



HIGH POINT UNIVERSITY

Department of Physical Therapy

CLINICAL EDUCATION POLICY AND PROCEDURES MANUAL

2020



PREFACE

This Clinical Education Manual is designed to supplement the HPU DPT Student Handbook, guide the physical therapy student, Site Coordinator of Clinical Education (SCCE), and Clinical Instructor (CI) through the clinical education program, as well as to assure transparency of expectations and policies between the Department of Physical Therapy, the student, and our clinical affiliates. Policies and procedures outlined in the Clinical Education Manual may change based on the Program's outcomes, assessment by the Clinical Education Team and feedback received from our clinical education partners. This manual is meant to facilitate, communicate and unite the efforts of clinical affiliates, students, and the Program to provide a superior clinical experience for all stakeholders. Any questions regarding content of this manual or clinical education should be addressed to the DCE. We appreciate your interest, support, and involvement with the Department of Physical Therapy at High Point University.

HPU reserves the right to change any provision or requirement, including fees, contained in this informational document at any time with or without notice. Please read this DPT Program Clinical Education Manual carefully. Questions related to the content of this manual should be directed to the Director of Clinical Education (DCE).

CAPTE PRE-ACCREDITATION STATUS

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

Effective August 5, 2016, the Doctor of Physical Therapy (DPT) program at High Point University has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org). Candidate for Accreditation in Physical Therapy Education indicates that the program is progressing toward accreditation and may matriculate students in technical/professional courses. Candidate for Accreditation is not an accreditation status nor does it assure eventual accreditation.

Any questions regarding the information above should be directed to the Department Chair.

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HIGH POINT UNIVERSITY

Background

Founded in 1924, High Point University is a private liberal arts institution with over 5,000 undergraduate and graduate students from around the world. The Department of Physical Therapy is housed in the Congdon School of Health Sciences (CSHS), which contains a mix of undergraduate and graduate programs, including Exercise Science, Athletic Training, and Physician Assistant Studies. Together, High Point University, the CSHS, and the Department of Physical Therapy strive to give every student an extraordinary education in an inspiring environment with caring people.

DEPARTMENT OF PHYSICAL THERAPY

Mission

The mission of the Department of Physical Therapy is to promote excellence in clinical practice by:

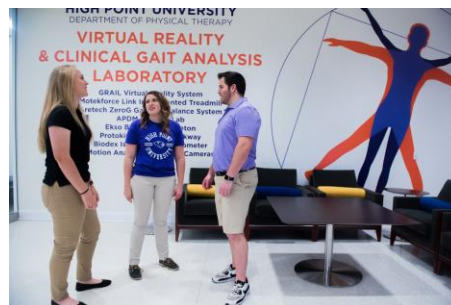
- Recruiting and developing leaders within the health professions who actively engage in meaningful interdisciplinary educational, research, or clinical experiences.
- Creating autonomous, ethical and compassionate evidence-based clinicians and scientists who maximize the quality of life in the communities they serve.

Vision

The High Point University Department of Physical Therapy will be a student-centered, community-engaged, globally-involved educational, research, and clinical leader dedicated to the improvement of health and well-being through the advancement of knowledge in rehabilitation science and the practice of physical therapy.

Values Statement

As a Department, we value integrity, honesty, kindness, respect, hard work, independence, responsibility, trust-worthiness, intrinsic motivation, humility, collegiality, skill, and excellence. We are committed to applying these values in all interactions as we strive to accomplish our mission.



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Any questions regarding the information above should be directed to the Department Chair.

FILING A COMPLAINT ABOUT THE DPT PROGRAM TO CAPTE

Physical therapy education programs in the United States are accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), which works in conjunction with the American Physical Therapy Association (APTA) to maintain the standards of the profession.

As High Point University proudly recognizes its recently awarded candidacy for accreditation, as a program standard and here-to moving forward, any stakeholder to include but not limited to, students, parents, patients, faculty, and other affiliated or non-affiliated interests may LODGE A COMPLAINT regarding the HPU DPT Program to the APTA or the CAPTE in order to report a wrongdoing or concern that directly involves student rights and privileges, patient/client rights, and privileges, and or public safety.

To contact CAPTE call 703-706-3245 or at accreditation@apta.org.

All complaints should be followed up by a written letter of complaint that is signed and dated.

USPS Mail should be sent to Department of Accreditation, APTA, 1111 N. Fairfax St. Alexandria, VA 22314.

CURRICULUM OVERVIEW

Foundational Beliefs and Values

The curriculum of the HPU Doctor of Physical Therapy program has been designed and revised by the expert faculty at HPU in conjunction with a Curriculum Advisory board composed of clinicians from around the nation. The education of future physical therapists must allow the autonomous practitioner to practice along the entire continuum of care and across the lifespan, but the need of that autonomous practitioner to be part of a healthcare team cannot be lost along the way.

The following foundational beliefs are encouraged to be infused, both formally and informally, into the curriculum, including in the clinical education series:

- Professionalism is a fundamental component of physical therapy practice
- Significant learning takes place in mentored clinical practice, which cannot be replicated in a classroom setting
- Systems-based thinking is a priority
- Our students will differentiate themselves by their skill in the interventions of exercise prescription, manual therapy, and building self-efficacy
- Innovation and creativity are valuable skills that transcend time periods and market forces
- Physical therapists are experts in comprehensively analyzing human movement across the lifespan
- Physical therapists must be skillful in inter-professional practice along the continuum of care including roles as first responder, primary care practitioner, and wellness consultant.

At the completion of the curriculum, HPU DPT students will be trained as generalists able to practice in a variety of settings and with a variety of patient populations throughout the lifespan. However, with the multitude of clinical education experiences, research opportunities, specialty selectives, and expert faculty at HPU, students will be provided the tools to pursue specialization at their choosing.



STUDENT GOALS AND OUTCOMES

Students/graduates will:

GOAL 1. Find, critically evaluate, and apply best evidence and innovation when solving clinical questions in order to maximize patient outcomes.

OUTCOME 1A. Demonstrate the ability to find, critique, summarize and present best evidence.

OUTCOME 1B. Demonstrate the use of patient history information in examination, treatment and establishment of a prevention or treatment plan of care.

OUTCOME 1C. Demonstrate the use of outcome measures.

OUTCOME 1D. Demonstrate reflective practice.

GOAL 2. Apply movement analysis as part of evaluation, diagnosis, prevention, and treatment of patients and clients.

OUTCOME 2A. Demonstrate the ability to perform movement analysis.

OUTCOME 2B. Demonstrate the ability to modify movement through intervention to optimize outcomes.

GOAL 3. Safely address local (impairment), regional (functional), and global (ability) needs of patients and clients through interventions, especially manual therapy, exercise prescription, and building self-efficacy.

OUTCOME 3A. Demonstrate excellent manual therapy skills with an understanding of contraindications and precautions.

OUTCOME 3B. Demonstrate exercise prescription and other interventions that address impairments, functional limitations, and disability with an understanding of contraindications, precautions, and tissue healing parameters.

OUTCOME 3C. Demonstrate the ability to instill an internal locus of control in patients and clients by making them a partner in the rehabilitation process.

GOAL 4. Function in a highly professional, ethical, legal, and culturally-competent manner and demonstrate commitment to society and the profession.

OUTCOME 4A. Demonstrate professional behaviors.

OUTCOME 4B. Become lifelong learners.

OUTCOME 4C. Demonstrate commitment to the profession.

OUTCOME 4D. Collaborate with other health care team members.

OUTCOME 4E. Participate in activities for the benefit and education of the public.

GOAL 5. Communicate and educate the individual, family, community, and other professionals about rehabilitation, positive health, prevention, and wellness.

OUTCOME 5A. Demonstrate effective communication skills.

OUTCOME 5B. Demonstrate effective teaching skills.

GOAL 6. Value and respect each healthcare professions' unique skills and expertise in working collaboratively to provide care that is effective, and of high quality for individual patients, communities, and populations.

OUTCOME 6A. Actively engage other healthcare team members in consultation/discussion to improve communications and provide effective and high-quality care.

