education process is designed to provide the student with periodic clinical exposure at key times throughout the curriculum, thus enabling the student to build clinical practice skills and confidence while being exposed to a variety of clinicians, patients, and facilities. Although each student will have different clinical education experiences, the process is designed to move the student along a continuum from observation, identification and description to analysis, demonstration, and evaluation. Consequently, the student will also progress from requiring fairly constant supervision by clinical instructors to requiring periodic guidance and eventually to entry level practice. The clinical faculty provides the student with clinical practice experience and specialty knowledge. This, coupled with the program curriculum, provides the foundational base of knowledge, skills and abilities necessary to begin entry level practice.

**Specific Description**
The second clinical education experience of eight weeks will allow the student to apply new didactic knowledge and continue to improve the application of didactic knowledge to clinical practice. 
Prerequisites: All preceding curricular content, including satisfactory completion of PHYT 550 Clinical Education I.

I. **Instruction: Teaching Methods and Learning Experiences**

On site instruction/demonstration from clinical instructors with gradual progression from supervised to entry level application within the patient-client management model: physical therapy examination, evaluation, diagnosis, prognosis, and interventions. Learning experiences will include both observation of and participation in the wide variety of direct care and administrative functions performed by physical therapists in the clinical setting.

J. **ADA Accommodations:**

It is the policy of the University Nebraska Medical Center to provide flexible and individualized accommodation to students with documented disabilities. Reasonable accommodations are provided for students who have applied to Services for Students with Disabilities and make their requests sufficiently in advance. For more information, go to the website: [www.unmc.edu/stucouns/](http://www.unmc.edu/stucouns/) or contact Pat Oberlander at 402-559-7276 or poberlander@unmc.edu. Meetings are by appointment in Bennett Hall 6001 on the UNMC campus. Additionally, the student must contact the Director of Clinical Education three months before the scheduled clinical education internship as considerable lead-time is required for authorized accommodations. All requests will be handled confidentially.

K. **Course Objectives**

All clinical education courses use the Performance Criteria from the Clinical Performance Instrument (CPI) as course objectives. The Clinical Performance Instrument was developed by the American Physical Therapy Association and, “is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.” The expected level of performance varies for each clinical education course. **At the completion of this 8 week clinical education experience the student will achieve a rating between “Advanced beginner performance” and “Intermediate performance”** on all of the following CPI Clinical Performance Criteria, with appropriately supporting narrative comments:

1. Practices in a safe manner that minimizes the risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs.
7. Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.
8. Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidence-based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
18. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

In addition to the CPI Clinical Performance Criteria, at the completion of the classroom preparation for PHYT 650 Clinical Education II, the student will be able to:

19. Conduct a self-assessment prior to the internship, developing written goals/objectives for the clinical experience.
20. Conduct a self-assessment of clinical education performance during the internship, both at mid-term and final, using the CPI.

L. Required textbook/materials:

None required; course materials (including clinical education manual) located on Blackboard.

M. Method of Evaluation/Grading System:

Clinical education courses are Pass/Fail. Minimum requirements for a grade of a “Pass” include satisfactorily completing each assignment, on or before the due date, and receiving a passing grade on all of the following:
A. **Course Title:** Clinical Education III

B. **Course Number:** PHYT 750

C. **Credit Hours:** 8

D. **Student Contact Hours:** Lecture: 7.5 Clinic: 320 (8 weeks)

E. **Prerequisites:** All preceding curricular content, including satisfactory completion of PHYT 550 Clinical Education I and PHYT 650 Clinical Education II.

F. **Semester offered:** Fall

G. **Faculty and Administrative Staff:**

The Division of Physical Therapy Education in conjunction with the affiliating clinical facilities provides the clinical education component of the curriculum. The administration of the program is under the direction of the Director of Clinical Education. Classroom preparation for clinical education courses is the responsibility of the Director of Clinical Education. On-site clinical education experiences are taught and supervised by the volunteer clinical faculty of the Division of Physical Therapy Education.

