DEPARTMENT OF PHYSICAL THERAPY

CLINICAL EDUCATION HANDBOOK

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Purpose of the Clinical Education Handbook

The University of Florida DPT Program Clinical Handbook serves to inform students and clinical education faculty (CCCEs, CIs) about the curriculum, rules, regulations, and policies governing and related to the clinical education component of the DPT Program at the University of Florida. It also serves to disseminate clear information and guidelines for use in decision-making. The information in this handbook is intended to provide
each student and CCCE/CI with the knowledge of the intent and expectations of the DPT Program, including the expectation that all the clinical education regulations will be upheld. This Handbook is intended to supplement, not replace, the University of Florida DPT Student Handbook, or any clinical affiliate’s published policies/procedures. The student is expected to abide by the policies established by the Program, rules and policies of each clinical affiliate and the standards established by the physical therapy profession.

Questions related to the content of this manual should be directed to the Director of Clinical Education or the Program Director:

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**CAPTE Accreditation Statement**

The Doctor of Physical Therapy (DPT) program in the Department of Physical Therapy, College of Public Health and Health Professions at the University of Florida is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association. CAPTE may be contacted at 1111 North Fairfax, Alexandria, VA 22314, accreditation@apta.org, and/or capteonline.org.
Department of Physical Therapy, DPT Program

Program Mission
The mission of the DPT Program is to prepare students to become physical therapists that embrace evidence-based physical therapy practice, meet the multifaceted health needs of patients, consumers, and society, and participate in professional and community service. To fulfill this mission we create a stimulating and collaborative environment that promotes education, research, service, and leadership. Consistent with contemporary views of PT practice as described in the Normative Model of Physical Therapist Professional Education, the Program mission is to prepare entry-level doctor of PT students for evidence-based, autonomous practice. Training in evidence-based practice methods engages students in application and discovery of new knowledge about PT while providing the means for the successful pursuit of lifelong learning. Autonomous practice in this context describes the independent judgments used during evaluation, diagnosis, and management of clients while meeting their needs and promoting health. Also, the program’s mission is to engage students professionally and socially in meaningful service that can cause positive changes in the health of individuals, communities, and populations.

Program Philosophy
The Doctor of Physical Therapy Program at the University of Florida supports the mission and goals of the College and the Physical Therapy Department with the ultimate purpose of preserving, promoting, and improving the health and well-being of populations, communities, and individuals. Our values of excellence, diversity, integrity, respect for human dignity, teamwork, and social responsibility serve as the pillars of our faculty’s educational philosophy and are reflected in our Program goals. We believe that:

- Physical therapists are essential members of the health care team who maintain, restore, and improve movement, activity, and health enabling individuals of all ages to have optimal functioning and quality of life, while ensuring patient safety and applying evidence to provide efficient and effective care. (APTA 2011)
- The promotion of health and preventative health care are major roles in physical therapy.
- Optimal learning occurs in an educational environment that
  - fosters growth of the individual personally and professionally.
  - is safe, inclusive, respectful, caring, fair, collegial, and ethical;
  - supports collaborative learning through the sharing of ideas, values and philosophies among patients, students, clinicians, and faculty;
  - supports diversity in student learning styles, personalities, and backgrounds while using teaching techniques that stimulate intellectual development, critical thinking skills, and problem-solving abilities.
  - promotes quality in didactic, clinical, and professional endeavors.
- The responsibility for advancing professional knowledge through research and creative endeavors should be demonstrated by the activities and attitudes of the faculty and consistently conveyed to the students
- The practice of lifelong learning is necessary for ongoing professional competence, and we strive to instill the attitudes and skills necessary for their continued scholarship.
- Each patient, student, and faculty member has the right to access the best evidence-based practice, and that as role models we faculty must engender these values.
- Through involvement in professional organizations, we can contribute to shaping the growth of the profession in its organizational, legislative, and societal responsibilities.

The Doctor of Physical Therapy Program believes that through creating a dynamic and innovative learning environment in a culture of social responsibility and robust research activities, our program will generate leaders who will move our profession forward.
Program Objectives

STUDENTS/GRADUATES
SG1: To prepare entry-level students/graduates to become practitioners of collaborative, interdisciplinary, evidence-based practice and meet the dynamic needs of physical therapy healthcare consumers.

Expected Outcomes
SG1a. The Program will enroll entry-level students/graduates who meet high standards in the areas of academic aptitude.
SG1b. Students/graduates will be independent problem-solvers and critical thinkers
SG1c. Students/graduates will be autonomous practitioners able to diagnose and treat movement disorders.
SG1d. Students/graduates will be physical therapists who address the unique physical and psychosocial characteristics of each individual client.
SG1e. Student/graduates will be physical therapists who adhere to state and professional ethical and legal regulations.
SG1f. Student/graduates will be physical therapists who provide safe and effective physical therapy services in a variety of clinical settings.

SG2: To prepare entry-level students/graduates to serve as active participants and leaders in the profession and community.

Expected Outcomes
SG2a. The Program will enroll a diverse student body in terms of life experience who have demonstrated a commitment to service and have a high leadership potential.
SG2b. Students/graduates will value active involvement in community and professional service organizations.
SG2c. Students/graduates will hold leadership positions in professional and community service organizations.

FACULTY
F1: To recruit and retain highly trained, effective and productive faculty who have diverse expertise and training appropriate to the Program’s mission.

Expected Outcomes
F1a. Faculty will play an active role in the University through service in Department, College and University activities such as committees and governance.
F1b. Faculty with diverse backgrounds and training will teach in their area of content expertise.
F1c. Adjunct faculty will be appointed based on their unique expertise to augment courses offered by core Departmental faculty.
F1d. An enriched scholarly environment will be achieved through individual mentoring, provision of appropriate resources and training so that faculty will meet standards of teaching excellence.
F1e. Faculty will engage in scholarly activity including publishing in top-level refereed journals and other relevant scholarly venues, and leading externally funded rehabilitation research projects.

PROGRAM
P1: To offer a comprehensive, well-integrated and progressive entry-level curriculum that prepares students/graduates to become physical therapists capable of providing excellent services in any physical therapy environment.

Expected Outcomes
P1a. Theoretical and clinical education will be provided in each of the major areas of physical therapy practice.
P1b. The entry-level theoretical and clinical curricula will be reviewed concurrently, by semester, and annually, and revised to remain relevant, well-integrated, forward-thinking and consistent with current standards of excellence
P1c. Life-long learning will be fostered through an emphasis on evidence-based clinical practice.
P1d. Post-professional students of the Department will be recruited as teaching assistants to facilitate translation of evidence from the research lab to the classroom and clinic.
P2: To support a collaborative learning environment that promotes scholarship, service and education

**Expected Outcomes**

_P2a._ Professional growth will be promoted through interdisciplinary collaboration among academic and clinical faculty, students and graduates through mentorship, interdisciplinary training activities and provision of resources._

_P2b._ Local physical therapists, alumni and other health care practitioners will be involved in the physical therapy curriculum, as guest lecturers and consultants.

_P2c._ Local physical therapists, alumni and other health care practitioners will participate in Program activities such as continuing education, research and service projects.

_P2d._ Faculty and students will participate in and lead interdisciplinary scholarship, education and service activities.

The outcomes were developed in parallel with the Program goals and designed to be a direct assessment of whether Program goals are being met. These outcomes include all components of the Program’s goals.

Graduate/student outcomes ensure that they will be well prepared to meet the dynamic needs of physical therapy health care consumers while participating and leading within the profession and community. Program outcomes ensure that we produce students and graduates excelling in the provision of clinical services in all areas of physical therapy practice while valuing a lifelong pursuit of learning, research, and service. Faculty outcomes ensure that those instructing our students will represent the full breadth of rehabilitation science and provide a high quality teaching environment, enriched scholarship, and active service to the community and profession.

**DPT Curriculum Overview**

An overview and outline of the curriculum is provided in appendix A.

Academic preparation for participation in clinical education is achieved through a hybrid of traditional and systems-based curriculum models. The Department of Physical Therapy utilizes the World Health Organization (WHO) Internal Classification of Functioning, Disability, and Health (ICF) as the current model of disablement for the foundation of our practice, education, and research. Roles of physical therapists in primary, secondary, and tertiary care as well as prevention, and health promotion and wellness are included in the curriculum plan. The Guide to PT Practice is the model for basic Patient/Client Management and provides the basis of examination, evaluation, diagnosis, prognosis, plan of care, intervention, and reevaluation for all clinical curriculum courses.

The Doctor of Physical Therapy curriculum includes 32 weeks of full time clinical education. Students progress through the basic science coursework in the first two semesters, which also include courses designed to provide experiential opportunities for development of patient care skills such as communication, problem-solving, and teamwork. In the third and fourth semesters, students begin guided observation experiences in local hospitals and clinics in order to reflect on the application of didactic material in real patients. The third through the fifth semesters include traditional model coursework (such as Principles of Disease and Pharmacology) meshed with systems-based courses (such as Musculoskeletal Disorders I & II and Neurorehabilitation I). In the second half of the 5th semester, students complete their first full time clinical education experience in either acute care, outpatient orthopedics, or certain geriatric rehab settings. In the sixth semester, the curriculum plan continues to develop the students’ depth and breadth of management of patient movement dysfunction with coursework in the areas of pediatrics, orthotics and prosthetics, and neurorehabilitation. Additionally, the students now have adequate clinical experience to benefit from the honing of their clinical decision making via differential diagnosis coursework. The seventh and eighth semesters allow the students to return to full time clinical education experiences including all types of entry level clinical practice environments. The second half of the eighth semester culminates with project completion and presentations of the Evidence Based Practice III case study and the Health Promotion and Wellness III projects as well as additional depth in Professional Issues III. This curriculum plan allows us to meet the program goal of producing autonomous practitioners who are the healthcare provider of choice in the diagnosis and treatment of movement disorders.
DPT Clinical Education

Clinical Education Philosophy

The clinical education opportunities at the University of Florida are integral parts of the educational process in that they provide the student with opportunities to integrate clinical practice with basic science, physical therapy theories, and critical thinking. Clinical education experiences are designed to allow students to use acquired knowledge, attitudes, psychomotor skills, and problem solving to attain professional competency. Expectations of initial and subsequent experiences are structured to build on previous knowledge.