DIDACTIC CURRICULUM OVERVIEW

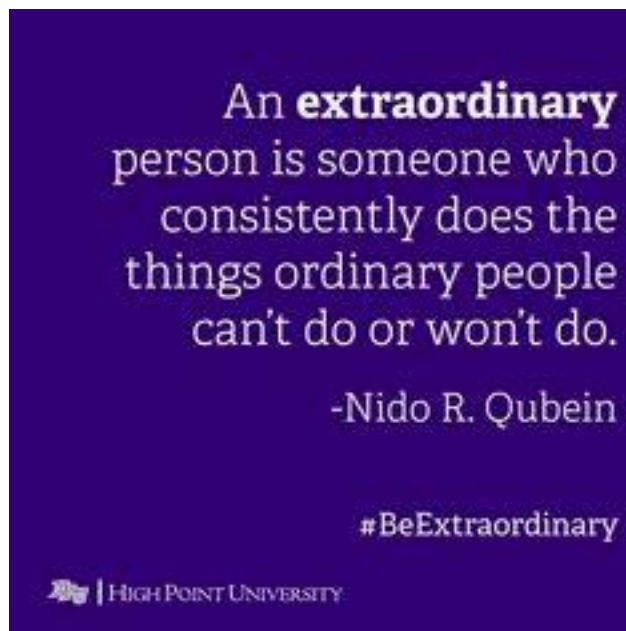
The Doctor of Physical Therapy program is a three-year curriculum that begins in the summer session and ends during the Spring term of the third year. The first year of the curriculum begins with the foundational sciences (Anatomy, Exercise Physiology, and Movement Science) and clinical skills that will form the basis for future practice management classes. The fall and spring semesters start to develop the musculoskeletal curriculum, which when combined with evidence-based practice and intervention courses, prepare students for their first clinical education experience at the end of the first year. The second year of the curriculum begins to emphasize neurological practice management, medically complex patients, and more specific populations including pediatrics. In the third year, the didactic portion of the curriculum culminates with a variety of ancillary courses that will help instill the attributes of an autonomous practitioner and entrepreneur.

CLINICAL EDUCATION PHILOSOPHY

At High Point University, every student receives an extraordinary education in an inspiring environment with caring people. These principles apply to students in both the didactic and clinical education components of the Program's curriculum, making clinical affiliates and Clinical Instructors (CIs) a fundamental component of student education. We believe that clinical exposure will provide impactful learning experiences for our students to prepare them to be experts in the art and science of physical therapy. When in the clinic, students will apply their didactic knowledge, refine their professional behaviors, cultivate evidence-based clinical decision-making, practice their hands-on skills, and most importantly, appreciate that each individual patient and client present uniquely and are partners in the recovery or prevention process.

Students will be exposed to clinical education early and often, in hopes of capitalizing on all of the benefits that these experiential learning opportunities provide. Clinical settings will offer a diversity of treatment styles and patient populations. Students will be encouraged to actively participate and challenge themselves in all experiences. Structurally, we support student to clinical educator ratio models of 1:1, 2:1 or 3:1. In 2:1 or 3:1 ratio models, CIs are encouraged to question and challenge students to promote collaboration and discussion between students which often provides impactful learning by requiring self-guided solutions for problems. This model may decrease the teaching burden of the CI and allow for creativity in the structure of the clinical day.

It is important that the clinical education relationship be a partnership between the Program and the clinical affiliates that is mutually beneficial and receives ongoing review and development. The CET will be diligent in providing necessary information for each clinical course in advance of the students' arrival and will be responsible for assessing and responding to the needs and desires of the Program's clinical affiliates.



CLINICAL EDUCATION CURRICULUM

Overview

All efforts are made to ensure that students experience a wide range of practice settings, patient demographics and diagnoses. While the structure of the clinical education curriculum and supporting courses is to produce a holistic, generalist entry-level Doctor of Physical Therapy, there may be opportunities for students to learn in specialty settings of interest to them. Student success in specialty settings is supported by specialty selectives which occur in three semesters within the curriculum.

The clinical education curriculum includes five clinical courses for a total of 45-weeks of clinical education. Students will participate in at least one inpatient and one outpatient setting across all five clinical courses. Clinical Experiences are seven weeks in duration and occur in semesters three, five and seven. Terminal Clinical Experiences occur in semesters eight and nine and are considered terminal clinical courses, each 12-weeks in duration. Local Clinical Experiences are completed with local clinical affiliates while Terminal Clinical Experiences could encompass, local, regional, national and international locations.

Local Clinical Experience I & II (PT 7050 and 7550: 3 credits each) – During the spring semester of the first year and the fall semester of the second year, students participate in part-time Clinical Experiences over seven weeks. Students will alternate didactic and clinical education sessions: half of the students will participate in clinical education for the first seven weeks, and the other half of the students will partake in clinical education for the second seven weeks of the semester.

Local Clinical Experience III (PT 8050: 6 credits) – The first, full-time seven-week experience will occur during the summer term of the third year of the curriculum. Again, students will alternate clinical and didactic education.

Terminal Clinical Experience I & II (PT 8900 and 8910: 12 credits each) – Students will complete two long-term, full-time clinical internships during the fall and spring of the third year of the curriculum. These 12-week experiences will occur in a variety of practice settings.



DOCTOR OF PHYSICAL THERAPY (DPT) CURRICULUM

FIRST YEAR			SECOND YEAR			THIRD YEAR		
SUMMER SEMESTER	FALL SEMESTER	SPRING SEMESTER	SUMMER SEMESTER	FALL SEMESTER	SPRING SEMESTER	SUMMER SEMESTER	FALL SEMESTER	SPRING SEMESTER
<i>PT 7000</i> Anatomy <i>PT 7010</i> Movement Science I <i>PT 7020</i> Cardiovascular & Pulmonary I <i>PT 7040</i> Foundational Clinical Skills <i>PT 7090</i> Professionalism & Leadership I	<i>PT 7170</i> Interventions I <i>PT 7280</i> Evidence Based Practice I <i>PT 7510</i> Movement Science II <i>PT 7520</i> Cardiovascular & Pulmonary II <i>PT 7600</i> Musculoskeletal I <i>PT 7810</i> Clinical Pathology	<i>PT 7380</i> Neuroscience I <i>PT 7610</i> Musculoskeletal II <i>PT 7770</i> Typical Development & Aging <i>PT 8400</i> Elective I <div>↕</div> <i>PT 7050</i> Clinical I	<i>PT 7060</i> Community Outreach I <i>PT 7580</i> Neuroscience II <i>PT 7590</i> Professionalism & Leadership II <i>PT 7680</i> Evidence Based Practice II <i>PT 7770</i> Interventions II <i>PT 8385</i> Pediatrics	<i>PT 7560</i> Community Outreach II <i>PT 7690</i> Interprofessional Communication & Practice <i>PT 8380</i> Adult Neuro Rehab <i>PT 8410</i> Elective II <div>↕</div> <i>PT 7550</i> Clinical II	<i>PT 8060</i> Community Outreach III <i>PT 8070</i> Interventions III <i>PT 8075</i> Orthotics & Prosthetics <i>PT 8160</i> Primary Care <i>PT 8490</i> Medically Complex Patients	<i>PT 8090</i> Professionalism & Leadership III <i>PT 8110</i> Integumentary & Specialty Practice <i>PT 8420</i> Elective III <div>↕</div> <i>PT 8050</i> Clinical III	 <i>PT 8900</i> Clinical Capstone I	 <i>PT 8910</i> Clinical Capstone II <div>NPTE Exam</div>

CLINICAL EDUCATION COURSE SYLLABI

A separate syllabus exists for each clinical education course in the DPT curriculum. The syllabus serves as a contract between the student and the Program and also designates the requirements for the course. Requirements include attendance, professionalism, attainment of course specific objectives, and may include some form of assignment due before the end of the semester. The clinical education course syllabus is provided to the Site Coordinator of Clinical Education (SCCE)/CI in the pre-clinical packet prior to the student's arrival and is available on the Clinical Education Blackboard site.