H. **Clinical Expectation:**

See Course Description

I. **Course Description**

*Overview*

Clinical education courses are an integral part of the DPT curriculum. They allow for the clinical application of physical therapy theories and techniques acquired during lecture and laboratory instruction. As importantly, these courses provide the student with the opportunity to acquire the knowledge, skills and abilities most effectively taught in the clinical setting. The clinical education process is designed to provide the student with periodic clinical exposure at key times throughout the curriculum, thus enabling to student to build clinical practice skills and confidence while being exposed to a variety of clinicians, patients, and facilities. Although each student will have different clinical education experiences, the process is designed to move the student along a continuum from observation, identification and description to analysis, demonstration, and evaluation. Consequently, the student will also progress from requiring fairly constant supervision by clinical instructors to requiring periodic guidance and eventually to entry level practice. The clinical faculty provides the student with clinical practice experience and specialty knowledge. This, coupled with the program curriculum, provides the foundational base of knowledge, skills and abilities necessary to begin entry level practice.
Specific Description
The second clinical education experience of eight weeks allows the student to continue to develop more self-initiated and self-directed clinical skills under the supervision and direction of clinical faculty. This is the first of three consecutive 8 week culminating clinical experiences that enable the student to apply the knowledge and clinical skills acquired throughout the first two and one-half years of the program. At the completion of these culminating experiences the student should be able to function as an entry-level practitioner.

J. Instruction:

Instruction will include both lecture format, group discussion and 8 weeks of clinical education/instruction as described under course description. On site instruction/demonstration from clinical instructors with progression from a student who requires direct supervision to one who is capable of entry level practice when managing patients/clients. As described by the patient/client management model, entry level practice includes physical therapy examination, evaluation, diagnosis, prognosis, developing of a plan of care, providing interventions, and screening of patients in the clinical setting. Learning experiences will include both observation of and participation in the wide variety of direct care and administrative functions performed by physical therapists in the clinical setting.

K. Course Goals:

All clinical education courses use the Performance Criteria from the Clinical Performance Instrument (CPI) as course objectives. The Clinical Performance Instrument was developed by the American Physical Therapy Association and, “is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.” The expected level of performance varies for each clinical education course. At the completion of this 8 week clinical education experience the student will achieve a rating of “Advanced intermediate performance” on all of the following CPI Clinical Performance Criteria, with appropriately supporting narrative comments:

1. Practices in a safe manner that minimizes the risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs.
7. Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.
8. Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidence-based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
18. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

In addition to the CPI Performance Criteria, at the completion of the classroom preparation for PHYT 750 Clinical Education III, the student will be able to:

19. Locate the appropriate information from the APTA website on the participation of students in the provision of physical therapy care patients on Medicare Part A and Part B.
20. Implement the proper sequence of steps for addressing difficulties that arise during clinical education experiences.
22. Demonstrate participation in community service and attendance at professional meetings as required by the Division of Physical Therapy Education.

L. Required textbooks:

No textbooks are required for this course. Students are encouraged to take appropriate texts with them when they go on their clinical internships for referencing.

Additional References: Documents in Course Documents section on Blackboard.

M. Grading System:

Clinical education experiences are Pass/Fail Courses. Minimum requirements for a grade of “Pass” include:

1. Full attendance of clinical education experience
2. Achieve a rating of “Advanced intermediate performance” by the clinical instructor(s) on all of the CPI Clinical Performance Criteria with appropriately supporting narrative comments. Pass/Fail grade for clinical to be determined by DCE.
3. Satisfactory completion and timely submission of all paperwork associated with the clinical education experience including the following:
   a. Student Self-Assessment form
   b. Student Resume
   c. Health information forms
   d. Contact information for clinical instructors
   e. Email sent to DCE at the end of the second week of clinical experience to let DCE know of any issues of concern.
   f. Physical therapist student evaluation: Clinical experience and clinical instruction
   g. Signed CPI documents including student self-evaluation
   h. Adherence to all UNMC Division of Physical Therapy Education and site-specific policies and procedures and;
i. Satisfactory completion of any and all additional assignments given by the Clinical Instructor or CCCE.