Clinical Education Outcomes

The grading criteria, using the Clinical Performance Instrument (CPI), targets the skills to be mastered on the full-time clinical education internships. The grading criteria are clearly defined to allow students to work independently towards their expectations, utilizing the opportunities available at that clinical education site. Professional competency for an entry-level therapist is defined as being effective, consistent, and safe with the skills defined as the minimum criteria. The skills required of an entry-level therapist involve evaluation and treatment of patients across a wide spectrum of ages, diagnoses, and health care settings. Sites for entry-level education are selected and maintained to meet the entry-level needs of the students. Specialization in a specific practice area is neither an expectation nor a desired outcome of our entry-level education program.

Clinical Education Sites

Clinical education experiences provide the student with opportunities to practice and perform professional responsibilities with appropriate supervision, professional role modeling, and a variety of patients and learning experiences. These experiences require effective communication between clinical and academic faculty, written agreements between the academic institution and clinical centers outlining responsibilities of each party, and standardized education of clinical faculty. Clinical centers that demonstrate the aforementioned criteria are recruited and maintained. All efforts are made to keep consistent clinical centers that have demonstrated a long-term commitment to clinical education in physical therapy and have consistently provided superior clinical education for the University of Florida. New clinical sites are developed according to the department's needs for learning experiences and sufficient site numbers.

Objectives of Clinical Education courses

All academic and clinical coursework must be successfully completed in sequence. Failure to complete a course in sequence may cause a student to wait a full year before resuming the program. Preparation for clinical education includes successful completion of preparatory academic coursework as well as demonstrating professional behavior.

Professional behavior is critical for a successful transition from the classroom to the clinical setting. The faculty recognizes the importance of this by incorporating the development and evaluation of professional behavior into each academic course. All students must attain developmentally appropriate levels of professionalism on the University of Florida’s Professionalism Development Tool (PDT). Student performance on the PDT will be determined by behaviors in the classroom and lab. Additional feedback will be provided by peers, instructors, and teaching assistants. Students will use the PDT to formally self-evaluate their professional behavior and participate in professionalism teams, with peers, faculty, and clinicians.

Students will attain a level of “beginner” professional behavior by the end of semester 2, just prior to two semesters of part-time clinical experiences; a level of “developing” professional behavior by the end of the middle of the fifth semester, just prior to first full time clinical experience, and “entry-level” professional behavior by the end of semester six, just prior to three full time internships. Failure to do so will prevent the student from advancing in the curriculum.
The clinical education coursework begins in the third semester when students are assigned to single day visits to local hospitals and outpatient clinics. During this semester, students are required to successfully complete the first comprehensive skills exam (end of year competency) at the Harrell Assessment Center. Students who score < 70% on an individual skill(s) must repeat the individual skill(s). Repeat testing will be scheduled approximately 1 week following the initial test. Students who do not meet these requirements on the re-test must enter the remediation phase. This requires students to meet with an identified faculty member to develop an individual remediation plan based on the test results. Following a documented successful remediation period (student met all criteria outlined in the remediation plan), the student will be eligible to re-test during the final two weeks of the summer semester. Successful completion of end of year competency exam is required prior to initiation of Clinical Education II.

Students must achieve > 80% average score on all class assignments to achieve a passing score in the associated course (Clinical Education I & II). Students who do not achieve this level of performance will receive a U or an E for the course.

Table of progression through the clinical education curriculum:

<table>
<thead>
<tr>
<th>Course</th>
<th>Timeframe</th>
<th>Objectives</th>
</tr>
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| PHT 6860 Clinical Education I | 12 weeks 3rd semester Summer Year 1 | 1. Develop a working knowledge of the Clinical Site Information Form (CSIF) and its use in securing information regarding clinical internships.  
2. Develop list of top ten choices for full time clinical internships  
3. Recognize implications of legal issues related to clinical education.  
4. Recognize and differentiate ethical issues in the clinic from legal issues.  
5. Demonstrate insight into personal challenges for safe and effective clinical performance including affective and psychomotor skills. |
| PHT6861 Clinical Education II | 16 weeks 4th semester Fall Year 2 | 1. Recognize individual differences of patients and health care providers that can enhance and/or limit successful outcomes and make viable recommendations to reduce limitations.  
2. Select and provide rationale for various outpatient orthopedic intervention strategies and projected outcomes on individual patient symptomology, diagnosis, indications, precautions, and contraindications.  
3. Describe the advantages and limitations for a particular rehab program and recommend alterations and/or modifications that may be necessitated by changing patient status.  
4. Develop and provide rationale for patient prognosis and discharge plan.  
5. Complete Bloodborne Pathogen Training  
6. Demonstrate ability to assess clinical performance using the Clinical Performance Instrument (CPI) |
| PHT6805 Clinical Education III | 8 weeks 5th semester Spring Year 2 | Safe and effective performance of clinical skills in a full time internship in an acute, outpatient orthopedic or, geriatric clinical setting. CPI ratings of beginner. |
| PHT 6807 Clinical Education IV | 8 weeks 7th semester Fall Year 3 | Safe and effective performance of clinical skills in a full time internship in an acute, outpatient orthopedic or, geriatric, pediatric, sports, or neurologic clinical setting. CPI ratings of advanced beginner. |
| PHT 6817 Clinical Education V | 8 weeks 7th semester Fall Year 3 | Safe and effective performance of clinical skills in a full time internship in an acute, outpatient orthopedic or, geriatric, pediatric, sports, or neurologic clinical setting. CPI ratings of intermediate. |
| PHT 6823 Clinical Education VI | 8 weeks 8th semester Spring Year 3 | Safe and effective performance of clinical skills in a full time internship in an acute, outpatient orthopedic or, geriatric, pediatric, sports, or neurologic clinical setting. CPI ratings of entry level. |
Clinical Education Placement Requirements

Students should be prepared for transportation, lodging and food costs associated with all internships and half day/full day clinical experiences. Half-day and full-day experiences will be located within a 60-mile radius of Gainesville. Internship placements are determined by computerized matching. There is no guarantee that the student will be placed in Gainesville or the surrounding area. Approximately 60% of the placements are outside of Gainesville, with 10-20% of those out of state.

Each student, over the four, full time internships, must have one (1) acute/subacute experience, one (1) neuro/geriatric rehab experience, one (1) general outpatient experience, and one (1) experience in the area of their choice. Students seeking an internship in sports must have completed a general outpatient internship prior to the sports internship. Students are not allowed to select internship sites in which 1) they have been employed or are well known by the staff, or 2) there are family members in employment. Through the use of patient logs, interviews with the student and the clinical instructor, and available on-site learning experiences, the Director of Clinical Education (DCE) works closely with the individual student to ensure learning experiences across age span and diagnoses diversity. Through the combination of these experiences, the student is able to meet the requirements for graduation as outlined in the program goals and outcomes.

Hardship status for internship
As noted in each student’s acceptance letter, all students should expect to be placed outside of the commutable area for some of their internships. Students who encounter an unexpected change in their situation after admission to the program (that imposes a specific hardship), may apply for hardship status for internship placement. Students must submit a letter of request to the DCE who will discuss these requests with the Education Team to review and make decisions. The letter of request must include the student’s name, timeframe of hardship request, geographic need for placement, and specific reason for the request (nature of the hardship). The hardship request is due to the DCE via email 1 week prior to the scheduled time for each internship match. Hardship status allows students to list only sites in the geographic location of need, but does not guarantee a specific site placement. Due to the time-sensitive nature of the internship placement process, decisions made by the Education Team regarding hardship status are final. Students with concerns about these decisions may seek further guidance via the appeals process, but must understand that the matching process will proceed according to schedule.

Scheduling and Assignment of Students for Clinical Internships

Clinical Internships are scheduled 6-12 months prior to the date of the internship. Available internship slots are recruited from contracted sites for the following calendar year. Clinical education coursework provides the student with opportunities to practice and perform professional responsibilities with appropriate supervision, professional role modeling, and a variety of patients and learning experiences. These experiences require effective communication between clinical and academic faculty, written agreements between the academic institution and clinical centers outlining responsibilities of each party, and standardized education of clinical faculty. Clinical centers that demonstrate the aforementioned criteria are recruited and maintained. All efforts are made to keep consistent clinical centers that have demonstrated a long-term commitment to clinical education in physical therapy and have consistently provided superior clinical education for the University of Florida. New clinical sites are developed according to the department's needs for learning experiences and sufficient site numbers. Students must refrain from contacting any clinical site or clinician in an effort to secure or arrange a clinical internship. Any student engaging in efforts to bypass the internship placement process may be subject to disciplinary action. Students should contact clinical sites only on the approval of the DCE and following confirmation of clinical placement at the facility.

Following the recruitment of adequate number of internship sites, students submit their top requests. A computerized matching system is utilized to obtain the best possible match. The matching process progresses in a chronological fashion with monitoring and counseling by the DCE in the interim to assure that students meet the internship requirements. While every effort is made to match a student with one of his/her choices, there are circumstances where this will not occur. In that situation, the DCE will work with the student to find an internship that meets the educational needs of the student.
It is the student’s responsibility to make contact with the Center Coordinator of Clinical Education (CCCE) at their assigned site via email or phone two months prior to the scheduled start date of the clinical experience. Students should confirm all site requirements including health information, mandatory training, background checks, etc. via communication directly with the site. Students must meet the site requirements within the timeframe identified by the site. Students who do not fulfill the site requirements in a timely fashion will be subject to disciplinary action up to and including possible dismissal from the program.