CET ROLES & RESPONSIBILITIES

Director of Clinical Education (DCE)

The DCE is a core faculty member and a member of the Leadership Team in the Department of Physical Therapy. The primary responsibilities of the DCE are to serve as the liaison between the Program and clinical education affiliates and cultivate sustained and mutually beneficial clinical partnerships while advocating for the student in both settings. The DCE, with the support of the Associate DCE (ADCE) and the Clinical Education Specialist, is responsible for establishing and evaluating clinical education sites, aiding the SCCE in developing clinical education programs at his/her facility, and planning the didactic portion of the clinical education experience. Specific responsibilities of the DCE are to:

- Facilitate the contractual process between HPU and clinical affiliates ensuring that all necessary paperwork, assessments, and documentation are effectively and properly maintained.
- Obtain clinical sites that are representative of current patient management across the lifespan and through the continuum of care.
- Provide students with clinical site information and regulations in a timely manner to allow sufficient time for students to comply.
- Assign students to clinical placements that best match their learning needs in accordance with the clinical education policies and procedures.
- Prepare students regarding policies and procedures required to participate in clinical education through seminars and meetings.
- Secure and confidentially maintain student's personal information, records, and evaluations.
- Ensure students are prepared for clinical education by providing and discussing the information included in this manual such as HIPAA (Health Insurance Portability and Accountability Act) and CPR training.
- Initiate midterm communication during Terminal Clinical Experiences by visit, phone, or email with SCCE/CI and student regarding the student's clinical performance to date.
- Provide educational strategies and a written action plan to address student clinical performance or professional behavior concerns in conjunction with SCCE/CI.
- Participate in ongoing communications and site visits with clinical sites including conflict resolution during clinical experiences.
- In consultation with SCCE, CI, and Academic Review Committee, design and implement student remediation plans as necessary.
- Aid, with support of the Program, in the professional development clinical affiliates.
- Serve as the primary point of contact between the program and clinical facility and as such be available and responsive to assist clinical sites with any concerns or problems.
- Assign the final course grade with feedback and consultation from the SCCE/CI.
- Summarize and provide feedback to clinical sites based on student assessments and DCE and faculty input.

Associate Director of Clinical Education (ADCE)

The ADCE assists the DCE in the development, management and coordination of the clinical education program and may participate in many of the responsibilities designated above as those of the DCE.

Clinical Education Specialist (Staff)

The Clinical Education Specialist (CES) is an integral part of the CET. The primary responsibilities of the CES are to manage the contractual agreements (both new and ongoing), to administer and oversee student compliance requirements, including immunizations, CPR and drug and background checks, and to support related activities of the Clinical Education Program, including the job fair and benefits offered to clinical affiliates (e.g. continuing education). Additionally, the CES must be agile and flexible as the implementation of a clinical education curriculum is a dynamic process where unforeseen needs may arise.

Site Coordinator for Clinical Education (SCCE)

The SCCE is an employee of the clinical affiliate and is responsible for developing and coordinating the clinical education program at their facility. The SCCE is the primary point of contact between the clinical affiliate and the Program. Typically, the SCCE is a clinician with a history as a CI. Responsibilities of the SCCE include:

- Encourage a practice environment that facilitates effective teaching and learning.
- Facilitate the completion of a clinical affiliation agreement.
- Complete the schedule request form to delineate the quantity and settings of clinical placements available to HPU students in a timely manner each year.
- Update the Clinical Site Information Form (CSIF) annually as appropriate.
- Communicate to the DCE any changes in policy at their facility that could impact the clinical education program.
- Receive timely communication from the Program regarding internship requests and confirmations as well as any pertinent changes in the Program's clinical education information.
- Provide the Program with current student prerequisite information.
- Secure and confidentially maintain student's personal information, records, and evaluations.
- Oversee appropriate orientation of students to the clinical site including HIPAA, OSHA, and Protected Health Information training specific to clinical site.
- Provide education and training for clinical instructors including Web Clinical Performance Instrument (CPI).
- Assign CI to supervise and educate students based the Program's criteria and objectives and facility resources as indicated below in "CI" section.
- Act as liaison between CI and students to assist with conflict resolution.
- Terminate a student's clinical education course if it is determined that the student is non-compliant with the clinic's standards, policies, procedures, or health requirements and/or if continued student participation is unsafe, disruptive, or detrimental to the facility or patients.
- Provide comments and feedback to DCE regarding the Program's curriculum and student performance.
- Encourage feedback from students, CI, DCE, and other interested colleagues.
- Evaluate the quality and effectiveness of CI's and the overall clinical education program.
- Evaluate the resources and needs of the CI and clinical site.

Clinical Instructor (CI)

The CI serves as the direct supervisor of the student and may supervise up to four students at a time but must facilitate unique and impactful learning experiences for each student. The CI is responsible for providing constructive, honest feedback in a timely manner with sufficient opportunities for student improvement. The CI is an employee of the clinical affiliate and must be a licensed physical therapist or physical therapist assistant in the state in which they practice. CI's must have one year of clinical practice experience; this expectation is conveyed to Clinical Affiliates and verified through data collected with the Student Physical Therapist Evaluation: Clinical Experience and Clinical Instruction. While it is the Program's preference that CI's are also Certified Clinical Instructors through the APTA, the CET realizes that staffing is dynamic, and, that a student can undergo meaningful clinical learning under the supervision of a diversity of therapists. The CET will support all CI's in their mentorship and supervision of students and, along with the SCCE, will be additionally available to those CI's who have had less experience. Responsibilities of the CI include:

- Demonstrate an interest in education and a willingness to assist students pursuing a career in physical therapy.
- Model effective interpersonal skills.
- Directly supervise, instruct, and mentor student physical therapists appropriate to academic level.
- Effectively modify and progress learning experiences based on the students' abilities and learning styles utilizing written objectives when necessary.
- Ability to plan, coordinate and evaluate a clinical education experience based on sound educational principles with the guidance of the SCCE.
- Become familiar with the educational program, course objectives, and curriculum.
- Provide formative and summative feedback adjusting the learning experience accordingly.
- Demonstrate effective communication skills including contacting the DCE regarding any anticipated or complicating events during the clinical experience.
- Ensure the utmost quality of patient care at all times.
- Provide feedback, both formally and informally, seek assistance and resources as indicated to manage the clinical education experience considering the students best interest.
- Serves as a positive role model in physical therapy practice.
- Facilitates patient-therapist and therapist-student relationships.
- Demonstrate commitment to lifelong learning and evidenced based practice.
- Be trained and competent in completing the Web CPI to assess student performance.

Student

Students should be thoroughly familiar with the clinical education policies, procedures, and objectives. Students are expected to be active learners during clinical education coursework. Student responsibilities include:

- Be in good academic standing.
- Review site Clinical Affiliation Agreement and CSIF to understand site requirements.
- Review the Practice Act for the state in which the clinical course is occurring.
- When relevant, use the Clinical Site Request Form (Appendix 1) to provide well researched and thought out clinical site preferences to CET.
- Students must be committed to the ongoing nature of the implementation of clinical education by being responsive to any request from the CET. Students must be thorough and accurate as well as timely with all requirements. When two or more requirements are not completed as requested, including accuracy and timeliness of submissions, students will be referred to the Academic Review Committee on the grounds of professionalism.
- Complete the Pre-Clinical Student Information Form (Appendix 2) and submit to the CET prior to each clinical experience.
- Be responsible for affiliate mandated fees during any of the five clinical courses.
- Be appraised of all compliance requirements for the particular site and responsible for providing documentation of compliance to the CET.
- Complete all assignments requested by clinical site.
- Be punctual and prepared to start each work day (see Tardiness and Absence Policy below).
- Be responsible for cost of transportation, housing, meals, uniforms, etc.
- Provide constructive, honest feedback to SCCE/CI (Appendix 3) and DCE (Appendix 4) regarding learning experience, informally, and formally using the assessments from the APTA (Appendix 5 Student Physical Therapist Evaluation: Clinical Site and Clinical Instructor and Assessment of the DCE).
- Adhere to APTA Code of Ethics at all times (Appendix 6)
- Abide by the policies and procedures of the clinical affiliate at all times; before, during and after the clinical course.
- Maintain confidentiality of patient records as well as any materials that may be considered proprietary of the clinical site unless approved by the affiliate.