N. Grading Scale: Pass or Fail

O. Grade Requirements:

Clinical education experiences are Pass/Fail Courses. Minimum requirements for a grade of “Pass” include the following:
1. Full attendance mandatory
2. Achieve a rating of “Advanced intermediate performance” by the clinical instructor(s) on all of the CPI Clinical Performance Criteria with appropriately supporting narrative comments. Pass/Fail grade for clinical to be determined by DCE.
3. Satisfactory completion and timely submission of all paperwork associated with the clinical education experience including the following:
   a. Student Self-Assessment form
   b. Student Resume
   c. Health information forms
   d. Copy of CPR certificate
   e. Contact information for clinical instructors
   f. Email sent to DCE at end of second week of clinical experience to let DCE know of any issues of concern.
   g. Physical therapist student evaluation: Clinical experience and clinical instruction
   h. Signed CPI documents including student self-evaluation
   i. Adherence to all UNMC Division of Physical Therapy Education and site-specific policies and procedures and;
   j. Satisfactory completion of any and all additional assignments given by the Clinical Instructor or CCCE.

University of Nebraska Medical Center
School of Allied Health Professions
Division of Physical Therapy Education

PHYT 751 Clinical Education IV
Course Syllabus Spring

A. Course Title: Clinical Education IV

B. Course Number: PHYT 751

C. Credit Hours: 8

D. Student Contact Hours: Clinic 320

E. Prerequisites: All preceding curricular content, including satisfactory completion of PHYT 550 Clinical Education I, PHYT 650 Clinical Education II, and PHYT 750 Clinical Education III.

F. Semester offered: Spring
G. Faculty and Administrative Staff:

The Division of Physical Therapy Education in conjunction with the affiliating clinical facilities provides the Clinical Education component of the curriculum. The administration of the program is under the direction of the Director of Clinical Education. Classroom preparation for clinical education courses is the responsibility of the Director of Clinical Education. On-site clinical education experiences are taught and supervised by the volunteer clinical faculty of the Division of Physical Therapy Education.

H. Course schedule

Students will be complete eight week clinical internship from January 6 – February 28.

I. Clinical Expectation

See Course Description section

J. Course Description

Overview

Clinical education courses are an integral part of the DPT curriculum. They allow for the clinical application of physical therapy theories and techniques acquired during lecture and laboratory instruction. As importantly, these courses provide the student with the opportunity to acquire the knowledge, skills and abilities most effectively taught in the clinical setting. The clinical education process is designed to provide the student with periodic clinical exposure at key times throughout the curriculum, thus enabling the student to build clinical practice skills and confidence while being exposed to a variety of clinicians, patients, and facilities. Although each student will have different clinical education experiences, the process is designed to move the student along a continuum from observation, identification and description to analysis, demonstration, and evaluation. Consequently, the student will also progress from requiring fairly constant supervision by clinical instructors to requiring periodic guidance and eventually to entry level practice. The clinical faculty provides the student with clinical practice experience and specialty knowledge. This, coupled with the program curriculum, provides the foundational base of knowledge, skills and abilities necessary to begin entry level practice.

Specific Description

Clinical Education IV is designed to enable the student to apply the knowledge and clinical skills acquired throughout the first two and one-half years in the second of three consecutive 8 week culminating clinical experiences. At the completion of these culminating experiences the student will be able to function as an entry-level practitioner.