Students with documented disability needs must meet with the DCE to discuss the needs specific to each clinical education course. Students must provide consent for the DCE to contact the CCCE to arrange for any requested accommodation. Students who are not requesting accommodations are encouraged meet with the DCE to discuss their situation in a good faith effort to avoid misunderstandings regarding the student’s abilities and needs.

Reassignment of a clinical internship is only considered in the event of cancellation by the site. Cancellations occur due to site or staffing changes which are not under our control, therefore, students must be aware of the possible need for reassignment. In this event, the CCCE should contact the DCE as soon as possible to allow for alternate planning for the student. The DCE will work with the student to secure an internship that will meet the program requirements.

**Clinic Attire**

All students are to be in clinic attire when attending clinics. Students are required to wear their UF DPT Student photo ID badge or one provided by their clinical facility depending on the policies of the clinical facility. Students who are participating in assigned projects in the clinic are to be in clinic attire. You are asked to refrain from visits to the clinic unless you have specific assignment there. Most clinicians wear business casual clothes (collared shirts & slacks). You may be asked to adopt the uniform of the clinic to which you will be assigned. Clean, professional closed-toe & closed-heel shoes are required (no sandals).

No jewelry except a watch, small, conservative, and non-distracting earrings, wedding ring or engagement ring is to be worn when in clinic. No facial jewelry is allowed in the clinical setting. Rings should be removed and secured in a pocket as they may cause discomfort to the patient. Excessive perfume or cologne is unacceptable. Even small amounts may be prohibited in the clinic, as it can be offensive/irritating to patients with allergies/sensitivities.

**Medical and Legal Requirements**

All students are required to meet the [DPT immunization requirements](#) for admission as noted on the website. In addition to required immunizations, all students must show current proof of an updated annual tuberculosis screening prior to beginning of Clinical Education I. Prior to participation in full-time internships all students must show proof of the following:

1) UF HIPAA Training
2) HIV/Bloodborne Pathogen Training
3) CPR/BLS Healthcare Provider certification
4) Health insurance including major medical (hospitalization)
5) Annual Tuberculosis screening
6) Hepatitis B
7) Varicella titer
8) Background Check

Per individual clinical site requirements, students may be required to show proof of the following:

1) Additional background checks of varying levels and cost
2) Drug Screen
3) Finger printing
4) Additional vaccines such as Tetanus or Influenza
5) Face mask fit testing
6) Other requirements as stated by the individual clinical site
Students are required to review internship site documents such as the Clinical Site Information Form (CSIF) and posted reports from prior students, as well as contacting the CCCE at each site to prepare appropriately for each internship.

Students must link proof of coverage/completion of all medical and legal requirements in the departmental tracking system and keep this up to date throughout full time internships. Students who fail to comply with these requirements are subject to disciplinary action.

Clinical Education Policies

Technical Standards and Essential Functions:
Physical therapy students must meet the essential functions and technical standards required of the majority of physical therapy positions, unless they have special considerations that the university is able to accommodate under the “reasonable accommodations” of the Americans with Disabilities Act (ADA). These requirements are necessary for both the clinical portion of academic courses and clinical internships. The requirements are as designated below:

Communication skills:
Students must be able to communicate effectively with faculty, peers, coworkers, clients, patients and other members of the healthcare team. Effective communication includes the ability to receive, interpret, utilize and disseminate information via verbal, non-verbal, and written communication in a manner that is comprehensible by colleagues, clients, and laypersons. It is required that students communicate in the English language at a level consistent with competent professional practice, verbally and in writing (manual and computer). Students must demonstrate the ability to sensitively and effectively communicate with individuals with disabilities and/or from different social and cultural backgrounds.

Observation skills:
Students must be able to accurately observe the client’s or patient’s activity and behavior during examinations and interventions as well as changes in status such as skin temperature and/or color, heart rate, facial expression, muscle tone, breath sounds, and breathing rate or pattern. Students must also be able to accurately observe and interpret demonstrations in the classroom, projected slides or overheads, x-rays, and monitor dials on equipment.

Psychomotor skills:
Students must be able to develop proficiency in motor skills required for accurate examination, evaluation, and intervention techniques. The student must demonstrate adequate locomotor ability to allow them to physically maneuver to and from and within the classroom, lab, and clinical settings in a timely manner. This includes the ability to quickly respond in emergency situations such as preventing a patient’s fall. Students must be able to safely and effectively manipulate or maneuver another person’s body and/or body parts to perform examination and intervention techniques and emergency procedures (e.g., transfers, gait training, positioning, mobilization, exercise, cardiopulmonary resuscitation, use of tools such as goniometer, blood pressure cuff, stethoscope, etc.). Students must be able to perform physical therapy examination and intervention procedures in a manner that is consistent with the American Physical Therapy Association’s (APTA) Code of Ethics and Guidelines for Professional Practice.

Students must be able to perform the physical demands required by the majority of clinical settings in which physical therapists practice. These physical demands include the ability to:

Continuous (67-100% of workday) utilize gross and fine motor hand coordination with repetitive motions such as simple and firm grasp tasks requiring manual dexterity.

Frequently (34%-66% of workday) stand, walk, climb stairs, reach, squat, twist, bend and lift and carry items up to 30 pounds for a distance of at least 30 feet. Also, must be able to exert push/pull forces up to 24 pounds for distances up to 50 feet.

Occasionally (up to 33% of workday) kneel, crawl, and reach above shoulder level, as well as lift and carry items between 10 and 40 pounds for a distance of at least 30 feet. Also must be able to exert push/pull forces of up to 30 pounds for distances up to 50 feet.
Cognitive/Intellectual skills:
Students must be able to measure, calculate, reason, analyze, synthesize, and apply large amounts of information in a short period of time. Students must be able to understand and apply principles, theory, and research to physical therapy practice. Students must demonstrate the ability to think critically and problem-solve. Students must have the ability to accurately self-assess and reflect on their own performance.

Behavioral/Affective skills:
Students must possess and demonstrate a level of emotional health and maturity that allows the full use of their intellectual capabilities, the use of good judgment, the ability to effectively handle physically, emotionally, or intellectually stressful situations. This includes the ability to adjust and adapt to changing situations or uncertainty in the academic or clinical environment. Students must also demonstrate a commitment to working with individuals with physical and cognitive deficits from a variety of age groups, cultures, socioeconomic status, without bias.

If a student is limited or prohibited from performing the essential functions & technical standards noted above because of injury, illness or pregnancy, the student must meet with a representative of the University of Florida Disability Resource Center for documentation of disability and requested accommodations. Each individual situation will be evaluated to determine whether the student is able to continue in the clinical/academic portion of the curriculum and whether reasonable accommodations (short term and/or permanent) can be made.

Accident/Incident Reports

Students who are involved in or witness an accident or incident while participating in clinical internship activities must follow the clinical site’s policy on completing reports/forms/documents related to the accident/incident. As soon as possible, or at maximum, within 24 hours of the accident/incident, students must also contact the DCE to receive direction for follow up according to UF’s Health Science Center Self Insurance Program (SIP) procedures. Students should submit a written summary of events with the following information:

1. Name of student:
2. Date/time/location of incident/accident:
3. Names of other individuals involved and their role, e.g., (patient, visitor, clinical instructor, etc.):
4. Brief description of what occurred:
5. Contact phone # and email for student and clinical instructor:

The student will be contacted by the DCE (or another school representative) to confirm receipt of this report and provide further direction as needed.

UF Self-Insurance Program

Pursuant to contractual agreements with clinical internship sites, students are not eligible for employee benefits including worker’s compensation. For minor injuries, first aid should be administered onsite. For more serious injuries, emergency response should be instigated. Each student is responsible for maintaining personal major medical health insurance while on clinical internships, thereby availing the student to the opportunity to receive appropriate emergency care.

Bloodborne Pathogen Exposure:
All students will follow procedures for Universal Precautions in all healthcare settings. Students will inquire and obtain facility’s procedure on exposure to communicable diseases and bloodborne pathogens prior to patient contact. Students will clarify the policy with their immediate supervisor, Clinical Instructor (CI) or CCCE. The students should determine:

A) Quickest way to contact immediate supervisor or next in chain of command
B) Phone Number of Infection Control Nurse
C) Location of Employee Health
D) Location of Emergency Room
   In the event of exposure to a communicable disease and/or bloodborne pathogen, students should:
E) Report incident to immediate supervisor (or next in chain of command) and follow the facility’s policy for reporting the exposure.
F) Contact the DCE (this should occur as soon as possible so that DCE can assist the student)
Attendance

Each internship is scheduled for 40 hours per week, for 8 weeks. Students are expected to work the same schedule as their CI. UF holidays do not apply to clinical internships. Decisions to allow a student a day off for a special event in exchange for an additional or weekend day are at the discretion of the CI.

Missed time due to Illness/Injury/Death in family, etc.: Rescheduling of missed days is REQUIRED for greater than 2 days, and recommended for two or less. The final decision is at the discretion of the CI in consultation with the DCE. Students should contact UF PT department 352-273-6085 (in addition to their CI) for any missed clinical days. For scheduled missed clinic time, students must receive pre-approval from the CI as well as the DCE.

Email

All students are required to have a UFL e-mail address for use with academic coursework and responsibilities. Although university policy allows students to forward their email received to their UF email address to a personal account, the Health Science Center policy states that all HSC students cannot forward email received to their UF email address to a personal account. Health Science policy supersedes the university policy in this matter and UF e-mail should not be forwarded to another account. These policies exist to improve communication between faculty, staff, and students.

It is the responsibility of the student to check e-mail on a daily basis. During internships this serves as the primary means of communication with the student.

Unsatisfactory Clinical Performance:

A student who performs unsatisfactorily on a clinical internship will be notified of their unsatisfactory performance. The student will either stay on the internship or will be removed from the internship based on individual circumstances. The student must modify the deficient behaviors or skills if the student remains at the said internship. The Clinical Instructor (CI) and the Director of Clinical Education (DCE) will give the student specific feedback regarding the changes needed and required timeframe necessary to successfully complete the internship. A learning contract may be developed in order of facilitate the correction of the deficient behaviors and/or skills.