CLINICAL EDUCATION AFFILIATE PRIVILEGES

The Program is proud of its clinical education curriculum and is indebted to clinical affiliates who consistently mentor students. We believe student education can enhance the quality of care and environment of the facility, but we also believe that SCCE's and CI's should be rewarded for their time, work, and support of our students. Each active SCCE and CI may be entitled to:

- Being treated with respect, dignity, and without discrimination by all parties affiliated with the Program.
- Opportunity to join the Clinical Education Advisory Group
- Clinical teaching resources, including individual mentorship and access to continuing education on student clinical teaching
- Opportunities to participate in no or low-cost continuing education
- Access to scientific literature, when requested
- Admission to select HPU events
- Educational, clinical, and research collaboration opportunities

Patients' Rights

When meeting a patient, students must identify themselves as "students". The patient should also understand that the CI is the physical therapist directing their care. All patients that directly interact with the student must be introduced as a student. Patients have the right to refuse treatment by a student, with no negative consequences to the patients or students if this situation arises.

CLINICAL EDUCATION POLICIES AND PROCEDURES

Clinical Affiliation Agreement

The Clinical Affiliation Agreement was initially drafted by HPU DPT faculty and approved by HPU administration with legal consultation. The Clinical Affiliation Agreement provides detailed information regarding the facility, university, student, mutual rights and responsibilities, HIPAA, terms of the agreement, confidentiality, and a section for miscellaneous items. It is the Program's preference to use this Clinical Affiliation Agreement, but the clinical facility may provide their own clinical affiliation agreement for HPU to review. Any modifications to the standard Clinical Affiliation Agreement or new contracts from the clinical facility will undergo a series of reviews. First, the CET will read and address any issues. The Agreement will then be sent to the HPU Contracts Office for review. If at any stage it is deemed necessary, the Agreement will be sent to legal counsel for review. Finally, any changes to the contract will be negotiated with the clinical affiliate.

Most clinical affiliation agreements are written to automatically renew annually unless one party chooses to terminate the contract in accordance with the terms of the agreement. However, an electronic record that includes the duration of each clinical affiliation agreement will be maintained in Typhon.

Professional Liability Insurance

High Point University provides each student with professional liability insurance. It is the CET's responsibility to provide each clinical site with a copy of this at their request. Any legal action regarding a student must be reported to the DCE immediately.

New Clinical Education Sites

All clinical education sites will be established by the CET. Students are NOT ALLOWED to contact facilities to establish a new clinical partnership. If a student would like to pursue establishing a new clinical education site, they should complete the Clinical Site Interest Form on available in the HPU DPT Clinical Education Blackboard site.

The decision to pursue a clinical partnership will be based numerous factors including: the quality of services provided, similarity of mission and values to those of HPU DPT, location, unique specialty areas, educational opportunities, sustainability of the clinical relationship, and select criteria drawn from the APTA Guidelines and Self-Assessment for Clinical Education. A student who requests that the CET investigate a new clinical site does not have any advantage over their peers for placement at that site. The site- student match will be completed per the Clinical Education Site Placement process.

Clinical Education Site Placement

Each March, the CET will request clinical education placements for the next calendar year, in accordance with the American Physical Therapy Association's uniform selection protocol. The number, location, and variety of positions available vary from year-to-year depending upon staffing, numbers of students accepted and changes at the specific clinical site. Available clinical sites for the upcoming year will be shared with students for their review at least one month prior to the site selection lottery. Students should investigate the facilities that are of interest to them by reviewing the clinical site's Affiliation Agreement, CSIF (if available), and past student evaluations of their clinical experiences (when available). These files are NOT to be removed from the area of storage and may also be available on Typhon. Students should NOT contact clinical sites directly under any circumstances but should direct questions to the CET. The DCE and ADCE will offer a series of "open office hours" during which time students can ask questions regarding specific sites or receive guidance on their clinical education plan. Students are encouraged to consider the logistics of their clinical site selections in advance such as: finances, travel distances, housing, learning experiences, career goals, previous experiences, potential conflicts of interest, and personal affairs. It is the student's responsibility to notify the CET of potential conflicts of interest. The CET will make a determination, with input from Program faculty as needed, regarding student placement to clinical sites where a potential conflict of interest exists. If a student is found to have withheld pertinent information regarding a conflict of interest, the student may be removed from the facility immediately and presented to the Academic Review Committee for a remediation plan at the discretion of the DCE. Potential conflicts of interest include a facility:

- Where the student is currently or has been employed
- Where a spouse or family member is employed
- That the student has entered into a scholarship, loan repayment plan, or employment commitment upon graduation
- That is a direct competitor to the facility the student has or will have a professional relationship

The first three Local Clinical Experiences (PT 7050, 7550 and 8050) will be assigned by the DCE/ADCE. The Terminal Clinical Experiences (PT 8900 and 8910) are assigned by a lottery system to maximize student input and fairness in clinical site placement. Every effort will be made to accommodate student preferences, however, the final decision regarding student placement will be made by the DCE/ADCE. It is not guaranteed that students will receive assignment to their preferred clinical site. In certain instances, the DCE/ADCE will have to make judgments regarding the best fit for the student and affiliate. The DCE/ADCE will also consider the individual needs of the student when making clinical placement decisions. The DCE/ADCE reserves the right to place, or not to place, students at specific clinical sites for reasons that may include: medical conditions, documented disabilities that require accommodations, extenuating or unique personal circumstances, anticipated personality conflicts, or other circumstances deemed appropriate by the faculty. Students who are unhappy with their clinical assignment should speak with the DCE/ADCE directly. If the student and DCE/ADCE cannot come to an agreement, the student can appeal to the Assistant Chair and then to the Chair. The Chair's decision, should the student's appeal reach this level, will be final. Clinical education site placement will occur in June or July of the year preceding the Terminal Clinical Experience. In addition to the lottery protocol, some clinical assignments are made based on other processes. Examples of this include clinical affiliation sites that require application and/or interview, as well as an internal interview process executed by the DCE/ADCE for international Terminal Clinical Experiences.

The Program and the clinical affiliate work together to confirm placements; however, there are unforeseen circumstances that may arise resulting in the alteration or cancellation of the clinical placement. In these circumstances the DCE/ADCE will be in communication with the student and the clinical affiliate to determine a suitable solution.

Eligibility for Clinical Education

As outlined in the HPU DPT Student Handbook, students must be in acceptable academic standing (including passing grade for all End of Year Exams) to matriculate in the Program. Students who have successfully completed all previous DPT Program coursework, have maintained professional behavior (as outlined in the HPU DPT Student Handbook), and have met all pre-clinical requirements will be eligible for participation in clinical education.

Prior to matriculation into the HPU DPT Program students are required to fulfill a number of compliance items (Appendix 7). The Program contracts with CastleBranch to collect and monitor all Program compliance requirements. Students are responsible for maintaining and monitoring their own compliance status throughout the Program via CastleBranch. Failure to do so will be considered a violation of professionalism and the requirements of the Clinical Education Program and may result in referral to the Academic Review Committee.

Once officially assigned to their clinical placements, the students ARE expected to contact the clinical facility 4-8 weeks prior to the start date. The student is responsible for finding out the start time, location, and name of the person they will report to for each facility. The student is also expected to confirm that they have fulfilled all prerequisites on the Pre-Clinical Student Information Form (Appendix 2) and any additional requirements of the facility, including full compliance. It should be noted that many clinical affiliates have compliance requirements that differ from the standard HPU DPT compliance requirements noted in CastleBranch. It is the student's responsibility to read the full Clinical Affiliation Agreement with any addendums that specify compliance and provide evidence of full compliance to the CET at least two-weeks prior to the start of the clinical course. Failure to meet compliance expectations may result in the student not being allowed to matriculate to the clinical course and will be referred to the Academic Review Committee.

The Program will not send copies of a student's perquisite information including drug screens, criminal background checks, or information regarding a student's academic standing to clinical education sites. Such information will only be released with written permission from the student and in accordance with FERPA regulations. All sensitive student information is housed and tracked by CastleBranch which provides increased confidentiality for students. The Program and clinical affiliates are expected maintain confidentiality of student information.