K. Instruction:

On site instruction/demonstration from clinical instructors with progression from a student who requires direct supervision to one who is capable of entry level practice when managing patients/clients. As described by the patient/client management model, entry level practice includes physical therapy examination, evaluation, diagnosis, prognosis, developing of a plan of care, providing interventions, and screening of patients in the clinical setting. Learning experiences will include both observation of and participation in the wide variety of direct care and administrative functions performed by physical therapists in the clinical setting.
L. **Course Goals:**
All clinical education courses use the Performance Criteria from the Clinical Performance Instrument (CPI) as course objectives. The Clinical Performance Instrument was developed by the American Physical Therapy Association and, "is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.” The expected level of performance varies for each clinical education course. **At the completion of this 8 week clinical education experience the student will achieve a rating of “Entry-level performance” on all of the following CPI Clinical Performance Criteria, with appropriately supporting narrative comments:**

1. Practices in a safe manner that minimizes the risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs.
7. Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.
8. Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidence-based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
18. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

M. **Required Textbooks:**
No textbook required, though students are encouraged to take appropriate textbooks/materials with them to clinical sites.

**Additional References:** Documents located in Course Documents on Blackboard.

N. **Grading System:**
Clinical education experiences are **Pass/Fail Courses. Minimum requirements for a grade of “Pass” include:**
1. Full attendance of clinical education experience
2. Achieve a rating of “Entry level performance” by the clinical instructor, on all of the CPI Clinical Performance Criteria with appropriately supporting narrative comments. Pass/Fail clinical grade to be determined by DCE.
3. Satisfactory completion and timely submission of all paperwork associated with the PHYT 751 clinical education experience including the following:
   a. Contact information for clinical instructors
   b. Email sent to DCE at end of second week of clinical experience to let DCE know of any issues of concern.
   c. Physical therapist student evaluation: Clinical experience and clinical instruction form
   d. Signed CPI documents including student self-evaluation
   e. Adherence to all UNMC Division of Physical Therapy Education and site-specific policies and procedures and;
   f. Satisfactory completion of any and all additional assignments given by the Clinical Instructor or CCCE.

O. Grading Scale: Pass or Fail

P. Grading requirements:

Clinical education experiences are Pass/Fail Courses. Minimum requirements for a grade of “Pass” include:

1. Full attendance of clinical education experience
2. Achieve a rating of “Entry level performance” by the clinical instructor, on all of the CPI Clinical Performance Criteria with appropriately supporting narrative comments. Pass/Fail clinical grade to be determined by DCE.
3. Satisfactory completion and timely submission of all paperwork associated with the clinical education experience including the following:
   a. Contact information for clinical instructors
   b. Email sent to DCE at end of the second week of clinical experience to let DCE know of any issues of concern.
   c. Physical therapist student evaluation: Clinical experience and clinical instruction form
   d. Signed CPI documents including student self-evaluation
   e. Adherence to all UNMC Division of Physical Therapy Education and site-specific policies and procedures and;
   f. Satisfactory completion of any and all additional assignments given by the Clinical Instructor or CCCE.
A. **Course Title:** Clinical Education V

B. **Course Number:** PHYT 752

C. **Credit Hour:** 8

D. **Student contact hours:** Lecture = 2 (end of semester)  Clinic = 320 (8 weeks)

E. **Prerequisites:**
All preceding curricular content, including satisfactory completion of PHYT 550 Clinical Education I, PHYT 650 Clinical Education II, PHYT 750 Clinical Education III, and PHYT 751 Clinical Education IV.

F. **Semester offered:** Spring

G. **Faculty and Administrative Staff:**
The Division of Physical Therapy Education in conjunction with the affiliating clinical facilities provides the Clinical Education component of the curriculum. The administration of the program is under the direction of the Director of Clinical Education. Classroom preparation for clinical education courses is the responsibility of the Director of Clinical Education. On-site clinical education experiences are taught and supervised by the volunteer clinical faculty of the Division of Physical Therapy Education.