If it is deemed necessary to remove the student from the internship or the student is unable to modify the deficient behaviors and/or skills, the DCE and/or Professionalism Committee, if applicable will recommend remediation of skills and a learning contract will be developed with input from the student and the DCE. The DCE and/or Professionalism Committee will determine where this remediation will take place and for how long the remediation period will be. If the student successfully completes the remediation according to the contract, he/she will have an opportunity to repeat the internship at a site determined by the DCE and will receive a grade of “I” until the internship is completed. If the remediation is not completed satisfactorily in the time period designated, the student will not have the opportunity to repeat the internship and the student will receive a grade of “U” and will be dismissed from the program.

The DPT Program Director will be notified by the DCE of any such student and the student will be notified in writing of their status.

Students will be allowed one, and only one, such situation regarding internships. If the student is not performing satisfactorily on a subsequent internship at any point in time, the student will receive a “U” and be dismissed from the program.

Clinical Education Feedback and Outcomes

Student Performance:
The APTA’s Clinical Performance Instrument (CPI) is utilized by the student and clinical instructor to assess and provide feedback regarding the student’s progress toward entry level skill as a physical therapist. The students’ ability to manage patient problems is expected to increase in terms of the complexity, consistency, quality, and efficiency of physical therapy services provided over the course of the clinical education coursework. The level of
guidance and assistance provided by the clinical instructor should gradually decrease with the expectation that the student is ultimately capable of functioning in a safe and effective manner independently at the conclusion of the final clinical internship.

<table>
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<tr>
<th>Course</th>
<th>CPI Expectation</th>
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<tr>
<td>Clinical Education III</td>
<td>Beginner</td>
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<tr>
<td>Clinical Education IV</td>
<td>Advanced Beginner</td>
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<td>Clinical Education V</td>
<td>Intermediate</td>
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<tr>
<td>Clinical Education VI</td>
<td>Entry Level</td>
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Students should meet with the CI during the first week to discuss the student’s preferred learning style and type of feedback. It is recommended that CIs provide daily, verbal, formative feedback and weekly written feedback regarding student progress. Students are also encouraged to perform weekly self-assessments and documentation of goals. The DCE, Assistant Director of Clinical Education (ADCE), or a core faculty member also reviews student and CI comments on the CPI at mid-term to assess student performance.

Clinical Education Faculty:
Students provide candid feedback regarding their first impressions of the CI and the clinical experience during the first week of each clinical experience. The clinical instructor evaluation is utilized by students to assess and provide feedback to clinical education faculty at the mid-term and final week of each clinical experience. The DCE, ADCE, or a core faculty member initiates communication with the clinical education faculty via email within the first two weeks of the clinical experience to provide support and answer questions or address concerns as needed. The DCE assesses performance of the clinical education faculty through student evaluations of CIs and mid-term interviews with students and CIs. CIs and CCCE’s are routinely interviewed to identify areas of development needed. Students are counseled to provide clear and objective feedback to CI’s regarding expectations for clinical supervision.

Academic Preparation:
Students and clinical faculty are polled repeatedly to ascertain their opinions regarding the academic preparation of students. This is initiated in the first week of each clinical experience, is addressed at mid-term, and students and clinical education faculty are surveyed to provide anonymous feedback regarding student preparedness at the completion of each clinical experience.

Clinical Faculty Privileges
Clinical Faculty is invited to participate in feedback regarding the performance of the DCE and the program curriculum. Clinical education faculty is also afforded the opportunity to apply for library privileges, attend department sponsored CEH activities, and request specific feedback and assistance with development of clinical teaching and skills. Additionally clinical education faculty is eligible to apply for tuition deferment for certain courses and CEH’s for hours of clinical instruction.

Rights and Responsibilities of Academic Institution, Clinical Education Center, & Student

1. Rights and responsibilities of the Department of Physical Therapy, College of Public Health and Health Professions
   a. To assign to clinical education centers those students who have satisfactorily completed the preclinical phase of their physical therapy education and prior supervised clinical education experiences.
   b. To select clinical centers that will provide good environments for learning and adequate supervision and guidance of students.
   c. To maintain effective communication between the school and the clinical facility to facilitate realistic and optimal pursuance of clinical education. Means of communication includes regular correspondence, telephone conversations, clinical visits, educational in services, and consultative meetings.
d. To offer educational opportunities to the clinical instructors that aims toward their continued improvement in clinical knowledge, supervision, and teaching.

e. To share with the clinical instructors the general responsibilities for planning, executing, and evaluating the clinical education program. To share with students the general responsibilities for preparation for and active involvement in seeking educational experiences. The School's faculty accepts the final responsibility for clinical education.

f. To adhere to formal conditions for agreement written in the contract.

g. To assign the final course grade (Satisfactory or Unsatisfactory) for the clinical education course based on the assessment of the student’s performance as determined by a review of the completed APTA Clinical Performance Instrument (CPI) and discussion with the student and clinical instructor.

2. Rights and responsibilities of the Clinical Education Center

a. To provide medical and physical therapy direction by qualified personnel.

b. To provide guidance and supervision of students by qualified physical therapists.

c. To orient the student(s) to the physical therapy department, specific types of patients unfamiliar to students, and a review of methods, policies, and procedures of the institution such as appropriate dress, working hours, patient schedules, record-keeping, and approaches to physical therapy interventions.

d. To provide a variety of educational experiences for the student in regards to types of patients (age, gender, diagnosis); including examination, evaluation, and intervention methods used. Educational experiences should be appropriate for the setting and consistent with student's grading criteria/level of education.

e. To involve students in record-keeping, medical record documentation, educational sessions, and supervisory opportunities as appropriate for student's level of education.

f. To guide and supervise the student(s) in their activities according to individual needs and abilities.

g. To provide feedback to the student by performing ongoing informal evaluations of performance. To discuss concerns with the DCE as early as possible in the internship.

h. To formally evaluate the performance of the student using the CPI at least twice (midterm and final) during the affiliation. To discuss with the student the results of these evaluations.

i. To encourage professional growth of staff and students.

j. To share with the School faculty the general responsibilities for planning, executing, and evaluating the clinical education program.

k. To adhere to formal conditions for agreement written in the contract.

3. Rights and responsibilities of the Student Physical Therapist

a. To develop behaviors consistent with an adult learner such as, but not limited to, self-directed, independent, critical thinker, adaptable, and flexible.

b. To review, understand, and comply with any policies and procedures of the assigned facility before reporting to assigned site. This will include all information provided to the School and/or material sent to the student by the facility.

c. To comply with all federal and state laws and regulations regarding the practice of physical therapy. Comply with all department regulations of the clinical facility and the School, inclusive of but not limited to hours, attendance, dress code, record-keeping, use of non-protected health information, and safety regulations.

d. To review and comply with all medical and liability requirements required of the School and the facility. This includes PPD, immunizations (MMR & Hepatitis B), CPR, liability, current health insurance and hospitalization, and any additional requirements of the facility (e.g. 3 month PPD, recent medical exam, first aid class, background check, finger printing, etc.). To produce all documents upon the facility's request.

e. To understand the objectives and grading criteria of the clinical education courses. To seek additional assistance when clarification of criteria is needed.
f. To avail oneself of learning experiences offered by each facility and its personnel. To seek and utilize those experiences to meet grading criteria. To request additional experiences to meet grading criteria.
g. To request guidance and assistance when needed. Students are encouraged to use appropriate chain of command when seeking assistance. Students are encouraged contact the DCE when they have difficulties seeking guidance or assistance in the clinical setting.
h. To review, understand, and properly utilize the evaluation tool for clinical education (CPI). To request clarification and guidance about the tool before the clinical internship. To answer questions the CI may have about the school's individual tool (CPI).
i. To discuss performance evaluations with their CI and to improve performance by the acceptance of just criticism.
j. To demonstrate interest in and loyalty to the clinical education facility.
k. To maintain high quality of performance and ethical conduct befitting a professional physical therapy student.
l. To complete and submit all paperwork and assignments required by the School for satisfactory completion of internships.

PATIENTS’ RIGHT TO REFUSE TREATMENT

Students are required to wear a school or facility name badge, identifying them as a student and introduce themselves as such when working with a patient/client. Patients have the risk-free right to refuse treatment/participation in student training.

COMPLAINTS OUTSIDE THE REALM OF DUE PROCESS

Summary: This document describes the process required for handling and recording DPT program complaints that fall outside the realm of due process. These types of complaints fall in three main categories and specific procedures have been established for each category. Documentation of all complaints of this nature are required to be stored on the S drive in the “Complaints Outside the Realm of Due Process” folder. A hardcopy will also be maintained in the office of the Administrative DPT coordinator.

Procedure:

Category: General program or process complaints

A. A general program complaint received from the public should be forwarded to the DPT Program Director, who may follow up directly for resolution or discuss the issue with the Chair of the Department. If necessary, the DPT Program Director and Chair will develop a course of action. If the complaint is an issue that warrants input or reflection on the part of the faculty, the complaint will be brought up at the next faculty meeting. A record of the complaint and the associated documentation is placed in the “Complaints Outside the Realm of Due Process” folder on the S drive, as well as notes on any course of action. A hardcopy is maintained in the office of the Coordinator, Academic Support Services.

B. Category: Complaints from clinical education sites

All complaints from the clinical education sites should be directed to both the DPT Program Director and the Clinical Education Coordinator. Collectively they will develop a course of action and follow-up with the individual if needed. Depending on the complaint the issue may also be brought to the attention of the Chair, the Curriculum Coordinator and the faculty. A record of the complaint, course of action, and the associated documentation should be placed in the “Complaints Outside the Realm of Due Process” folder on the S drive. A hardcopy should be maintained in the office of the Coordinator, Academic Support Services.
C. Category: Complaints from employer graduates.