ON-SITE POLICIES AND PROCEDURES

Each clinical facility will have their own set of policies and procedures that the student must become familiar with. Often, students will participate in a site-specific orientation. Other Program policies during the clinical education courses are as follows:

Travel

Students will be expected to travel to their assigned clinical site. Sites may be located anywhere in the continental U.S., or internationally. Students are responsible for planning travel logistics and any associated costs.

Parking / Housing

Students are responsible for attaining housing and parking in proximity to their assigned clinical site. Some facilities offer free or affordable housing and parking options or may assist the student in the search process. All parking and housing expenses will be solely the student's responsibility.

Dress and Appearance

Students are expected to use discretion and good judgment in their personal appearance and grooming. Good personal hygiene is required of all students, at all times. The goal is to present a professional appearance and maintain a safe environment for both the student and the patient. Students should follow the Professional Dress Guidelines as detailed in the HPU DPT Student Handbook. Additionally, when engaged in clinical education, students must wear their HPU DPT student name tag, or an alternate name tag required by the clinical affiliate, at all times, during clinical coursework, unless otherwise specified by the CI. If a student should lose a name tag, the student should contact the Clinical Education Specialist for a replacement. The student is responsible for any replacement costs. Some facilities may have additional criteria related to dress and appearance; students are responsible to follow clinical site policy if the dress code is more specific than HPU DPT.

Electronic Devices

Electronic devices of any kind (i.e. cell phones) may not be used during clinic hours. Devices must be removed from the body throughout the clinical coursework unless explicitly specified by the CI. Some clinical affiliates prefer or require students to use a personal device, usually a laptop, to access an electronic medical record. Should this be the case, students are responsible for contacting the Information Technology division at the facility to confirm that adequate HIPPA requirements for patient data security are met.

Attendance and Punctuality

Daily attendance and punctuality are mandatory. Students are expected to be fully prepared at the start of each day, and are encouraged to arrive at their facility at least 15 minutes in advance of their required start time. Late arrival is not acceptable and students who arrive late on a third occasion during any Clinical Education coursework will be removed from clinic immediately and referred to the Academic Review Committee. All students will follow the work schedule of their CI, which may include evenings, weekends and holidays. Students are allowed to observe the same holiday schedule as the clinical site and/or CI, unless other arrangements are made (i.e. religious observance). Students on clinical assignment DO NOT follow the HPU University holiday schedule. During full-time courses (PT 8050,

8900 and 8910) students are required to work a minimum of 35 hours per week and a maximum of 50 hours per week, unless otherwise approved by the DCE/ADCE.

A student who is tardy or absent must contact the SCCE or CI with as much advanced notice as possible. It is preferred that this communication be multi-modal, including an email and phone call. The DCE should be copied on any email correspondence regarding tardiness or absence.

Unscheduled Student Absences – Local Clinical Experiences I, II, & III

Students may miss ONE day due to illness/personal extenuating circumstance during each Local Clinical Experience and may be asked to submit a physician's note as verification. Students who miss more than one day of their clinical affiliation must develop a plan to make-up clinical hours with the CI/SCCE and have that plan approved by the DCE/ADCE.

Unscheduled Student Absences – Terminal Clinical Experiences I & II

Students may miss TWO days due to illness/personal extenuating circumstances during each Terminal Clinical Experience and may be asked to submit a physician's note as verification. Students who miss more than two days of their clinical affiliation must develop a plan to make-up clinical hours with the CI/SCCE and have that plan approved by the DCE/ADCE.

Scheduled Student Absences – Local Clinical Experiences I, II, & III

Scheduled absences during Local Clinical Experiences are approved on an individual need basis after consultation with the DCE/ADCE, SCCE and CI. Students requesting a scheduled absence must complete the online request for scheduled absence (link on BlackBoard) at least two weeks prior to the requested date of absence. A make-up plan will be developed with the CI/SCCE.

Scheduled Student Absences - Terminal Clinical Experiences I & II

Students may miss TWO days during each Terminal Clinical Experience due to professional activities, such as residency or job interviews, and/or religious observances. Scheduled absences during Terminal Clinical Experiences are approved on an individual's needs basis after consultation with the DCE/ADCE, SCCE and CI. Students requesting a scheduled absence must complete the online request for scheduled absence (link on BlackBoard) at least two weeks prior to the requested date of absence. Students who miss more than two days of their Terminal Clinical Experience must develop a plan to make-up clinical hours with the CI/SCCE and have that plan approved by the DCE/ADCE.

For all absences in excess of the allotted days during any clinical course, there may be a need to extend the Local or Terminal Clinical Experience.

Missing clinical time is highly discouraged; however, there may be activities, for example, Advocacy Day, Camp High 5, or other meaningful experiential learning opportunities that may be arranged by the faculty. When these circumstances arise, approval must also be granted by the SCCE and CI.

Therapist Absences

If a CI is absent, students are often re-assigned to another CI or setting. Students are expected to be flexible when CI's are absent. In cases when the CI is unavailable and no alternative plan is provided, it is the student's responsibility to contact the DCE/ADCE immediately to arrange supplemental activities.

Absence Due to Inclement Weather

As a general rule, clinical days are not cancelled due to inclement weather. However, students are expected to make sound judgments regarding their ability to safely travel to and from their clinical education site. Should a student determine they cannot safely attend their clinical experience, they must contact the CI as early as possible and then contact the DCE/ADCE. Absences due to weather or emergency conditions may be required to be made up at the discretion of CI/CCCE and DCE. If a day of clinical time is missed due to inclement weather, assuming students have access to power and Internet, it is the expectation that email is checked frequently as the CET may provide directives.

Clinical Site Visitation and Communication

The CET will be in direct communication with the SCCE, CI, and student throughout each clinical course. During Terminal Clinical Experiences, the CI and student will participate in a mid-term phone call, in-person meeting or email with the DCE/ADCE. Site visits occur on an as-needed basis, but the CET does make an effort to visit sites on a rotating basis.

Complaints

Any complaints or concerns related to clinical education should be made in writing to the DCE. If not resolved, written notice can be provided to the Physical Therapy Department Chair and then the Dean of the School of Health Sciences.

Work Related Injuries

Work-related injuries must be reported to the CI, SCCE, and DCE immediately. An incident report is required, with copies submitted to the SCCE and DCE. Physician clearance is mandatory in order to resume work.

Non-work Related Injuries

Non-work related injuries must be reported to the CI, SCCE, and DCE as soon as possible. Physician clearance is mandatory to resume work responsibilities.

Emergency Care

Students will have access to and responsibility for the cost of emergency services during off-campus educational experiences.

Policy on Safety and Infection Control

The safety of all students, faculty, staff and patients is of primary concern. Students are expected to follow the safety and infection control policies of the clinical affiliate.

There are inherent risks for DPT students throughout their training and clinical practice including everything from injury to exposure to infectious materials and body fluids. These are similar risks to

those encountered by practicing physical therapists. The safety and infection control policies of clinical affiliates are designed to minimize those risks DPT students. Students must notify their CI and the DCE as soon as possible of any exposure to bodily fluids or potentially serious infectious diseases.

HIPAA

Students will be exposed to HIPAA regulations in didactic work and expected to maintain all HIPAA requirements of Clinical Affiliates. Additionally, all students will complete required HIPAA training through the Program and Clinical Affiliates, when applicable.

EVALUATION OF THE CLINICAL EXPERIENCE

Assessment

Benchmarks for student performance for Local Clinical Experience courses (PT 7050, 7550 and 8050) are being determined as data is collected regarding student performance. Students must have no red flag concerns on the Clinical Performance Instrument (CPI) by the completion of any clinical course. Adequate student performance is determined by a holistic of CPI data and additional assignments, including, reflections and assigned projects. While the expectation is that, throughout the clinical education curriculum and prior to graduation, students reach entry-level performance on each of the CPI criteria, when this is not achieved, the Director of Clinical Education and/or the Associate Director of Clinical Education will consider other evidence to make a determination regarding a student's entry-level performance including, but not limited to, additional assignments completed by the student and interviews with clinical instructors. Students are expected to achieve entry-level performance on all "Red Flag" items (*safety, professional behavior, communication, accountability and clinical reasoning*) as well as entry-level designation on at least 10 of the remaining CPI domains for both Terminal Clinical Experiences (PT 8900 and 8910). When students do not achieve entry-level designation on any CPI domain in Terminal Clinical Experience courses, it is the responsibility of the DCE and ADCE to verify adequate knowledge, skill and preparation for successful matriculation of the student. The clinical education remediation policy can be found in the Clinical Education Handbook (Page 27). Final clinical education grades will ultimately be at the discretion of the DCE and ADCE.