H. **Course schedule**
Students will complete an eight week clinical internship from March 10 – May 2. There will be one class period scheduled for 2 hours during the last week of the semester after the PHYT 752 clinical has been completed. The primary purpose of this final class period is for students to give feedback to the DCE regarding their clinical experiences, the UNMC clinical education program, and discuss national trends for clinical education.

I. **Clinical Expectation**
See Course Description section

J. **Course Description**

*Overview*
Clinical education courses are an integral part of the DPT curriculum. They allow for the clinical application of physical therapy theories and techniques acquired during lecture and laboratory
instruction. As importantly, these courses provide the student with the opportunity to acquire the knowledge, skills and abilities most effectively taught in the clinical setting. The clinical education process is designed to provide the student with periodic clinical exposure at key times throughout the curriculum, thus enabling to student to build clinical practice skills and confidence while being exposed to a variety of clinicians, patients, and facilities. Although each student will have different clinical education experiences, the process is designed to move the student along a continuum from observation, identification and description to analysis, demonstration, and evaluation. Consequently, the student will also progress from requiring fairly constant supervision by clinical instructors to requiring periodic guidance and eventually to entry level practice. The clinical faculty provides the student with clinical practice experience and specialty knowledge. This, coupled with the program curriculum, provides the foundational base of knowledge, skills and abilities necessary to begin entry level practice.

Specific Description
Clinical Education V is designed to enable the student to apply the knowledge and clinical skills acquired throughout the 7 ½ semesters in the final of three consecutive 8 week culminating clinical experiences. At the completion of these culminating experiences the student will be able to function as an entry-level practitioner. Prerequisites: All preceding curricular content, including satisfactory completion of PHYT 550 Clinical Education I, PHYT 650 Clinical Education II, PHYT 750 Clinical Education III, and PHYT 751 Clinical Education IV.

K. Instruction:
On site instruction/demonstration from clinical instructors with progression from a student who requires direct supervision to one who is capable of entry level practice when managing patients/clients. As described by the patient/client management model, entry level practice includes physical therapy examination, evaluation, diagnosis, prognosis, developing of a plan of care, providing interventions, and screening of patients in the clinical setting. Learning experiences will include both observation of and participation in the wide variety of direct care and administrative functions performed by physical therapists in the clinical setting.

L. Course Goals:
All clinical education courses use the Performance Criteria from the Clinical Performance Instrument (CPI) as course objectives. The Clinical Performance Instrument was developed by the American Physical Therapy Association and, “is applicable to a broad range of clinical settings and can be used throughout the continuum of clinical learning experiences.” The expected level of performance varies for each clinical education course. At the completion of this 8 week clinical education experience the student will achieve a rating of “Entry-level performance” on all of the following CPI Clinical Performance Criteria, with appropriately supporting narrative comments:

1. Practices in a safe manner that minimizes the risk to patient, self, and others.
2. Demonstrates professional behavior in all situations.
3. Practices in a manner consistent with established legal and professional standards and ethical guidelines.
4. Communicates in ways that are congruent with situational needs.
5. Adapts delivery of physical therapy services with consideration for patients’ differences, values, preferences, and needs.
7. Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.
8. Determines with each patient encounter the patient’s need for further examination or consultation by a physical therapist or referral to another health care professional.
9. Performs a physical therapy patient examination using evidence-based tests and measures.
10. Evaluates data from the patient examination (history, systems review, and tests and measures) to make clinical judgments.
11. Determines a diagnosis and prognosis that guides future patient management.
12. Establishes a physical therapy plan of care that is safe, effective, patient-centered, and evidence-based.
13. Performs physical therapy interventions in a competent manner.
14. Educates others (patients, caregivers, staff, students, other health care providers, business and industry representatives, school systems) using relevant and effective teaching methods.
15. Produces quality documentation in a timely manner to support the delivery of physical therapy services.
16. Collects and analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes.
17. Participates in the financial management (budgeting, billing and reimbursement, time, space, equipment, marketing, public relations) of the physical therapy service consistent with regulatory, legal, and facility guidelines.
18. Directs and supervises personnel to meet patient’s goals and expected outcomes according to legal standards and ethical guidelines.