Complaints from employer graduates in regard to the program should be directed to the Chair and the DPT Program Director. If the complaint is an issue that warrants input or reflection on the part of the faculty, the complaint will be brought up at the next faculty meeting. A record of the complaint and the associated documentation is placed in the “Complaints Outside the Realm of Due Process” folder on the S drive, as well as notes on any course of action. A hardcopy is maintained in the office of the Coordinator, Academic Support Services
Appendices
Appendix A: DPT Curriculum Overview and Course Descriptions

Doctor of Physical Therapy (DPT) Curriculum
Department of Physical Therapy
College of Public Health and Health Professions
University of Florida

Semester 1 Fall (16 weeks)
PHT 6153C: Physiology for Physical Therapy
This is a course intended to introduce students to the subject of human physiology. The material to be covered will allow the student to learn how the human body functions from the cellular level to the organ system level. In addition, the effects of diseases on normal body function will also be included. The emphasis will be on the conceptual understanding of physiology and not on the memorization of isolated facts.

PHT 6187C: Functional Anatomy I
The purpose of this course is to provide a detailed introduction to anatomy of the human body, and the functional ramifications of that anatomy to human motion. This will include study employing lecture and laboratory sessions involving regional cadaveric dissection of the upper extremity under the supervision of instructors, and information on joint structure and function, forces that effect motion and the resultant kinematics. Emphasis is on the neuromuscular and musculoskeletal anatomy.

PHT 6605: Evidence Based Practice I
This course reviews relevant research design and statistical issues to prepare the student to become a critical consumer of rehabilitation research. The student will be exposed to selected topics on research theory/philosophy, sampling, research design, descriptive/inferential statistics, power, error, estimation, reliability, validity, and reading a journal article.

PHT 6024: Professional Issues I
The purpose of this course is to prepare the student in professional practices that will be used throughout the curriculum and their professional career. This course provides the student with an introduction to the role of the professional in physical therapy practice. Students are educated about the application of generic skills to the profession of PT. Topics of application include communication (verbal, nonverbal, and written), individual and cultural differences, professional behavior and abilities, ethics, legal issues, and responsibility for professional development.

PHT 6502: Health Promotion and Wellness for Physical Therapy Practice I
This course is designed to initiate an interdisciplinary learning practicum for health professions, pharmacy, dental and medical students. The central theme of the course is family health over the life cycle. Students will learn to conceptualize family health beliefs and behavior from a biopsychosocial framework, and they will learn to assess family health care needs and health care access through a multidisciplinary lens.

Semester 2 Spring (16 weeks)
PHT 6188C: Functional Anatomy II
The purpose of this course is to provide a detailed introduction to anatomy of the human body, and the functional ramifications of that anatomy to human motion. This will include study employing lecture and laboratory sessions involving regional cadaveric dissection of the lower extremity and trunk under the supervision of instructors, and information on joint structure and function, forces that effect motion and the resultant kinematics. Emphasis is on the neuromuscular and musculoskeletal anatomy. Using this knowledge the student should be able to analyze activities regularly observed in the clinic.
PHT 6189C: Examination and Evaluation
The purpose of this course is teaching the student the basic elements of assessment that applies to all patients with a potential need for physical therapy services. Students will learn the basics of examination and evaluation, selection of appropriate tests and measures, use of validity, reliability, and best evidence to select tests and measures, and the use of critical thinking and decision-making to determine the most appropriate intervention and outcomes for all patients.

PHT 6168C: Neuroscience for Physical Therapy
Neuroanatomy, neurophysiology, basic neuroscience and evidence based practice for neurological therapeutic intervention. Course includes lecture, wet specimen anatomy laboratory, utilization of neurological case studies and review of current scientific literature.

PHT 6503: Health Promotion and Wellness for Physical Therapy Practice II
This course is the follow-up to the interdisciplinary learning practicum for health professions, pharmacy, dental and medical students, which was initiated in the prior semester. The central theme of this half of the course is developing wellness plans for individuals or families in the community. Students will learn to assess family health care needs, seek out community resources, and educate community members on specific issues related to their own health and well-being.

PHT 6207C: Basic Clinical Skills II
This course is designed to prepare the student for patient care activities including infection control, patient safety and emergency management, wheelchair and equipment management, gait training and durable medical equipment prescription. The student will obtain an overview of basic exercise training techniques (strength, flexibility, endurance, and relaxation) applicable to prevention and wellness services as well as to those populations requiring rehabilitation or restoration of function due to illness, injury, or chronic disability.

PHT 6152C: Exercise Physiology
The purpose of this course is to understand the physiological mechanisms and organ systems that allow humans to engage in physical activity and how these systems are changed by chronic activity (training) and disuse.

Semester 3 Summer (13 weeks)
PHT 6770: Musculoskeletal Disorders I
The purpose of this course is to educate students about physical therapy evaluation and treatment for musculoskeletal disorders of the lower extremity.

PHT 6218C: Therapeutic Modality Interventions in Physical Therapy
This course is an introduction to the management of pain and dysfunction using thermal, electrical and mechanical modalities used by Physical Therapists in general practice. Lectures will highlight basic scientific rationale for approaches discussed while laboratory experience and problem solving using patient case studies should enhance the student’s understanding relative to direct patient care.

PHT 6860: Clinical Education I
The purpose of this course is to provide part-time clinical experiences in acute care settings, wound care, ICU, and outpatient orthopedics as a means for the student to make associations between classroom material and clinical experiences.

PHT 6608: Evidence Based Practice II
This course will introduce the student to key concepts of evidence-based rehabilitation science. The first section of the course reviews basic principles of an evidence-based approach and subsequent sections review issues related to diagnosis, prognosis, and intervention.

PHT 6352: Pharmacology in PT Practice
This course provides a study of prescription and/or over-the-counter medications used in the management of a variety of patient conditions encountered during physical therapy management.
PHT 6186C: Motor Control/Therapeutic Exercise I
This course introduces the student to the fundamentals of movement science, offers a framework for understanding normal and abnormal movement, and includes concepts of kinesiology, neuroscience, physiology, motor control, and motor learning. The course will integrate theory and basic principles of motor behavior, motor development, motor control and motor learning as they relate to human motor performance across the lifespan.

Graduate Year 2
Semester 4 Fall (16 weeks)
PHT 6771: Musculoskeletal Disorders II
The purpose of this course is to educate students about physical therapy evaluation and treatment for musculoskeletal disorders of the spine and upper extremity.

PHT 6381C: Cardiopulmonary Disorders in Physical Therapy
The purpose of this course is to understand the pathophysiological mechanisms of cardiopulmonary disease, how to perform a Physical Therapy evaluation to treat these problems and design, safe and effective rehabilitation programs for patients with cardiopulmonary disorders.

PHT 6070C: Radiology and Diagnostic Imaging in Physical Therapy Practice
This course is a progression from a basic understanding of plain film principles to a systematic analysis of the spine and extremities. The student will learn a systematic method of analyzing and integrating imaging findings into the physical therapy diagnostic process. In addition, the utility of imaging in physical therapy practice will be emphasized.

PHT 6861: Clinical Education II
The purpose of this course is to provide part-time clinical experiences in outpatient orthopedics as a means for the student to make associations between classroom material and clinical experiences. Didactic material and clinical experiences are integrated with information from PHT 6771 Musculoskeletal Disorders II. Students spend a full day every other week in an outpatient orthopedic clinic.

PHT 6761C: Neurorehabilitation I
This course will provide information concerning neurologic diseases and disorders that are common to clients evaluated and treated by physical therapists in the acute care setting. From a medical perspective, information will include disease description, etiology, pathology, clinical signs and symptoms, diagnostic procedures, medical management, and precautions or special considerations pertinent to physical therapists. From a physical therapy perspective, specific standardized assessments, evaluation and treatment strategies, techniques, and approaches will be addressed.

PHT 6302C: Principles of Disease
The purpose of this course is to educate the Physical Therapy student on basic pathology, presentation, signs, and symptoms related to common diseases/conditions. Conditions that will be discussed are those that may be encountered by the Physical Therapist in the acute care, sub-acute/rehab, home health care, and outpatient settings. Course will also highlight evaluation and treatment strategies for patients presenting with these conditions. The course will begin emphasis on the student’s ability to recognize signs/symptoms that may help to differentially diagnose pathologic conditions from musculoskeletal conditions, and be able to make a referral to an appropriate physician source for conditions beyond the scope of Physical Therapy treatment. This course provides the foundation for the “Differential Diagnosis” course that is offered in the following semester.

Semester 5 Spring (16 weeks)
First 8 weeks
PHT 6762C: Neurorehabilitation II
This course will provide information concerning neurologic diseases and disorders that are common to clients evaluated and treated by physical therapists. From a medical perspective, information will include disease description, etiology, pathology, clinical signs and symptoms, diagnostic procedures, medical management, and precautions or special considerations pertinent to physical therapists. From a physical therapy perspective, specific standardized assessments, evaluation and treatment strategies, techniques, and approaches will be
addressed. The role of the physical therapist will be addressed across treatment environments and across the time course or progression of the disease (acute through chronic).

**PHT 6527: Professional Issues II**
This course is designed to build upon the professional behaviors and skills identified in Professional Issues I. As students continue clinical visits started in Clinical Education I and continued in Clinical Education II, direct application of topics to currently encountered case studies is addressed. Topics related to skills necessary for taking responsibility for and providing health care services to the public will be explored in greater depth. This course will focus on developing skills needed to provide and bill for physical therapy services in a manner that is consistent with legal and ethical guidelines for clinical practice.

**PHT 6374: Geriatrics in Physical Therapy**
This course is an overview of the physical and psycho-behavioral aspects of aging in adulthood. Students are introduced to usual and pathological changes with aging and are challenged to problem solve treatment issues relevant to the types of older clients they will assist in physical therapy clinical settings. The multidimensional concerns of our older patients are emphasized, and students are encouraged to develop themselves as strong generalist physical therapists to serve the needs of our older clientele.