Grading

Students are referred to the Student Handbook regarding the HPU grading policy but a distinction in grading within the clinical education curriculum should be noted. The Low-Pass ("LP") grade is not allowable in any clinical education course. Students will earn a Pass ("P") or Fail ("F") for each course within the clinical education curriculum. Determinants of the grading criteria for each clinical education experience are found in each course's syllabus.

- Fail ("F"): Defined as unsuccessfully meeting the minimum passing criteria at the end of the course. In the event a clinical course is terminated prior to completion, and it is determined to be the fault of the student, this will constitute grounds for failure. Likewise, a failing grade will be assigned if a student is removed from the clinical course for safety, performance, attendance, or other professional violations. In the event of a failure, the Academic Review Committee (ARC) will review the case. Either a remediation plan will be created or the student will be terminated from the Program. If the student receives a second failing grade, the student will be terminated from the Program.
- Withdrawal ("W"): The student may be given a grade of "W" in the event the student is unable to complete the clinical experience due to prolonged illness, injury, or other circumstances. The ARC will review the pertinent circumstances and make a determination regarding a remediation plan.
- Incomplete ("I"): The student may be given a grade of "I" if the student has not met passing criteria at final evaluation, but it is determined by the CI, SCCE, and DCE/ADCE that a brief additional experience will allow the student another opportunity to meet the passing criteria. This process requires a defined deficit that can be met in the time frame determined by the CI, SCCE, and DCE. A grade of "I" will be converted to either a "P" or "F" at the end of the additional exposure. A student will not matriculate in the curriculum until the "I" is resolved.

Clinical Education Remediation Plan

If a student is identified as not meeting the criteria and expectations for a clinical course the first step is to notify the DCE (student or CI/SCCE). The DCE will then decide if the initial attempt at a solution should be made in the clinic, with the CI and the SCCE, or if a referral to ARC is needed. When a student is referred to the ARC for any course in the clinical education curriculum, the DCE will be a member of ARC (replacing the DCO). The ARC will make appropriate recommendations to all involved parties. One potential outcome would be to place the student on Clinical Education Remediation.

Clinical Education Remediation varies depending on the challenge that the student is having. Potential remediation options could be issuance of a written learning contract, requirement for additional clinical hours, transition to a different clinical site to complete the clinical course or removal of the student from the clinical site. A student removed from the clinic will receive a “W” grade and the student is required to repeat the clinical experience in its entirety at a different facility. If a student does not successfully pass the course the second time, the student will be terminated from the Program.

Clinical Site, CI, and DCE Evaluation Process

Students provide both formal and informal feedback regarding their clinical education courses. Informal comments and feedback will also be obtained during periodic debriefing sessions throughout the curriculum. In addition, the DCE will obtain informal assessment information regarding clinical sites during ongoing communication and observations during site visits.

Formal feedback will be collected using the APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (Appendix 5) after each clinical course. The APTA’s DCE Performance Assessment survey will be conducted yearly by students (Appendix 4) and faculty (Appendix 8), and on a rotating timeline by SCCE/CI’s (Appendix 3). Students are encouraged to be thoughtful in their responses for all forms. Students may opt not to provide their name when assessing the DCE. Incompleteness and/or failure to complete these forms by expected deadlines will lead to an “Incomplete” or failing grade in the clinical education course.

APPENDICES

Appendix 1: Clinical Site Request Form



Student Information

Name:

Date:

Email Address:

Clinic Information

Name:

Setting:

Pertinent Information for Clinical Site

Address:

Phone Number:

Website:

Additional contacts:

Contact for Clinical Education Coordinator:

Phone Number for Clinical Education Coordinator:

Email for Clinical Education Coordinator:

***** Please Note: Under No Circumstances are Students to Contact Clinical Sites.**

Brief statement about why you think this would be a good sustainable clinical relationship for High Point University Department of Physical Therapy:

Appendix 2: Pre-Clinical Student Information Form



Pre-Clinical Information Form

Name:

Projected Graduation Date:

Local Clinical Experience I (PT 7050)

Local Clinical Experience II (PT 7550)

Local Clinical Experience III (PT 8050)

Terminal Clinical Experience I (PT 8900)

Terminal Clinical Experience II (PT 8910)

Dates of Affiliation:

Contact Information

Phone Number:

Email:

Address during clinical course:

Emergency Contact:

Phone Number:

Describe the learning style that fits you:

Describe your strengths:

Describe your areas for improvement:

List past clinical exposure (pre-PT school) with a brief description:

List past formal clinical coursework with a brief description:

What are your goals for this clinical course?

1.

2.

3.

During this clinical I am most excited to:

During this clinical I am most concerned about:

List any desired learning experiences, special needs or interests that you would like considered during this clinical course:

I have read and am familiar with the Practice Act of the state in which this clinical course is occurring.

Signature:

Date:

After reviewing the Clinical Affiliation Agreement, I acknowledge the following compliance requirements of the site:

I acknowledge compliance with all requirements.

Signature:

Printed Name:

Date:

CLINICAL INSTRUCTOR and CENTER COORDINATOR OF CLINICAL EDUCATION SURVEYS

May 2010

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314



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CI/CCCE ASSESSMENT OF ACCE/DCE PERFORMANCE

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)
4. For what time period are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)
5. Evaluator Role PT CI (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, Please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

For all of the Likert Scale items provided, please “click” on only ONE response (use the mouse).

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. promoting students' self-assessment of their clinical performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. reinforcing expectations for demonstrating professionalism. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. conferring with students to maximize learning during a clinical experience. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. facilitating the development of individualized action plans to advance student performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. monitoring the progression of individualized action plans. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. using a variety of feedback methods to assess clinical educators. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. providing feedback to clinical educators to improve clinical teaching. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. promoting development of clinical teaching and mentoring skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. providing professional development opportunities to promote best practice in physical therapy. | 1 | 2 | 3 | 4 | 5 | IE |
| 5. facilitating development of CCCEs as managers of their clinical education programs. | 1 | 2 | 3 | 4 | 5 | IE |

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (eg, clinical education sites, policies, procedures, learning experiences, and curriculum) by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. implementing a plan to respond to the needs of clinical education sites based on feedback. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. sharing changes about the clinical education program with feedback sources. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| | 1 | 2 | 3 | 4 | 5 | IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

SECTION D. MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. promoting adherence to current policies and procedures of the clinical education program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. informing students and clinical sites about legal and liability requirements prior to clinical placements. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| | 1 | 2 | 3 | 4 | 5 | IE |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

SECTION E. LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

1. facilitating reflective dialogue about advancements in the profession of physical therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	IE
2. networking with individuals and groups at local, regional, and/or national levels to further clinical education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	IE
3. building partnership(s) to strengthen the relationship between academic programs and clinical sites.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	IE
4. using technology to enhance clinical education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	IE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F. COMMUNICATION

The ACCE's/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...

The ACCE/DCE...