M. Required Textbooks:
No textbooks required. Students are encouraged to take necessary textbooks/materials with them to clinical sites for referencing.

Additional References: Reading material/documents located in Course Documents on Blackboard.

N. Grading System

Clinical education experiences are Pass/Fail Courses. Minimum requirements for a grade of “Pass” include:

4. Full attendance of clinical education experience
5. Achieve a rating of “Entry level performance” by the clinical instructor, on all of the CPI Clinical Performance Criteria with appropriately supporting narrative comments. Pass/Fail clinical grade to be determined by DCE.
6. Satisfactory completion and timely submission of all paperwork associated with the clinical education experience including the following:
g. Contact information (postcard) for clinical instructors
h. Email sent to DCE during the third week of clinical experience to let DCE know of any issues of concern.
i. Physical therapist student evaluation: Clinical experience and clinical instruction form
j. Signed CPI documents including student self-evaluation
k. Adherence to all UNMC Division of Physical Therapy Education and site-specific policies and procedures and;
l. Satisfactory completion of any and all additional assignments given by the Clinical Instructor or CCCE.
O. Grading Scale:  Pass or Fail

P. Grading requirements:

Clinical education experiences are Pass/Fail Courses. Minimum requirements for a grade of “Pass” include:

1. Full attendance of clinical education experience
2. Achieve a rating of “Entry level performance” by the clinical instructor, on all of the CPI Clinical Performance Criteria with appropriately supporting narrative comments. Pass/Fail clinical grade to be determined by DCE.
3. Satisfactory completion and timely submission of all paperwork associated with the clinical education experience including the following:
   a. Contact information for clinical instructors
   b. Email sent to the DCE at end of the second week of clinical experience to let DCE know of any issues of concern.
   c. Physical therapist student evaluation: Clinical experience and clinical instruction form
   d. Signed CPI documents including student self-evaluation
   e. Adherence to all UNMC Division of Physical Therapy Education and site-specific policies and procedures and;
   f. Satisfactory completion of any and all additional assignments given by the Clinical Instructor or CCCE.
Name:

One element of the mission of the Division of Physical Therapy Education at the University of Nebraska Medical Center is to serve the state of Nebraska by preparing entry-level practitioners through a broad scope education.

The program faculty supports this mission as it pertains to clinical education by requiring that students participate in a variety of clinical education experiences throughout the curriculum. The intent of this requirement is to enable the student to work within different practice settings (including different geographic areas), with clinical faculty with various forms of expertise, and with patients with different types of conditions and disabilities. The faculty believes this clinical education plan is consistent with the entry-level generalist preparation emphasized in the classroom curriculum and that it will enable the student to make an informed decision regarding entry-level employment.

The table below is designed to assist you in organizing your clinical education plan. Please fill in the name of the facility where you completed the requirement listed. If you have yet to participate in a clinical education experience at a facility representing a given category please make sure that your choices for the next clinical education experiences reflect the appropriate category (ies):

<table>
<thead>
<tr>
<th>Type of Experience</th>
<th>Facility</th>
<th>PHYT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute:</strong> Includes acute care hospital or a rural community hospital with &gt;50% acute care</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OP Orthopedic:</strong> Includes free-standing OP orthopedic clinic; sports medicine clinic; hospital affiliated OP clinic (on-site)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Neurologic:</strong> Includes IP or OP facilities for adults or children that provide comprehensive care for the management of neurological disorders (i.e. Children’s hospitals, OP adult rehabilitation centers, IP acute rehabilitation centers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rural:</strong> Includes IP or OP private practices, community hospitals, or regional hospitals serving a rural geographic area, primarily in Nebraska, serving communities with populations of &lt;50,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other:</strong> Includes additional experience represented by categories above (or a variation – i.e., OP orthopedic clinic specializing in management of conditions affecting the spine), or experiences such as geriatrics, cardiopulmonary, home health, or women’s health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Clinical Education Calendar

