

# DYOUNVILLE

Department of Physical Therapy

## **Clinical Education Manual**

**D'Youville**  
**Department of Physical Therapy**  
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# **Clinical Education Manual**

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# **INTRODUCTION**

## **Purpose of the Clinical Education Manual**

The purpose of this Clinical Education Manual is to provide information, policies, and procedures for all who are directly involved in the clinical education process for the D'Youville Doctor of Physical Therapy Students. This document serves as a reference for core faculty, clinical education team members, Director and Assistant Directors of Clinical Education (DCE/ADCE), students, Center Coordinators of Clinical Education (CCCEs), and Clinical Instructors (CIs) throughout the completion of clinical education experiences. This manual was created to:

- Enhance communication between DPT students, D'Youville's PT Department, and our clinical education faculty who offer clinical education experiences for our students
- Detail roles and responsibilities of all involved parties to assist in making each clinical experience successful and valuable
- Serve as a resource to provide information to all parties regarding the clinical education process at D'Youville

Thank you to all clinical instructors and center coordinators in providing the opportunity for D'Youville Physical Therapy Students to become competent clinicians.

## **D'Youville Mission Statement**

D'Youville is an independent institution of higher education that offers baccalaureate and graduate programs to students of all faiths, cultures, and backgrounds. D'Youville honors its Catholic heritage and the spirit of St. Marguerite d'Youville by providing academic, social, spiritual, and professional development in programs that emphasize leadership and service. D'Youville teaches students to contribute to the world community by leading compassionate, productive, and responsible lives.

## **Department of Physical Therapy Mission Statement**

Consistent with the mission of D'Youville, the Department of Physical Therapy develops students both academically and socially through evidence based learning and community service. Students graduate as knowledgeable professional doctors of physical therapy committed to life-long learning, leadership and service to society. The DPT program prepares students with the skills to provide sound patient care, as well as offer preventive, educational, administrative, and consultative services that respect individuality in changing health care environments.

## **Department of Physical Therapy Vision Statement**

The D'Youville Physical Therapy Department will be recognized for excellence in the preparation of clinical practitioners who are leaders in providing evidence based, culturally sensitive, patient-centered care as members of collaborative inter-professional teams.

## **Department of Physical Therapy Values**

The D'Youville Department of Physical Therapy embraces the American Physical Therapy Association (APTA) Core Values of accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility.

## **Philosophy of Physical Therapy Education**

The physical therapist must have the ability to provide a broad range of complex patient/client services in management of movement dysfunctions extending across the entire human life span. Health care reform, research and an increased attention on health, wellness, and disease prevention are factors that continuously influence the role of the physical therapist. In many settings, the therapist must assume responsibility for patient care where traditional levels of medical consultation or supervision are not immediately available. The foundation of the program is to provide students the ability to adapt to an expanding scope of professional responsibilities associated with autonomous practice of culturally sensitive healthcare delivery.

These abilities will be met through an integrated program of academic and clinical learning experiences providing sequential acquisition of requisite cognitive, affective, psychomotor, and interpersonal skills. Specific learning experiences are organized most effectively in the program curriculum with respect to student learning objectives stated in precise behavioral terms. These learning objectives serve as guides for formal organization of instruction by faculty, and for the learning activity of students with respect to progress toward achievement of specified competencies.

The process of education is designed for adult learners who are prepared to fully engage in their learning as well as willing to contribute to the learning of others by participating in class discussions and presentations, learning activities, and group work.

The program faculty work as a team to maintain the clinical relevance and pedagogical effectiveness of individual course offerings, a spiral curriculum, and inter-professional education. Faculty will model APTA core values in their role as teachers, scholars, consultants, clinicians, and administrators who are committed to serving community health needs.