Second 8 weeks
**PHT 6805: Clinical Education III**
The purpose of this course is to provide the student with their first full time clinical experience that occurs in the settings of acute care, general orthopedics, or subacute care. This internship is mentored by one or more trained clinical instructors.

Semester 6 Summer (13 weeks)
**PHT 6190C: Motor Control/Therapeutic Exercise II**
The purpose of this course is to provide the student with a foundation for examining, evaluating, and providing treatment interventions for individuals who have movement dysfunction secondary to neurological deficits. Emphasis is placed on understanding normal and impaired movement through discussion of current motor control, motor learning, and motor development/lifespan theories. This course teaches examination and evaluation of and interventions for basic functional movement skills and their underlying components such as motor control/coordination (ability to plan, initiate, sequence, time and grade movements), postural control and balance, perception and sensation, muscle tone, strength, and biomechanical considerations.

**PHT 6322: Pediatrics in Physical Therapy**
Normal and abnormal developmental changes over the course of the maturation process with emphasis on selected medical conditions. Current motor control and motor learning theories applied to therapeutic intervention strategies for the pediatric population. Lecture and lab sessions.

**PHT 6702C: Prosthetics and Orthotics**
This course reviews the kinesiological principles of gait analysis. Of importance is the student’s ability to detect gait deviations and compensations. An introduction to prosthetics and orthotics will be provided. Students will be expected to apply their gait analysis skills when analyzing and understanding the mechanics of gait of amputees and patients with lower extremity orthosis.

**PHT 6730: Differential Diagnosis in Physical Therapy**
This course is designed to assist the physical therapy student to develop into a direct access practitioner able to consider and identify the broad spectrum of conditions and pathologies represented by a musculoskeletal or neurological complaint. Additionally, patterns of referral to the appropriate healthcare providers will be discussed and role of the physical therapist as ‘collaborator’ in the healthcare team emphasized.

**Graduate Year 3**
Semester 7 Fall (16 weeks)
**PHT 6807: Clinical Education IV**
The purpose of this course is to provide the student with their second full time clinical experience that occurs in the settings of acute care, general OP orthopedics (which must be completed prior to a specialty in orthopedic
sports), inpatient rehabilitation, pediatrics, or a combination thereof. By the end of the curriculum, students MUST have completed mandatory full time internships in acute care, general orthopedics, and inpatient rehabilitation. The fourth choice is made by the student and must be approved by the DCEs. These internships are mentored by one or more trained clinical instructors.

**PHT 6817: Clinical Education V**
The purpose of this course is to provide the student with their third full time clinical experience that occurs in the settings of acute care, general OP orthopedics (which must be completed prior to a specialty in orthopedic sports), inpatient rehabilitation, pediatrics, or a combination thereof. By the end of the curriculum, students MUST have completed mandatory full time internships in acute care, general orthopedics, and inpatient rehabilitation. The fourth choice is made by the student and must be approved by the DCEs. These internships are mentored by one or more trained clinical instructors.

Semester 8 Spring (16 weeks)
First 8 weeks

**PHT 6823: Clinical Education VI**
The purpose of this course is to provide the student with their fourth and final full time clinical experience that occurs in the settings of acute care, general OP orthopedics (which must be completed prior to a specialty in orthopedic sports), inpatient rehabilitation, pediatrics, or a combination thereof. By the end of the curriculum, students MUST have completed mandatory full time internships in acute care, general orthopedics, and inpatient rehabilitation. The fourth choice is made by the student and must be approved by the DCEs. These internships are mentored by one or more trained clinical instructors.

Second 8 weeks

**PHT 6504: Health Promotion and Wellness for Physical Therapy Practice III**
This course is designed to provide a framework for the student to develop and implement a plan for a community-based project directed toward improving health awareness in a specific group or population. The skills needed for identifying community needs, developing a strategic plan and securing resources are reviewed. Students must implement the plan and report the results of their program within an 8-week timeframe.

**PHT 6530: Professional Issues III**
This course is designed to build upon the professional behaviors and skills identified in Professional Issues I & II. This course will focus on developing business and professional skills needed to begin practicing as a physical therapist. Topics related to skills necessary for assuming professional responsibility in the areas of advanced management skills, marketing professional services, and providing consultative services are included. This course will focus on developing skills needed to successfully secure licensure as a PT, supervise and manage staff and students, plan and market therapy services, and advocate for legislative changes to state and federal regulations related to the provision of health care services.

**PHT 6609: Evidence Based Practice III**
This course concludes the department’s evidence based sequence by developing skills that assist students in making clinical decisions that are consistent with the professional literature. The student will gain experience searching the literature by developing clinical questions in a form compatible with electronic search engines and learning differences in available electronic databases. The student will also learn how to contribute to the rehabilitation literature as clinicians by completing modules on case reports and the peer review process.
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<tr>
<th>Semester 1: Fall Yr. 1</th>
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<th>Semester 2: Spring Yr.1</th>
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<td>1</td>
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<tr>
<td>PHT 6530 Professional Issues III</td>
<td>2</td>
</tr>
<tr>
<td>PHT 6609 Evidence Based Practice III</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>12</td>
</tr>
</tbody>
</table>
APPENDIX B: STANDARD CONTRACT TEMPLATE

AFFILIATION AGREEMENT FOR ROTATION OF UNIVERSITY OF FLORIDA COLLEGE OF PUBLIC HEALTH AND HEALTH PROFESSIONS STUDENTS AT AN EXTERNAL INSTITUTION

This Agreement, effective ____________ (“Effective Date”), by and between The University of Florida Board of Trustees (“UNIVERSITY”), for the benefit of the Department of Physical Therapy, College of Public Health and Health Professions, University of Florida, and ____________________________ (“INSTITUTION”),

WITNESSETH:

WHEREAS, UNIVERSITY has responsibility for the training of physical therapy students;

WHEREAS, INSTITUTION, located at ____________________________ [if multiple locations, please list on a separate attachment], is an entity which can provide a setting in which UNIVERSITY’s physical therapy students may participate in clinical education activities; and

WHEREAS, UNIVERSITY wishes to enter into this Agreement with INSTITUTION for the educational benefit of UNIVERSITY’s physical therapy students.

NOW, THEREFORE, in consideration of these premises and of the following mutual promises, covenants and conditions, the parties heretofore named agree as follows:

A. Responsibilities of INSTITUTION

1. INSTITUTION agrees to accept the assignment by UNIVERSITY of certain physical therapy student(s) (“Student(s)”) to INSTITUTION and/or INSTITUTION's affiliated health care facilities for purposes of clinical rotation as part of UNIVERSITY’s Physical Therapy education program.

2. INSTITUTION shall designate one or more academically qualified professional(s) employed by INSTITUTION as member(s) of its clinical staff who will function as clinical instructor(s) for Students. INSTITUTION shall, whenever possible designate clinical instructor(s) having a minimum of one year of clinical experience. During the term of this Agreement INSTITUTION's clinical instructor(s) shall have the following responsibilities as they relate to Students.

   a. Meet with Students on the first day of clinical rotation to review: (i) Educational objectives for each Student's rotation; (ii) Work schedules and on-call assignments (both shall be under the control of INSTITUTION's clinical instructor(s)); and (iii) INSTITUTION's policies and procedures.

   b. Introduce Students to key clinical and auxiliary personnel at INSTITUTION.

   c. Provide clinical instruction in accordance with UNIVERSITY’s rotation objectives and the availability of patients and other clinical resources at INSTITUTION. Clinical assignments shall include self-study and library research of clinical topics. Said assignment shall be consistent with each Student's role pursuant to this Agreement.

   d. Make best efforts to provide each Student with hands-on clinical experience and with the clinical instructors' own insights and examples of clinical experience.

   e. Evaluate and maintain individual records of the performance of each Student.

   f. Provide each Student with frequent feedback on his/her clinical and professional performance, and formally review each Student's progress at mid-rotation.

   g. Meet with each Student during his/her last week of rotation and complete and sign all clinical rotation forms provided to INSTITUTION by UNIVERSITY. Evaluation of each Student shall be frank and as accurate a reflection of each individual's clinical competence as possible. All completed forms shall be returned to the appropriate department of UNIVERSITY as designated by UNIVERSITY no later than one week after completion of the student assignment.

3. INSTITUTION shall have in full force and effect, in amounts consistent with industry standards, comprehensive general liability and professional liability insurance coverage during the term of this Agreement and throughout those periods referenced in Section 95.11, Florida Statutes, or as required by the state in which INSTITUTION is located. Said certificate of insurance, indicating the effective dates of protection, period of protection, and limits of protection, shall be provided to UNIVERSITY upon request.

4. INSTITUTION shall grant each Student access to available library facilities at the site of assignment, if applicable.
5. INSTITUTION shall arrange for immediate emergency care in the event of Student's accidental injury or illness, but shall not be responsible for costs involved, follow-up care, or hospitalization. Students shall be responsible for the cost of medical services provided either through health insurance or self-payment.

6. INSTITUTION shall permit UNIVERSITY's designee to visit INSTITUTION for purposes of ascertaining that UNIVERSITY's educational objectives for each Student's rotation are met at INSTITUTION.

7. INSTITUTION shall comply with the requirement of all privacy laws applicable to information obtained as a result of participation in this Agreement, including the Family Educational Rights and Privacy Act (known as “FERPA”).

8. INSTITUTION shall remain at all times responsible for the content and quality of care provided to UNIVERSITY’s patients, it being the intent of the parties that this Agreement is for academic purposes only and not for the receipt of services from UNIVERSITY’s students or faculty.

B. Responsibilities of UNIVERSITY

1. UNIVERSITY shall provide to INSTITUTION the current curriculum, course objectives, and syllabus of UNIVERSITY’s applicable education program, as well as all forms regarding field work experience and instructions for completion of these forms.