1. providing timely communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	IE
2. soliciting comments, feedback, and concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	IE
3. highlighting key academic program policy and procedures for clinical education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	IE
4. clarifies federal and state regulations and professional positions, policies, and guidelines related to clinical education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	IE
5. conducting clinical site visits/contacts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	IE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

SECTION G. PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

1. fostering an atmosphere of mutual respect in clinical education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. displaying a positive attitude.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
3. being approachable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
4. being accessible.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
5. listening actively.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
6. demonstrating effective time management.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
7. demonstrating effective organizational skills.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
8. demonstrating interpersonal skills that foster quality relationships.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
9. demonstrating effective conflict resolution skills.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
10. responding to unexpected situations using productive problem-solving skills.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
11. displaying expertise in clinical education.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> IE
	1	2	3	4	5	IE

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

Name of Clinical Site (Optional)

Would you like a follow up contact to discuss this assessment? ☐ Yes ☐ No

Contact Information: e-mail:

Phone:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

ACCE/DCE PERFORMANCE ASSESSMENT STUDENT SURVEY

May 2010

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314



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STUDENT ASSESSMENT OF ACCE/DCE PERFORMANCE

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)
4. For what period of time are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)
5. What will be your highest earned physical therapy degree when you complete your program?
☐ Associate ☐ Masters ☐ DPT (Professional)
6. Evaluator Role PT Student (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, Please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

gh

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior

3 = Usually exhibits behavior
4 = Always exhibits behavior

5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

For all of the Likert Scale items provided, please “click” on only **ONE** response (use the mouse).

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. promoting students' self-assessment of clinical performance across cognitive, psychomotor and affective domains. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. facilitating student reflection upon clinical education experiences. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. instructing students on methods to provide constructive feedback to clinical educators. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. reinforcing expectations for demonstrating professionalism. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. conferring with students to maximize learning during a clinical experience. | | 1 | 2 | 3 | 4 | 5 |
| 6. facilitating the development of student action plans designed to advance student performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 7. monitoring the progression of student action plans. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 8. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY (This category is not applicable for students.)

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (eg, clinical education sites, policies, procedures, learning experiences, and curriculum) by...

1. assessing the strengths and needs of the clinical education program using feedback

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

from a variety of sources.	1	2	3	4	5	IE
2. sharing changes about the clinical education program with feedback sources.	1	2	3	4	5	IE

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C.

SECTION D: MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. maintaining the number and variety of clinical sites to allow each student to meet clinical education program requirements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. managing information about clinical sites and clinical educators. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. promoting adherence to current policies and procedures of the clinical education program. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. informing students and clinical sites about legal and liability requirements prior to clinical placements. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. implementing procedures for student clinical placements based on established program policies. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 6. adhering to program policies and procedures regarding student's eligibility and progression through clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 7. grading students' clinical education coursework based on clinical performance and academic program guidelines. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

SECTION E: LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. facilitating reflective dialogue about advancements in the profession of physical therapy. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. networking with individuals and groups at local, regional, and/or national levels to further clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

3. using technology to enhance clinical education.	1	2	3	4	5	IE
4. facilitating academic faculty involvement in clinical education.	1	2	3	4	5	IE

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F: COMMUNICATION

The ACCE's/DCE's communication skills create and sustain an effective clinical education program by

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. providing timely communication. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. soliciting comments, feedback, and concerns | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. highlighting key academic program policy and procedures for clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. clarifying federal and state regulations and professional positions, policies, and guidelines related to clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. conducting clinical site visits/contacts. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

SECTION G: PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. fostering an atmosphere of mutual respect in clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. displaying a positive attitude. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. being approachable. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. being accessible. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| listening actively. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. demonstrating effective time management. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 6. demonstrating effective organizational skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 7. demonstrating interpersonal skills that foster quality relationships. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 8. demonstrating effective conflict resolution skills. | 1 | 2 | 3 | 4 | 5 | IE |
| 9. responding to unexpected situations using productive problem-solving skills. | 1 | 2 | 3 | 4 | 5 | IE |
| 10. displaying expertise in clinical education. | 1 | 2 | 3 | 4 | 5 | IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G.

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

Would you like a follow up contact to discuss this assessment? ☐ Yes ☐ No

Contact Information: e-mail:

Phone:

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

PHYSICAL THERAPIST STUDENT EVALUATION: CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 10, 2003

(updated 12/27/10)



American Physical Therapy Association

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist student assessment of the clinical experience and Section 2-Physical therapist student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.
Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

GENERAL INFORMATION AND SIGNATURES

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address City State

Clinical Experience Number Clinical Experience Dates

Signatures

I have reviewed information contained in this physical therapist student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature) Date

Primary Clinical Instructor Name (Print name) Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned Degree area

Years experience as a CI

Years experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed CI ☐ Yes ☐ No

Other CI Credential State ☐ Yes ☐ No

Professional organization memberships ☐ APTA ☐ Other

Additional Clinical Instructor Name (Print name) Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned

Highest degree earned Degree area

Years experience as a CI

Years experience as a clinician

Areas of expertise

Clinical Certification, specify area

APTA Credentialed CI ☐ Yes ☐ No

Other CI Credential State ☐ Yes ☐ No

Professional organization memberships ☐ APTA ☐ Other

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences at this clinical facility.

1. Name of Clinical Education Site Address

City State

2. Clinical Experience Number

3. Specify the number of weeks for each applicable clinical experience/rotation.

Acute Care/Inpatient Hospital Facility

Private Practice

Ambulatory Care/Outpatient

Rehabilitation/Sub-acute Rehabilitation

ECF/Nursing Home/SNF

School/Preschool Program

Federal/State/County Health

Wellness/Prevention/Fitness Program

Orientation

Industrial/Occupational Health Facility

Other

4. Did you receive information from the clinical facility prior to your arrival? ☐ Yes ☐ No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? ☐ Yes ☐ No

6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never

2 = Rarely

3 = Occasionally

4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

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

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale.

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

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PT student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for professional practice and growth?

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- ☐ *Physical therapist students*
☐ *Physical therapist assistant students*
☐ *Students from other disciplines or service departments (Please specify _____)*

12. Identify the ratio of students to CIs for your clinical experience:

- ☐ *1 student to 1 CI*
☐ *1 student to greater than 1 CI*
☐ *1 CI to greater than 1 student; Describe*

13. How did the clinical supervision ratio in Question #12 influence your learning experience?

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- ☐ *Attended in-services/educational programs*
☐ *Presented an in-service*
☐ *Attended special clinics*
☐ *Attended team meetings/conferences/grand rounds*
☐ *Directed and supervised physical therapist assistants and other support personnel*
☐ *Observed surgery*
☐ *Participated in administrative and business practice management*
☐ *Participated in collaborative treatment with other disciplines to provide patient/client care (please specify disciplines)*
☐ *Participated in opportunities to provide consultation*
☐ *Participated in service learning*
☐ *Participated in wellness/health promotion/screening programs*
☐ *Performed systematic data collection as part of an investigative study*
☐ *Other; Please specify*

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- ☐ Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
 - ☐ Time well spent; would recommend this clinical education site to another student.
 - ☐ Some good learning experiences; student program needs further development.
 - ☐ Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed.
19. What suggestions would you offer to future physical therapist students to improve this clinical education experience?
20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for *this clinical experience*?
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

Information found in this section is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in Section 2 is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

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

23. Was your CI(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation ☐ Yes ☐ No Final Evaluation ☐ Yes ☐ No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

Final Evaluation

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments

Final Comments

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments

Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience

Appendix 6: APTA Code of Ethics

Code of Ethics for the Physical Therapist

HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17;
HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27;
Initial HOD 06-73-13-24] [Standard]



Preamble

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

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

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

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

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
(Core Values: Compassion, Integrity)

- 1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
(Core Values: Altruism, Compassion, Professional Duty)

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
- 2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

- 2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.
(Core Values: Excellence, Integrity)

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

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

(Core Value: Integrity)

- 4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
- 4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
- 4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
- 4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

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

(Core Values: Professional Duty, Accountability)

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

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

(Core Value: Excellence)

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

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

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

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

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

(Core Values: Integrity, Accountability)

- 7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
- 7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
- 7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
- 7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
- 7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
- 7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

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

(Core Value: Social Responsibility)

- 8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
- 8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.
- 8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Appendix 7: Compliance Requirements

Onboarding Compliance Requirements for all incoming DPT students:

- Measles (Rubeola), Mumps, Rubella (MMR)
- Varicella (chicken pox)
- Hepatitis B
- Tetanus, Diphtheria & Pertussis (TDaP)
- Tuberculosis (TB)
- Influenza (Flu)
- CPR certification
- Health Insurance

MEASLES (RUBEOLA), MUMPS, RUBELLA (MMR)

One of the following is required:

1. 2 vaccinations
 - The first vaccination MUST be administered AFTER the age of 1 regardless of vaccination type.
 - Vaccinations can be a combined MMR vaccination, however if individualized vaccinations are submitted you MUST submit 2 vaccinations for Mumps and Measles and 1 vaccination for Rubella.