## **Accreditation Statement**

The Doctor of Physical Therapy (DPT) program at D'Youville College is accredited by:  
Commission on Accreditation of Physical Therapy Education (CAPTE) of the American Physical Therapy Association [Commission on Accreditation in Physical Therapy Education]  
1111 North Fairfax Street  
Alexandria, Virginia 22314  
telephone: (703) 706-3245  
email: [accreditation@apta.org](mailto:accreditation@apta.org)  
website: [www.capteonline.org](http://www.capteonline.org)

# CLINICAL EDUCATION DEFINITIONS AND ABBREVIATIONS

To ensure proper communication, select definitions concerning clinical education are provided.

*Director of Clinical Education (DCE)*: The licensed physical therapist employed by the academic institution who plans, develops, supervises, organizes, facilitates, monitors, assesses, coordinates, and administers the clinical education component of the physical therapy curriculum. The DCE serves as the liaison between the didactic and clinical components of the curriculum.

*Center Coordinator of Clinical Education (CCCE) or Site Coordinator of Clinical Education (SCCE)*: The licensed physical therapist employed and designated by the clinical facility to direct, organize, coordinate, supervise, and evaluate the clinical education program in that facility. The CCCE's primary role is to serve as a liaison between the academic institutions and the clinical facility.

*Clinical Instructor (CI)*: The licensed physical therapist employed by the clinical facility who is designated by the Center Coordinator of Clinical Education to instruct, mentor, supervise, and evaluate the physical therapy students in the clinical education setting. The CI is involved with the daily responsibility and direct supervision of student clinical learning experiences.

*Clinical Education Faculty*: The individuals engaged in providing the clinical education components of the curriculum, referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs).

*Clinical Education Site/Facility*: The setting in which learning opportunities in clinical education are provided for physical therapy students. The clinical education site may be a clinic, hospital, home, school, or other setting and is affiliated with the academic institution through a contractual agreement.

*Clinical Education Team*: The team of program faculty involved in direct supervision of students during clinical education experiences, led by the Director of Clinical Education.

*Memorandum of Agreement*: The written document which defines the agreement made between the academic facility and the clinical education facility. This document outlines the rights and responsibilities of all parties. This document is often referred to as the "contract" or "affiliation agreement".

*Clinical Site Information Form (CSIF)*: The document which is completed by the CCCE at the clinical education facility and provides information about the facility for the DCE and students.

*Physical Therapist Clinical Performance Instrument (CPI)*: The written or web-based document that is completed by the student and the CI to evaluate the student's performance during the clinical experience.



# DOCTOR OF PHYSICAL THERAPY DEGREE CURRICULUM

## Didactic Curriculum

The D'Youville Doctor of Physical Therapy Program curriculum summary can be viewed on the program's website at the following web address: <http://www.dyc.edu/academics/schools-and-departments/health-professions/departments/physical-therapy/>.

## Clinical Curriculum

Clinical education is the portion of the student's professional education which involves practice and application of classroom knowledge and skills to clinical responsibilities. This occurs at a variety of clinical sites and includes experience in evaluation, patient care, critical thinking, administration, teaching, supervision, and evidence-based practice. The clinical education courses are critical to the development of competent, professional (entry-level) practitioners. It is important that the clinical education experiences be designed to maximize student learning. The D'Youville PT Department maintains responsibility for the clinical education courses while relying heavily on practitioners to design, implement, and assess student learning experiences and student performances. Therefore, coordination of student clinical assignments, communication with clinical education faculty, monitoring of the quality of the students' experiences, and assessment of student performance are vital to the quality of the students' education.

## Professional Behavior Curriculum

As the basis for professional behavior development assessment, the D'Youville PT faculty has adopted both the *APTA Core Values* and the *Professional Behaviors Assessment* (previously called the *PT Specific Generic Abilities*), originally developed by the faculty at the University of Wisconsin – Madison Physical Therapy Program. The *APTA Code of Ethics* is also used to guide the professional development of physical therapy students. Additionally, students are required to adhere to the D'Youville DPT Program's *Standards of Honor and Professional Conduct*.