**University of Nebraska Medical Center - Division of Physical Therapy Education**

## March
- **PHYT 752 Clinical Internships Begin**: (8 Weeks)
- Mail / Email requests for PHYT 650 - 752 slots for next calendar year
- Mail / Email requests for PHYT 650 - 752 slots for next calendar year
- PHYT 650 Packets to Print Shop.
- Finalize compiled spreadsheet of PHYT 650 - 752 slots offered from sites.

## April
- Post clinical internship spreadsheet of PHYT 650 - 752 slots offered by sites to Blackboard.
- Student’s site requests for PHYT 751 - 752 slots due.
- Updated clinical internship spreadsheet with requested changes from students posted to Blackboard.
- Updated clinical internship spreadsheet with requested changes from students posted to Blackboard.
- PHYT 751 - 752 negotiation / selection process for Acute & Neuro internships
- PHYT 751 - 752 negotiation / selection process for Ortho & wrap up.

## May
- **PHYT 650 Clinical Internships Begin**: (8 Weeks)
- Student’s site requests for PHYT 650 - 750 slots due.
- Student’s site change requests for PHYT 650 - 750 slots due.
- Updated clinical internship spreadsheet with requested changes from students posted to Blackboard.
- Updated clinical internship spreadsheet with requested changes from students posted to Blackboard.
- PHYT 751 - 752 negotiation / selection process for Acute & Neuro internships
- PHYT 650 - 750 negotiation / selection process for Ortho & wrap up.

## June
- Mail Clinical sites outcomes on offered slots.
- Mail / Email requests for PHYT 650 - 750 slots for next calendar year
- Mail PHYT 650 Packets to clinical sites.
- Finalize compiled spreadsheet of PHYT 650 - 752 slots offered from sites.
- PHYT 751 - 752 negotiation / selection process for Acute & Neuro internships
- PHYT 650 - 750 negotiation / selection process for Ortho & wrap up.

## July
- **PHYT 750 Clinical Internships Begin**: (8 Weeks)
- PHYT 750 Packets to Print Shop.
- Email requests for PHYT 550 slots for Spring.
- Orientation for 1st year students
- Final prep for 3rd year students.

## August
- Mail PHYT 750 Packets to clinical sites.

## September
- **PHYT 550 Spring Clinicals Begin**: (10 Wednesdays)
- PHYT 550 slots confirmed.
- Finalize PHYT 550 Spring assignments.
- Mail PHYT 751 Packets to clinical sites.

## October
- Mail PHYT 751 Packets to clinical sites.
- Mail PHYT 752 Packets to clinical sites.
- PHYT 751 Packets to Print Shop.
- PHYT 751 Clinical Internships Begin**: (8 Weeks)

## November
- PHYT 751 Packets to Print Shop.

## December
- **PHYT 750 Clinical Internships Begin**: (8 Weeks)
- Mail PHYT 752 Packets to clinical sites.

## January
- PHYT 550 Spring Clinicals Begin**: (10 Wednesdays)
- Mail PHYT 752 Packets to clinical sites.

## February
- Mail PHYT 752 Packets to clinical sites.
Appendix D
Student Self – Assessment

The following information has been provided by the student who is scheduled to participate in an upcoming clinical education experience at your facility. This information may assist you in preparing for and conducting the experience.

Name of Student: ____________________________ Dates: ____________________________

<table>
<thead>
<tr>
<th>Clinical Education Course (circle):</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
</tr>
</thead>
</table>

Type of Clinical Education Experience Scheduled: ______________________________________

A. Please list your previous clinical education experiences, including facility(ies), length of experiences, types of patients treated and any special activities or skills you accomplished:

B. Briefly describe your preferred learning style:

C. List your specific goals for this clinical education experience. Also, include any expectations or "special requests" you have for this experience, i.e., viewing surgery, exposure to specific patient types, exposure to specific evaluation or treatment procedures, etc.