2. UNIVERSITY shall instruct each Student to attend all educational activities and adhere to applicable policies of INSTITUTION and/or INSTITUTION's affiliated health care facilities where Student may be assigned.

3. UNIVERSITY shall inform Students that they must comply with and obtain all appropriate background screenings, health screenings, drug screenings and vaccination requirements as set forth by INSTITUTION before beginning clinical rotation at INSTITUTION. Upon INSTITUTION’s request, UNIVERSITY shall attest that said screenings/vaccinations were completed as required.

4. As participants in UNIVERSITY's Physical Therapy education program, and predicated on UNIVERSITY’s assignment pursuant to this Agreement, Students are protected against tort claims by the University of Florida J. Hillis Miller Health Center Self-Insurance Program. If required by INSTITUTION, Students are provided professional liability protection subject to a maximum of $1,000,000 per occurrence. See Attachment A for a description of the protections afforded by the Self-Insurance Program.

5. UNIVERSITY shall instruct its students to keep patient information strictly confidential and not to use confidential patient information for any purpose other than treatment or as a part of their own training. Students shall be instructed to comply with all applicable requirements of state and federal law for the protection of confidential patient information, including privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"). The parties agree that in the context of the arrangement contemplated in this Agreement, UNIVERSITY does not stand in a business associate relationship with INSTITUTION as that term is defined under the HIPAA Privacy Regulations. No business associate relationship is established pursuant to this Agreement because UNIVERSITY performs no actions or activities on behalf of INSTITUTION. UNIVERSITY faculty health care providers do not appear on-site to provide services on behalf of INSTITUTION, nor are there any other activities undertaken by UNIVERSITY on behalf of INSTITUTION which involve Protected Health Information (“PHI”). Access to PHI by UNIVERSITY agents, if any, is limited to those disclosures that are incidental to INSTITUTION’s permitted uses and disclosures for the training of clinical students. INSTITUTION is permitted under the HIPAA privacy Regulations to provide access to PHI for training of students as part of its “Health Care Operations”.

C. General Provisions

1. Both parties agree that in the event conflicts or problems arise related to the clinical rotation of any Student pursuant to this Agreement, INSTITUTION shall immediately contact UNIVERSITY’s clinical coordinator of the appropriate department of UNIVERSITY. In the event that disagreements are not resolved by the Student involved, the clinical instructor(s) and UNIVERSITY’s clinical coordinator, such disagreements shall be resolved by the Chairperson of the pertinent department of UNIVERSITY’s College of Public Health and Health Professions and the chief executive officer of the INSTITUTION or his/her designee. In the event a resolution cannot be achieved, INSTITUTION reserves the right to reasonably request withdrawal of any Student whose work or conduct is not in full accord with INSTITUTION’s standards of performance.

2. All notices by either party required or permitted by this Agreement shall be in writing with delivery confirmation and shall be delivered by a courier service, by United States Postal Service mail or by hand delivery, to the representatives specified herein. The name and address of the representative of UNIVERSITY for this Agreement is P.O. Box 100154, Gainesville FL 32610-0154, Attn: Chair, Department of Physical Therapy. The name and address of the representative of INSTITUTION is
3. It is understood that in no event shall Students be considered or represent themselves as agents, officers, servants, or employees of INSTITUTION. At the same time, it is understood that in no event shall the employees or agents of INSTITUTION be considered or represent themselves as agents, officers, servants, or employees of UNIVERSITY. Both parties expressly intend that, with regard to the provisions of this Agreement, said parties shall be independent contractors, and no party hereto shall receive any other benefits besides those expressly provided for herein. UNIVERSITY shall instruct each Student to wear a pictured name tag identifying his/her status with UNIVERSITY.

4. This Agreement shall be binding upon and inure to the benefit of the parties hereto, their successors and permitted assigns. Nothing in this Agreement is intended, nor shall be deemed, to confer any benefits on any third party, including without limitation, any patients of INSTITUTION, nor shall such person or entity have any right to seek, enforce or recover any right or remedy with respect hereto.

5. The parties agree that each party shall have responsibility for their own individual actions and nothing contained herein shall be considered a hold harmless agreement on the part of either party.

6. This Agreement shall be effective for an indefinite duration commencing upon the Effective Date set forth above. This Agreement may be terminated, with or without cause, by either party with sixty (60) days written notice to the other party given in accordance with Section C.2. herein. The parties agree that if this Agreement is terminated, all Students currently assigned to INSTITUTION by UNIVERSITY pursuant to this Agreement, shall be given the opportunity to complete their clinical rotation. Further, UNIVERSITY and INSTITUTION agree that the terms of this Agreement may be revised at any time by formal written amendment to this Agreement executed by both parties hereto.

7. Both parties agree there shall be no discrimination based on race, religion, creed, sex or national origin in the performance of this Agreement.

8. This Agreement, including all attachments, contains the entire and complete understanding and agreement between the parties pertaining to the subject matter herein, and supersedes and cancels any and all prior agreements or understandings, whether oral or written, relating to the subject matter hereto. No other terms or conditions in the future shall be valid and binding on any party unless reduced to writing and executed by both parties.

INSTITUTION:

THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES, FOR THE BENEFIT OF THE DEPARTMENT OF PHYSICAL THERAPY, COLLEGE OF PUBLIC HEALTH AND HEALTH PROFESSIONS, UNIVERSITY OF FLORIDA

By: _____________________________
    Signature of authorized signatory       Date

By: _____________________________
    Signature of authorized signatory       Date

Print Name

Print Title

ACKNOWLEDGED:

By: _____________________________
    Signature of authorized signatory       Date

By: _____________________________
    Signature of authorized signatory       Date

By: _____________________________
    Signature of authorized signatory       Date

By: _____________________________
    Signature of authorized signatory       Date
CERTIFICATE OF LIABILITY PROTECTION

This memorandum provides a summary of the liability protection, including professional liability, for claims and actions which arise from the acts or omissions of University of Florida J. Hillis Miller Health Center (HSC) health care faculty and other professional employees while within the course and scope of their employment and HSC students while in a approved course of study or training program. A full description of the terms and conditions of the protections noted herein can be obtained from the University of Florida J. Hillis Miller Health Center Self-Insurance Program (UFSIP) administrative office at 352-273-7006.

The HSC is a component of the University of Florida Board of Trustees (UFBOT) and, to the extent the State of Florida has partially waived its immunity to tort claims as described in section 768.28, Florida Statutes, effective October 1, 2011, the UFBOT is protected for a claim or judgment by any one person in a sum not exceeding TWO HUNDRED THOUSAND DOLLARS ($200,000) and for total claims or judgment arising out of the same incident or occurrence in a total amount not exceeding THREE HUNDRED THOUSAND DOLLARS ($300,000), such protection being provided by the UFSIP, a self-insurance program created pursuant to the authority of s.1004.24, F.S. The UFBOT has not purchased liability insurance coverage beyond those monetary limits outlined in s.768.28, F.S. Additional protection is provided by the University of Florida Healthcare Education Insurance Company for any loss in excess of the limits of liability described herein, which is assigned to the UFBOT by action of the Legislature and Governor of the State of Florida.

Non-student individuals and entities protected by the UFSIP who are not subject to the immunity as described in s.768.28, F.S., are provided liability protection, including professional liability, with a per occurrence limit of liability of not less than TWO MILLION DOLLARS ($2,000,000). Students of the HSC who perform assigned practicums are provided general liability, including professional liability, protection at limits of $100,000 per claim/$200,000 for all claims arising out of an occurrence; if required by a host facility of all student practitioners, student professional liability is subject to a maximum of $1,000,000 for all claims arising from the same incident or occurrence. Student coverage is applicable worldwide.

Professional liability actions filed against the UFBOT pursuant to Section 768.28, Florida Statutes, are subject to s. 766.112(2), F.S., which provides that any judgment against the UFBOT for medical malpractice actions shall be on the basis of the UFBOT's comparative fault and not on the basis of the doctrine of joint and several liability and that the sole remedy available to a claimant to collect damages allocated to the UFBOT shall be pursuant to s. 768.28, F.S. Further, the UFSIP is legally prohibited from adding as "insureds" or "protected entities" any individual or entity not described in s. 1004.24, F.S. or other statute specifically authorizing their protection, and its protections cannot be contractually extended to non-insureds or non-protected entities through indemnity or save-and-hold-harmless or similar agreements.

All liability protection described herein will respond to any claim or action arising from negligent acts or omissions attributable to a UFBOT employee or agent without regard to when such incident becomes known to the UFSIP, subject to applicable statutes of limitation and repose. The UFSIP provides ongoing occurrence protection with no expiration date.

This Certificate of Protection does not amend, alter or modify the protection afforded by UFSIP and is not fully descriptive of all conditions and restrictions. Please inquire directly with the undersigned for additional information, if required.

Certificate Expiration: Non expiring

James L. Osgard
Senior Associate Director
1/10/2014
Appendix C: Online CPI Training Guide

Getting Started With the APTA Learning Center
For PT CPI Course Participants

APTA Members/Current or Former APTA Customers

1. Login to www.apta.org
   • Enter your username and password and select "click here to continue:" (http://www.apta.org/APTALogin.aspx)
   • Under http://www.apta.org/myAPTA make note of the email address associated with your apta.org account you will need to use the same address to verify your training completion in PT CPI Web.

2. Important! It is essential that you do not purchase or register for courses in the APTA Learning Center using more than one account number. If you’ve forgotten your password or were at one time an APTA member, click here to have it emailed to you OR contact 800/999-2782, ext 3395 for assistance.

3. Set up your computer
   • Enable pop-ups for http://www.apta.org and http://learningcenter.apta.org, (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: http://learningcenter.apta.org/cht.aspx#q1).