Throughout didactic and clinical coursework, students are expected to consistently demonstrate professional behavior that adheres to the assessments and guidelines described in the documents listed in the prior paragraph (*APTA Core Values*, *Professional Behaviors Assessment*, *APTA Code of Ethics*, and *Standards of Honor and Professional Conduct*). If a student's behavior is shown to be deficient in any of the professional realms, faculty members will complete a Professional Behavior Assessment (previously called Generic Abilities Assessment) form describing the student's behavior. The faculty member will meet with the student to discuss the concerns and, if necessary, develop a plan to address and monitor the highlighted behaviors. If at any time a student's unprofessional behavior is deemed by faculty members to potentially impact the student's success during clinical experiences, the student may not be allowed to start the clinical phase of the curriculum or may be halted at any time during the clinical experiences.

## **APTA Core Values**

The D'Youville Physical Therapy Department embraces the American Physical Therapy Association (APTA) Core Values:

<b>Accountability:</b>	Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.
<b>Altruism:</b>	Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self-interest.
<b>Compassion/Caring:</b>	<p>Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.</p> <p>Caring is the concern, empathy, and consideration for the needs and values of others.</p>
<b>Excellence:</b>	Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.
<b>Integrity:</b>	Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.
<b>Professional duty:</b>	Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.
<b>Social responsibility:</b>	Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

## **Professional Behaviors**

In the physical therapy program at D'Youville, each student is expected to learn, in addition to academic knowledge and psychomotor skills, the professional behaviors required to be a competent and caring physical therapist. The process of becoming a physical therapist begins on the first day of class in the first year and evolves progressively over the three years that the student spends at D'Youville.

Professional behaviors (previously called generic abilities) are behaviors, attributes, or characteristics that are not explicitly part of a profession's core of knowledge and technical skills but are nevertheless required for success in that profession. The APTA endorses the work of May and colleagues (1995) which led to the identification of a core set of professional behaviors (generic abilities) for physical therapy. The Physical Therapy Program at D'Youville adopted this set of professional behaviors.

	<b>Generic Ability</b>	<b>Definition</b>
1.	Commitment to Learning	The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
2.	Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
3.	Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
4.	Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
5.	Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
6.	Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
7.	Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
8.	Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
9.	Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
10.	Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

*\*\* Developed by the Physical Therapy Program, University of Wisconsin-Madison (May et al. Journal of Physical Therapy Education, 9, 3-6, 1995)*

# **CLINICAL EDUCATION POLICIES AND PROCEDURES**

## **Clinical Orientation Courses**

Information about the clinical education process is disseminated in required clinical orientation courses (PT 503, PT 504, and PT 604). The clinical orientation courses provide information to students on the following: clinical education requirements, policies, and procedures; clinical selection process; Clinical Performance Instrument (CPI); and professional expectations. The selection of clinical placements occurs during the clinical orientation courses. Clinical Orientation I: PT503 is held during the summer at the start of the second year of study. Clinical Orientation II: PT504 is held during the fall semester of the second year of the program. Clinical Orientation III: PT604 is held during the spring semester of the second year of the program. Clinical experiences commence in the spring semester of the second year of study. There are a total of four full-time clinical education experiences. These full-time clinical education experiences occur in Year 2 and Year 3, for an equivalent total of 34 weeks of clinical experience.