OR

2. Positive antibody titer (lab report required) for all 3 components.
 - If your titer was negative or equivocal, new alerts will be created for you to receive 1 booster vaccine (administered after your titer), and provide a 2nd titer.

MMR VACCINATION SCHEDULE:

1. Vaccine 1: Birth or Anytime
2. Vaccine 2: at least 1 month after vaccine 1
3. Titer: at least 1 month after your final vaccination in the series.

VARICELLA (CHICKEN POX)

One of the following is required:

1. 2 vaccinations

OR

2. Positive antibody titer (lab report required)

VARICELLA VACCINATION SCHEDULE:

1. Vaccine 1: Birth or Anytime
2. Vaccine 2: at least 1 month after vaccine 1
3. Titer: at least 1 month after your final vaccination in the series.

HEPATITIS B

BOTH of the following are required:

1. 3 vaccinations AND
2. A positive antibody titer (lab report required)

NOTE, if the student is engaged in the vaccine series, the student should be instructed to submit where he / she is in the series, and new alerts will be created for the student to complete the series and titer.

HEPATITS B SCHEDULE

1. Vaccine 1: Birth or Anytime
2. Vaccine 2: at least 1 month after vaccine 1
3. Vaccine 3: at least 5 months after vaccine 2
4. Titer: at least 1 month after your final vaccination in the series.

TETANUS, DIPHTHERIA & PERTUSSIS (TDAP)

Submit documentation of one of the following:

1. A Tdap vaccine administered within the past 10 years

OR

2. A Tdap vaccine administered within your lifetime **AND** a TD booster administered in past 10 years

TUBERCULOSIS (TB)

One of the following is required:

1. 2 step TB skin test (administered 1-3 weeks apart but NO greater than 3 weeks apart)

OR

2. QuantiFERON Gold blood test (lab report required)

OR

3. If positive results, submit a clear chest x-ray (lab report required).

INFLUENZA (FLU)

Submit documentation of a flu vaccine administered during the current flu season (August-May).

All submitted documentation MUST include:

- Vaccine Lot #
- Vaccine Expiration Date
- Vaccine Manufacturer

CPR CERTIFICATION

Submit your **American Heart Association BLS Provider** CPR certification.

The front AND back of the card must be submitted at the same time and the "Holder's Signature" line on the back of the card must be signed.

HEALTH INSURANCE

One of the following is required:

1. Current health insurance card (Both sides of your Health Insurance card must be submitted for approval.)

OR

2. Proof of coverage.

Appendix 8: ADCE/DCE Performance Assessment Faculty Survey

ACCE/DCE PERFORMANCE ASSESSMENT FACULTY SURVEY

May 2010

American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314



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FACULTY ASSESSMENT OF ACCE/DCE PERFORMANCE

Introduction to Assessment

The Academic Coordinator/Director of Clinical Education (ACCE/DCE) and Assistant/Co-ACCE play a pivotal role in physical therapy education by bridging physical therapy curricula with clinical practice. ACCE/DCE responsibilities include the unique roles required for the management and administration of the clinical education program. Your feedback will be incorporated with multiple evaluators to enhance ACCE/DCE performance and to refine the institution's clinical education program.

Evaluation Information (Please Complete)

1. Name of ACCE/DCE or Assistant/Co-ACCE Evaluated
2. Academic Program
3. For what period of time are you assessing the ACCE/DCE? (annually, biannually, every other year, upon request)
4. Evaluator Role PT Faculty (select from drop down menu) Date of Evaluation

Directions

Responses should be relevant to your interactions with the individual(s) being assessed, Please respond candidly to each of the performance items below using the Likert scale (1 to 5) and IE for insufficient evidence to rate behavior and provide comments that describe the quality or quantity of effort related to the items listed in each Section. Record your thoughts about strengths and areas for improvement in the Summative Comments section at the end of the survey.

1 = Rarely/never exhibits behavior
2 = Sometimes exhibits behavior
3 = Usually exhibits behavior

4 = Always exhibits behavior
5 = Is exceptional in exhibiting the behavior
IE = Insufficient evidence to rate behavior

For all of the Likert Scale items provided, please “click” on only **ONE** response (use the mouse).

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

The ACCE/DCE contributes to the development of students as physical therapy clinicians by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. promoting students' self-assessment of their clinical performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. facilitating student reflection upon clinical education experiences. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. reinforcing expectations for demonstrating professionalism. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. conferring with students to maximize learning during a clinical experience. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 5. facilitating the development of individualized action plans to advance student performance. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 6. monitoring the progression of individualized action plans. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 7. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section A.

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY

The ACCE/DCE contributes to the development of clinical educators as clinical teachers, mentors, and practitioners by...

- | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. using a variety of feedback methods to assess clinical educators. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 2. promoting development of clinical teaching and mentoring skills. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. providing professional development opportunities to promote best practice in physical therapy. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section B.

SECTION C: DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

The ACCE/DCE develops and analyzes interrelated components of the clinical education program (eg, clinical education sites, policies, procedures, learning experiences, and curriculum) by...

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. conducting ongoing review of clinical education policies and procedures. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | IE |
| 2. assessing the strengths and needs of the clinical education program using feedback from a variety of sources. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. implementing a plan to respond to the needs of clinical education sites based on feedback. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | IE |
| 4. providing recommendations to the academic program based on the analysis of the feedback. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section C

SECTION D: MANAGEMENT AND COORDINATION

The ACCE/DCE plans, coordinates, administers, and monitors all aspects associated with the clinical education program by...

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. maintaining the number and variety of clinical sites to allow each student to meet clinical education program requirements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | IE |
| 2. synthesizing clinical education data to prepare necessary reports including for CAPTE documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. promoting adherence to current policies and procedures of the clinical education program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | IE |
| 4. adhering to program policies and procedures regarding student's eligibility and progression through clinical education. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | IE |
| 5. grading students' clinical education coursework based on clinical performance and academic program guidelines. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | IE |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section D.

SECTION E: LEADERSHIP AND COLLABORATION

The ACCE/DCE advances the vision of the profession and delivers new ideas for clinical education by...

- | | | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----|
| 1. networking with individuals and groups at local, regional, and/or national levels to further clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE | |
| 3. building partnership(s) to strengthen the relationship between academic programs and clinical sites. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE | |
| 4. advising the program director and faculty of changing health care trends that affect student learning and programmatic issues. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE | |
| 5. advocating a vision for clinical education within the context of the academic program's mission and vision. | | 1 | 2 | 3 | 4 | 5 | IE |
| 6. using technology to enhance clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE | |
| 7. facilitating academic faculty involvement in clinical education. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section E.

SECTION F: COMMUNICATION

The ACCE's/DCE's communication skills are integral in creating and sustaining a meaningful and effective clinical education program by...

- | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1. providing timely communication. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. soliciting comments, feedback, and concerns. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 3. highlighting key academic program policy and procedures for clinical education. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| 4. conducting clinical site/visits. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> IE |
| | 1 | 2 | 3 | 4 | 5 | IE |

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section F.

SECTION G: PROFESSIONAL BEHAVIORS

The ACCE/DCE embodies professional behaviors that are essential to be effective in the role by...

1. displaying a positive attitude.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. being accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. listening actively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. demonstrating effective organizational skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. demonstrating interpersonal skills that foster quality relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. demonstrating effective conflict resolution skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. responding to unexpected situations using productive problem-solving skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. displaying expertise in clinical education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	IE

Please feel free to offer further comments that may better describe the quality or quantity of ACCE/DCE efforts on items in Section G

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

Name of Evaluator (Optional)

Would you like a follow up contact to discuss this assessment?

☐ Yes

☐ No

On behalf of the program, thank you for taking the time to complete this ACCE/DCE Performance Assessment.

Dated: 057/10 Contact: education@apta.org