4. "Purchase" the free PT CPI online course
   • To access the PT CPI online course, go to: http://learningcenter.apta.org/free_memberscourses.aspx (this is the "Free Member" course catalog, accessible from the public course catalog in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

5. Take the PT CPI online course
   • After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

6. Print CEU certificate
   • Claim credit and print your 0.2 CEU certificate through My Courses http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

New Customers/Never Been an APTA Member

1. Create an account at www.apta.org
   • Register at apta.org: http://www.apta.org/APTALogin.aspx. Complete the required information and write down your username and password.
   • Please make a note of the e-mail address that you use when completing this registration information as you will need to use the same email address to verify your training completion in PT CPI Web.

2. Set up your computer
   • Enable pop-ups for http://www.apta.org and http://learningcenter.apta.org. (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: http://learningcenter.apta.org/cht.aspx#q1).
   • Important! You are now ready to purchase the free online course.

3. "Purchase" the free PT CPI online course
   • To access the PT CPI online course, go to: http://learningcenter.apta.org/free_memberscourses.aspx (this is the "Free member" course catalog, accessible from the public course catalog in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. Take the PT CPI online course
   • After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

5. Print CEU certificate
   • Claim credit and print your 0.2 CEU certificate through My Courses http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

6. Access the PT CPI Web site
   • To access PT CPI Web 2.0, please click: https://cpi2.amsapps.com.

   The academic program with whom you affiliate can provide you with your username (the email address provided to them). If you do not have a password, you will need to use the ‘I forgot or do not have a password’ link to establish a password. The password to login to PT CPI Web 2.0 is NOT the same as the password used to login to the APTA Web site.
### Appendix D: Professional Behaviors Self-Assessment Form

**Student Name:**

**Date:**

**Instructions:** Summarize your current status on each skill by noting under “Current Status” whether you feel you are at the Beginning, Developing, or Entry level for that skill. Then choose a minimum of two criteria to list a goal that you have previously set for yourself. You will need to take this completed form with you on your final Ortho clinic visit this semester. You should share the goals that you have identified for yourself with your CI and ask them for any feedback they have for you in these areas (or in general about your professionalism). Have the CI sign the hard copy to indicate that you all discussed this.

<table>
<thead>
<tr>
<th>Generic Abilities</th>
<th>Beginning Level Behavioral Criteria</th>
<th>Developing Level Behavioral Criteria</th>
<th>Entry Level Behavioral Criteria</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>Identifies problems; formulates appropriate questions; identifies and locates appropriate resources; demonstrates a positive attitude (motivation) toward learning; offers own thoughts and ideas; identifies need for further information.</td>
<td>Prioritizes information needs; analyzes and subdivides large questions into components; seeks out professional literature; sets personal and professional goals; identifies own learning needs based on previous experiences; plans and presents an in-service, or research or case studies; welcomes and/or seeks new learning opportunities.</td>
<td>Applies new information and re-evaluates performance; accepts that there may be more than one answer to a problem; recognizes the need to and is able to verify solutions to problems; reads articles critically and understands the limits of application to professional practice; researches and studies areas where knowledge base is lacking.</td>
<td>Level:</td>
</tr>
<tr>
<td>2. Interpersonal Skills</td>
<td>Maintains professional demeanor in all clinical interactions; demonstrates interest in patients as individuals; respects cultural and personal differences of others; is non-judgmental about patients’ lifestyles; communicates with others in a respectful, confident manner; respects personal space of patients and others; maintains confidentiality in all clinical interactions; demonstrates acceptance of limited knowledge and experience.</td>
<td>Recognizes impact of non-verbal communication and modifies accordingly; assumes responsibility for own actions; motivates others to achieve; establishes trust; seeks to gain knowledge and input from others; respects role of support staff.</td>
<td>Listens to patient but reflects back to original concern; works effectively with challenging patients; responds effectively to unexpected experiences; talks about difficult issues with sensitivity and objectivity; delegates to others as needed; approaches others to discuss differences in opinion; accommodates differences in learning styles.</td>
<td>Level:</td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td>Demonstrates understanding of basic English (verbal and written): uses correct grammar, accurate spelling and expression; writes legibly; recognizes impact of non-verbal communication: listens actively; maintains eye contact.</td>
<td>Utilizes non-verbal communication to augment verbal message; restates, reflects and clarifies message; collects necessary information from the patient interview.</td>
<td>Modifies communication (verbal and written) to meet needs of different audiences; presents verbal or written messages with logical organization and sequencing; maintains open and constructive communication; utilizes communication technology effectively; dictates clearly and concisely.</td>
<td>Level:</td>
</tr>
</tbody>
</table>

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30
<table>
<thead>
<tr>
<th>4. Effective Use of Time and Resources</th>
<th>Focuses on tasks at hand without dwelling on past mistakes; recognizes own resource limitations; uses existing resources effectively; uses unscheduled time efficiently; completes assignments in timely fashion.</th>
<th>Sets up own schedule; coordinates schedule with others; demonstrates flexibility; plans ahead.</th>
<th>Sets priorities and reorganizes when needed; considers patient’s goals in context of patient, clinic and third party resources; has ability to say “No”; performs multiple tasks simultaneously and delegates when appropriate; uses scheduled time with each patient efficiently</th>
<th>Level:</th>
<th>Goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Use of Constructive Feedback</td>
<td>Demonstrates active listening skills; actively seeks feedback and help; demonstrates a positive attitude toward feedback; critiques own performance; maintains two-way information.</td>
<td>Assesses own performance accurately; utilizes feedback when establishing pre-professional goals; provides constructive and timely feedback when establishing pre-professional goals; develops plan of action in response to feedback.</td>
<td>Seeks feedback from clients; modifies feedback given to clients according to their learning styles; reconciles differences with sensitivity; considers multiple approaches when responding to feedback.</td>
<td>Level:</td>
<td>Goals:</td>
</tr>
<tr>
<td>6. Problem-Solving</td>
<td>Recognizes problems; states problems clearly; describes known solutions to problem; identifies resources needed to develop solutions; begins to examine multiple solutions to problems.</td>
<td>Prioritizes problems; identifies contributors to problem; considers consequences of possible solutions; consults with others to clarify problem.</td>
<td>Implements solutions; reassesses solutions; evaluates outcomes; updates solutions to problems based on current research; accepts responsibility for implementing of solutions.</td>
<td>Level:</td>
<td>Goals:</td>
</tr>
<tr>
<td>7. Professionalism</td>
<td>Abides by APTA Code of Ethics; demonstrates awareness of state licensure regulations; abides by facility policies and procedures; projects professional image; attends professional meetings; demonstrates honesty, compassion, courage and continuous regard for all.</td>
<td>Identifies positive professional role models; discusses societal expectations of the profession; acts on moral commitment; involves other health care professionals in decision-making; seeks informed consent from patients.</td>
<td>Demonstrates accountability for professional decision; treats patients within scope of expertise; discusses role of physical therapy in health care; keeps patient as priority.</td>
<td>Level:</td>
<td>Goals:</td>
</tr>
<tr>
<td>8. Responsibility</td>
<td>Demonstrates dependability; demonstrates punctuality; follows through on commitments; recognizes own limits.</td>
<td>Accepts responsibility for actions and outcomes; provides safe and secure environment for patients; offers and accepts help; completes projects without prompting.</td>
<td>Directs patients to other health care professionals when needed; delegates as needed; encourages patient accountability.</td>
<td>Level:</td>
<td>Goals:</td>
</tr>
<tr>
<td>9. Critical Thinking</td>
<td>Raises relevant questions; considers all available information; states the results of scientific literature; recognizes “holes” in knowledge base; articulates ideas.</td>
<td>Feels challenged to examine ideas; understands scientific method; formulates new ideas; seeks alternative ideas; formulates alternative hypotheses; critiques hypotheses and ideas.</td>
<td>Exhibits openness to contradictory ideas; assess issues raised by contradictory ideas; justifies solutions selected; determines effectiveness of applied solutions.</td>
<td>Level:</td>
<td>Goals</td>
</tr>
<tr>
<td>10. Stress Management</td>
<td>Recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance as needed; maintains professional demeanor in all situations.</td>
<td>Maintains balance between professional and personal life; demonstrates effective affective responses in all situations; accepts constructive feedback; re-establishes outlets to cope with stressors.</td>
<td>Prioritizes multiple commitments; responds calmly to urgent situation; tolerates inconsistencies in health care environment.</td>
<td>Level:</td>
<td>Goals:</td>
</tr>
</tbody>
</table>

Clinical Instructor comments/Signature/Date: ____________________________  
_________________________________________________________________________
Appendix E: Student Assessment of Clinical Internship

<table>
<thead>
<tr>
<th>Final Experience Evaluation</th>
<th>Completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluation of</strong></td>
<td></td>
</tr>
<tr>
<td>One (1)</td>
<td>Two (2)</td>
</tr>
<tr>
<td>I Strongly disagree</td>
<td>I Disagree</td>
</tr>
</tbody>
</table>

1. The Clinical site was well prepared for my internship.
   - 1
   - 2
   - 3
   - 4

2. The orientation process was thorough and informative.
   - 1
   - 2
   - 3
   - 4

3. I was made to feel welcome and part of the team.
   - 1
   - 2
   - 3
   - 4

4. The overall learning environment was excellent.
   - 1
   - 2
   - 3
   - 4

5. Evidence based practice was the standard of care for this clinic.
   - 1
   - 2
   - 3
   - 4

6. I would recommend this clinical site to other students.
   - 1
   - 2
   - 3
   - 4

7. Please provide any other constructive feedback on the student program at this facility – such as, what was helpful and appreciated and what could be done differently to make the overall student experience even better.

8. Percent time you were involved in working with patients/clients within the following categories

9. Percent time you were involved in working with patients/clients within the following categories
10. Identify the special learning opportunities you were exposed to during this clinical experience.

11. List the different types of healthcare providers you interacted with during your clinical experience.

12. What suggestions do you have for any future students that will enhance their experience at this clinical education site?

13. Please provide any helpful information for future students about logistics such as transportation, parking, housing, meals, etc.