## **Clinical Sites and Clinical Assignments**

### **Philosophy for Establishing and Retaining Clinical Education Sites**

Clinical education is an integral element in the physical therapy curriculum. The purpose of clinical education is to provide each student with a comprehensive sequence of clinical experiences in a variety of contemporary health care environments under the supervision and guidance of qualified clinical instructors. To assure that each student is exposed to a variety of quality clinical settings, sites are identified by several factors including the following:

- Appropriate accreditation by local, state, or federal organizations
- Congruence with D'Youville PT Program's Mission and Educational Philosophy
- Strong professional role modeling is demonstrated by staff and administration
- Staff expertise in areas of clinical practice offered at the facility
- Provision of high quality patient care
- Responsiveness to the needs of students
- Adequate staffing for the patient load and patient population encountered
- Types and numbers of patients cared for are adequate to meet the educational needs of the students
- Consistent and timely communication with the NYC clinical education team
- Administration supports clinical education and is aware of the time and effort required to provide a quality clinical education experiences for physical therapy students
- Atmosphere of the facility is conducive to learning as demonstrated through the availability of supervision, equipment, space, and educational resources, as well as positive staff/administrative interactions
- Clinical atmosphere promotes learning through assisting and facilitating goal setting and goal attainment with students

- Clinical staff demonstrate interest and a sincere commitment to clinical education through well-constructed verbal and written feedback to students and the program
- Geographical location is in an area that will enhance student opportunities
- Availability of clinical experience in specialized areas of patient care

The ability to provide a quality learning experience will be assessed by the Director of Clinical Education based on input from members of the D'Youville clinical education team, Clinical Site Information Form, communication with the facility, site visits, and student feedback. From this information, D'Youville may initiate or terminate a site agreement. When determining the initiation or continuance of a clinical education relationship with a facility, the bulleted factors listed above are considered. The guidelines published by the APTA in the document *Guidelines: Clinical Education Sites BOD G03-06-21-55* are used to guide decision making. (CAPTE CC-4)

Suggestions for future site development from students can be submitted to the Director of Clinical Education or Assistant Director of Clinical Education. Of note, students and family members are not to contact a potential clinical facility in an attempt to arrange a clinical experience. All new sites are evaluated by the Director of Clinical Education according to the guidelines listed above. Any student who bypasses this process may be referred for disciplinary action.

## **Clinical Site Selection Procedure**

During PT503, the first of the clinical orientation courses, students are provided with details of the clinical inquiry process and the clinical placement process. Students are educated on the process by which the list of available sites for each clinical is determined as well as the clinical setting requirements they must fulfill. Students are provided with details regarding the specific process for assigning each clinical experience.

During the clinical orientation courses, students are provided with access to the list of available clinical sites for each rotation through the E\*Value web-based system. Students have the ability to research available sites for each of the clinical rotations on E\*Value, including reviewing CSIFs (Clinical Site Information Forms) and evaluations of clinical sites from previous students. Each student is required to meet one-on-one with the DCE or ADCE to discuss planning and preferences for their clinical rotations.

During the clinical orientation courses, students submit preferences for their clinical experiences through the E\*Value system. Each student is required to submit his/her top 15 site selections for each clinical rotation. Sites MUST be selected from the list of available sites in order for a student to qualify for the clinical placement process. The E\*Value Optimization Scheduling (EVOS) tool is used to determine each student's clinical assignments. Each student's preferences are reviewed by the optimizing program simultaneously to determine the best possible clinical assignments for every student. The goal of the EVOS system is to assign student clinical placements with the highest level of student satisfaction. Every student is treated equally, and every student's preferences are taken into account. The faculty of the D'Youville Physical Therapy Department reserves the right to make final decisions regarding clinical placements.

In situations where a student does not receive a placement through E\*Value's optimization program or an assigned site becomes unavailable, students will be assigned to their clinical sites by the Director of Clinical Education based on matching clinical site availability, clinical education expectations, academic requirements, student needs identified by faculty, and student preferences. The faculty of the D'Youville Physical Therapy Department reserves the right to make final decisions regarding clinical placements.

Individuals with disabilities who provide appropriate documentation will be provided reasonable accommodations to assure access, independence, and full participation in the clinical education process. For more information students should contact D'Youville Office of Accessibility Resources.