D. List the specific recommended areas for improvement and the strategies to facilitate improvement from your last clinical experience:
APPENDIX E

Procedure for students who perform below expected level on clinical experiences

A. Process for a student who has performance concerns during the clinical experience (these concerns may be identified by the student, CI, academic faculty who review CPIs, or the DCE):
   1. The DCE will communicate with the student, CI, and possibly the CCCE to discuss issues related to student’s performance. A clinical site visit will be conducted if need is determined by the DCE.
   2. The DCE will make recommendations for improving the student’s clinical performance based on the information gathered. This may include, but is not limited to, establishing a learning contract or recommending clinical instruction modifications for the student.
   3. The DCE will continue to monitor the student’s progress via communication with the student and the CI throughout the clinical rotation. Monitoring may include additional conversations with the student and CI, via emails, phone, and/or site visit. Students in this situation may be required to send weekly updates to the DCE regarding progress.
   4. The DCE will also assess student performance as described by the CI on the CPI.
   5. The DCE may consult with the Clinical Education Team faculty or Program Director to discuss the student performance issue.
   6. If there is continued concern regarding student performance, the DCE may go through steps 1-3 listed above to improve student performance and possibly recommend student for a SPEC review if the DCE deems it necessary.
   7. A remediation plan for the subsequent clinical may also be developed with student. This plan may involve the CI for that clinical.

B. Process for a student who has performed below expected level at the end of their clinical experience (this may be identified by the student, clinical instructor, academic faculty or DCE):

Student performance expectations are described in each clinical education course syllabus. As outlined in the APTA Clinical Performance Instructions (CPI) there is leeway for the DCE to determine if a student’s performance meets, or does not meet, the expectations of the Program. On page 9 of the CPI instructions it states, "At the conclusion of a clinical experience, grading decisions made by the ACCE/DCE, may also consider: Clinical setting; experience with patients or clients in that setting; relative weighting or importance of each performance criterion; expectations for that clinical experience; progression of performance from midterm to final evaluations; level of experience within the didactic and clinical components; whether or not a “significant concerns” box was checked; and the congruence between the CI’s narrative midterm and final comments related to the five performance dimensions and the ratings provided."
If a student does not achieve expected outcome as assessed by their clinical instructor on the CPI (or the Clinical Performance Form in PHYT 550), the process for determining if the student will pass or fail the clinical education course is as follows:

1. The DCE will speak with the clinical instructor to discuss the student’s clinical performance.
2. The DCE will speak with the student to discuss the student’s clinical performance.
3. The DCE will discuss the student’s performance, clinical instructor feedback, and student feedback with at least 1 other faculty on the Clinical Education Team.
4. If DCE and other faculty member feel that student warrants a passing grade on the clinical education course based on the items discussed in #3, then the student will receive a passing grade. An appropriate remediation plan will be initiated by the DCE if deemed appropriate for the situation.
5. If DCE and faculty member determine that the student’s performance warrants review by the Student Performance Evaluation Committee (SPEC) prior to receiving Pass or Fail grade, DCE will contact chairperson of SPEC to schedule a meeting.
6. SPEC will convene to discuss student performance. DCE will present information gathered regarding students clinical performance. Student may be asked to be present at SPEC meeting to discuss their performance.
7. SPEC (the DCE is a standing committee member) will determine if students performance warrants a Pass or Fail grade. An appropriate remediation plan will be planned if necessary. The student will be informed regarding their course grade and remediation plan. The subsequent clinical instructor may be contacted to discuss and asked to participate in the remediation plan depending on the appropriateness as determined by the SPEC.