## **Clinical Setting Requirements**

Students are required to complete **at least one** clinical experience in a non-ambulatory care setting, which can include the following: inpatient setting (hospital, sub-acute, MRU, long term care, skilled nursing facility, etc.) or home care setting. Students are required to complete **at least one** clinical experience in an ambulatory care/outpatient setting (private clinic, hospital-based outpatient clinic, corporate owned outpatient site).

It is required that each student complete clinical experiences in a **variety** of clinical settings including a variety of patient diagnoses and ages. This promotes diversity of exposure to a wide breadth of clinical experiences and facilitates optimal student exposure to learning experiences in the following realms: patient diagnoses; patient/client ages; geographical clinic settings; treatment approaches utilized; cultural diversity; private practice vs. hospital based vs. corporate practice settings.

Students **MUST complete at least one rotation out of town**, which is defined as greater than 50 miles from D'Youville campus. This enables students to experience the diversity of ways in which physical therapy is practiced in different geographical areas. Students **may be required** to complete more than one clinical experience out of town, depending on site availability and clinical setting availability.

Students are responsible for all living and transportation costs incurred during clinical assignments, including but not limited to, the following: rent, airfare, rental car, food, parking, fuel, and uniforms. Students are responsible for any costs associated with meeting site requirements. This may include, but is not limited to, the following: drug screen, criminal background check, additional immunizations and titers, etc.

The faculty of the D'Youville Physical Therapy Department reserves the right to make final decisions regarding clinical placements.

## **Clinical Site Cancellation and Reassignment**

Occasionally it may become necessary for a clinical site or D'Youville to cancel or reassign a clinical site placement. When the DCE is contacted, the students are immediately notified by e-mail. An unfortunate result of such changes is that the options for re-assignment can be quite limited. The student meets with the DCE to discuss preferences and options for a new site. The student is assigned to the first site that is available that meets the clinical education requirements.

## **Academic Requirements/Eligibility for Participation in Clinical Education Experiences**

Academic requirements that all students must meet in order to participate in clinical education experiences are published in the *D'Youville Physical Therapy Department Student Manual*.

Students are required to obtain permission of department faculty and successfully complete all course-related competency exams prior to registration in clinical education experiences. Students must successfully complete the Clinical Readiness Assessment in order to be eligible to begin clinicals. Permission to participate in clinical education experiences may be denied on the basis of demonstrated weakness or inability to meet the program's academic or professional standards.

All clinical education experiences must be completed with a satisfactory (S) grade. Students receiving an unsatisfactory (U) grade for a clinical experience must receive formal approval of program faculty to repeat the clinical experience. A second unsatisfactory (U) grade for a clinical experience will result in dismissal from the program. All clinical education experiences must be completed within 12 months of completion of professional academic coursework or repetition of academic courses may be required. A student will not be permitted to repeat more than one clinical education experience.

# **Roles and Responsibilities**

## **Director of Clinical Education (DCE)**

The Director of Clinical Education (DCE) is the licensed physical therapist employed by the academic institution who plans, develops, supervises, organizes, facilitates, monitors, assesses, coordinates, and administers the clinical education component of the physical therapy curriculum. The DCE is the faculty member of record for the clinical education courses. The DCE serves as the liaison between the didactic and clinical components of the curriculum.

The primary roles and responsibilities of the DCE include the following:

- 1) Communicate Between D'Youville and Affiliated Clinical Sites
  - a. Communicates current information about curriculum, program philosophy, clinical course objectives, and site availability to all concerned parties (clinical education sites, clinical education faculty, D'Youville clinical education team, students, D'Youville).
  - b. Provides ongoing communication with clinical education faculty (CCCEs and CIs) regarding the academic program, including curriculum, course objectives, and policies and procedures related to clinical education.
  - c. Facilitates negotiations of affiliation contractual agreements as well as maintenance of the contracts.
  - d. Communicates with clinical education sites about type of student placements available and expectations of clinical site.
  - e. Communicates with CCCEs and CIs regarding clinical education faculty development opportunities.
  - f. Communicates directly with and oversees communication with CCCEs and CIs regarding student progress and assessment of student progress during clinical experiences.
  - g. Provides support and guidance as required in situations where issues or concerns are present during clinical experiences.
- 2) Communicate With DPT Program Students
  - a. Informs students of clinical education policies and procedures.
  - b. Provides students with access to information about clinical sites to facilitate selection of preferences for assignment of clinical rotations.
  - c. Develops schedules of clinical placement assignments and coordinates the dissemination of this information to students and sites.
  - d. Oversees the communication of D'Youville clinical education team members with students, including direct communication with students and clinical education faculty as needed to support, problem solve, and discuss relevant issues.
  - e. Obtains and evaluates feedback from students regarding clinical education experiences and clinical instruction.
- 3) Clinical Education Program Planning, Implementation, and Assessment
  - a. Plans and implements D'Youville's clinical education curriculum in collaboration with the Program Chairperson, academic faculty, clinical education faculty, and students.
  - b. Develops, revises, and reviews clinical education policies and procedures.



- c. Monitors student performance to ensure that they successfully complete the clinical education experiences, including reviewing student evaluations and overseeing communications with clinical education faculty and students.
  - d. Assigns the final grade for all clinical education courses, determining the grade based on the following: assessment of student performance on CPI; consultation with individual clinical instructors (CI) and their assigned students; review of documentation from in-person meeting or phone conference between clinical education team member, CI(s), and student; timely submission of required documents.
  - e. Utilizes appropriate intervention strategies with CCCEs, CIs, and students in situations where difficulties have been demonstrated while on clinical education experiences, including instances where learning strategies are necessary.
  - f. If necessary, develops remedial clinical experiences for students, including collaboration with other appropriate faculty and college resources.
  - g. Provides direct input into the curriculum development process, including design, review, and revision of curriculum, through collection, organization, and dissemination of pertinent information from clinical sites and students.
  - h. Administers the program's clinical education records systems, including the database of affiliated sites, current information on clinical education sites and faculty, copies of negotiated affiliation agreements, student performance reports during clinical education experiences, and assessment data on clinical sites and clinical faculty.
  - i. Develops and coordinates the program's evaluation process for the clinical education component of the curriculum, including determination of the tools used to evaluate the clinical sites, teaching effectiveness of clinical education faculty, and student performance.
  - j. Administers immunization and preventative health policies and procedures that are consistent with the requirements of federal, state, institutional, and site specific guidelines.
  - k. Implements liability protection of students that is consistent with legal, institutional, and site requirements for risk management.
  - l. Serves the Physical Therapy Program in additional teaching, advising, research, and service activities.
- 4) Clinical Site and Clinical Education Faculty Development
- a. Determines criteria and procedures for selecting, utilizing, assessing, and maintaining clinical sites.
  - b. Establishes and maintains an appropriate number of quality clinical sites to meet the educational needs of the students and the DPT program.
  - c. Offers development opportunities for clinical education faculty at clinical education sites through collaboration with clinical education faculty and through ongoing evaluation of site needs.
  - d. Continues to be aware of and knowledgeable about current trends in health care and the effects on clinical education, apprising clinical education faculty and academic faculty about trends and changes.
  - e. Advises faculty members of the DPT program about their roles and responsibilities related to clinical education.

## **Center Coordinator of Clinical Education (CCCE)**

The Center Coordinator of Clinical Education (CCCE) is the licensed physical therapist employed and designated by the clinical facility to direct, organize, coordinate, supervise, and evaluate the clinical education program in that facility. The CCCE's primary role is to serve as a liaison between the academic institutions and the clinical facility.

The primary roles and responsibilities of the CCCE include the following:

- 1) Identify, organize, and coordinate the specific learning experiences available at the clinical education site.
- 2) Maintain communication with DCE and program faculty in regard to availability of clinical education experiences, scheduling of students, and site-specific requirements.
- 3) Once student is scheduled to the site, CCCE confirms placement and communicates directly with the student (or directs the CI to communicate directly to the student) about site expectations and requirements.
- 4) Assign clinical instructors (CIs) for each clinical placement, evaluating each CI's readiness and preparedness to serve as a CI. It is strongly recommended that the CCCE use the APTA's *Guidelines: Clinical Instructors* (HOD G06-93-28-52) and the APTA's *Guidelines and Self-Assessments for Clinical Education* found at the following link:  
<http://www.apta.org/Educators/Assessments/ACCE/DCE/GuidelinesandAssessmentsforClinEd/>
- 5) Provide or schedule provision of a thorough orientation of the facility, including but not limited to general policies and procedures, emergency procedures, philosophy of the site's clinical education program, goals and expectations for the student while at the facility, and student learning objectives.
- 6) Maintain communication with DCE, program faculty, CI, and student during the clinical education experience.
- 7) In situations where indicated, collaborates with the DCE, CI, and student to problem solve and assist in planning remedial, alternative, accommodative, or challenging learning experiences.
- 8) Organize, coordinate, direct, evaluate, and supervise the activities of the clinical instructors and students assigned to the clinical site.
- 9) Revise and submit updated Clinical Site Information Form (CSIF).
- 10) Organize and implement development activities for the clinical instructors to enhance their skills as clinical educators.
- 11) Provide regular feedback to the program about student performance and perceived strengths and weaknesses of the academic program.
- 12) Provide regular assessment of the effectiveness of the DCE and program faculty involved in clinical education supervision.
- 13) Review the D'Youville Department of Physical Therapy Clinical Education Manual.
- 14) Act as a role model for ethical, legal, and professional behavior.
- 15) Demonstrate effective communication, interpersonal, instructional, supervisory, performance evaluation, administrative, and managerial skills. (Refer to APTA's *Guidelines: Center Coordinators of Clinical Education* HOD G06-93-29-52).

## **Clinical Instructor (CI)**

The clinical instructor (CI) is the licensed physical therapist employed by the clinical facility who is designated by the Center Coordinator of Clinical Education to instruct, mentor, supervise, and evaluate the physical therapy students in the clinical education setting. The CI has a minimum of one year of clinical experience. The CI is involved with the daily responsibility and direct supervision of student clinical learning experiences.

The primary roles and responsibilities of the CI include the following:

- 1) Communicate with the CCCE and student prior to the student's arrival at the facility, providing information to the student on the clinical site, expectations of students, and site requirements.
- 2) Plan and provide appropriate clinical learning experiences for the students taking into account the student's level in the academic program as well as their previous clinical experiences.
- 3) Provide or schedule provision of a thorough orientation of the facility, including but not limited to general policies and procedures, emergency procedures, philosophy of the site's clinical education program, goals and expectations for the student while at the facility, and student learning objectives.
- 4) Communicate expectations, assignments, and objectives to the student.
- 5) Maintain communication with the CCCE, DCE, and supervising DYC clinical education team member regarding the student's performance.
- 6) Provide appropriate supervision and guidance to the student throughout the clinical experience.
- 7) Contact the DCE with unexcused student absences or other student requests that are not consistent with a positive learning experience.
- 8) Contact the CCCE and DCE to identify any "red flag" areas on the CPI prior to midterm evaluation.
- 9) Formally evaluate the student's performance at midterm and final using the Clinical Performance Instrument, providing comments to substantiate the level of performance.
- 10) Verbally review student performance formally at midterm and final through discussion of CPI evaluations completed by CI and student.
- 11) Promptly recognize student performance or professional concerns, identifying these concerns to the student as well as to the supervising clinical education team member and/or DCE.
- 12) Assure that in their absence at the clinical site that the student is provided with direct supervision from a licensed physical therapist. If another licensed physical therapist is not available to directly supervise the student in the CI's absence, the student may not evaluate, treat, or otherwise be involved in treatment care for that time period.
- 13) Demonstrate clinical competence and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy. (Refer to APTA's *Guidelines: Clinical Instructors* HOD G06-93-28-52).
- 14) Demonstrate effective behavior, conduct, and skill in interpersonal relationships (Refer to APTA's *Guidelines: Clinical Instructors* HOD G06-93-28-52).
- 15) Demonstrate effective communication skills, instructional skills, supervisory skills, and evaluation skills (Refer to APTA's *Guidelines: Clinical Instructors* HOD G06-93-28-52).
- 16) Review the D'Youville Department of Physical Therapy Clinical Education Manual.
- 17) Complete the required documentation for the completion of the student's clinical, including completion and sign-off on CPI Web, assessment of DCE and supervising faculty member, and evaluation of student in-service form.
- 18) Participate in development courses offered to enhance clinical instruction skills.
- 19) Act as a role model for ethical, legal, and professional behavior.

## **Responsibilities of the Student Physical Therapist (SPT)**

The Student Physical Therapist is expected to fulfill all the responsibilities listed below. Failure to meet the listed responsibilities may result in one of the following: cancellation of the clinical experience; academic probation; and/or academic dismissal.

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

1. Adhering to the PT Program's policies for clinical education, in particular annual physical examination and health screens, immunizations and titers, annual PPD, HIPAA training, OSHA training and CPR/First Aid. If applicable, students must also adhere to facility requirements for criminal background checks and/or drug screening. It is strongly recommended that students have personal health insurance.
2. Reviewing the academic program's Student Handbook and the Clinical Education Manual and abiding by all policies and procedures.
3. Completing the Student Affiliate Profile, Learning Style Inventory, and Letter of Introduction for each clinical rotation and mailing to their assigned site a minimum of 6 months prior to the start date of the clinical affiliation.
4. Making telephone contact with the facility CCCE in a timely manner as instructed by DCE and/or ADCE. Students are responsible for inquiring about and fulfilling all site requirements, which may include but are not limited to: annual physical exam; annual PPD and/or 2-step PPD; immunizations and titers; criminal background check; drug screen. Students should use the "Student Checklist for Clinical Education Experiences" document as a guide when contacting sites about these requirements (see Clinical Forms section).

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

1. Adhering to the policies, procedures, rules, and regulations of the clinical education site.
2. Adhering to the D'Youville clinical education policies as stated in the Student Handbook and the Clinical Education Manual.
3. Demonstrating the utmost professionalism and adult learning behaviors when participating in professional activities of the clinical education site, including adherence to the APTA Core Values.
4. Completing all assignments requested by the clinical site, CCCE, CI, and academic program within the timeframe given.
5. Completing CPI self-evaluation at midterm and final, providing comments that substantiate performance level.
6. Communicating regularly with assigned DYC clinical education team member regarding the clinical education experience. In cases where concerns or issues are present, the student is required to communicate immediately with the clinical education team member or DCE.
7. Reflecting on the quality of his/her own mastery of professional knowledge, attitudes, and skills by completing the required student self-assessments. At a minimum, this includes the Weekly Planning Form and the CPI Web midterm and final self-evaluations.
8. Evaluating the effectiveness of the clinical education experience at the clinical education site and providing feedback about the clinical education site and clinical instructor by completing the required evaluation forms at the completion of each clinical experience.
9. Evaluating the D'Youville clinical education team, including direct faculty supervisors and DCE, at the end of each clinical education experience.
10. Adhering to all of the policies listed in the next section entitled "Clinical Education Student Policies".

# Clinical Education Student Policies

## **Submission of Documents to Facility**

Students are required to email or mail the following documents to their assigned clinical site: 1) Letter of Introduction, 2) Learning Style Inventory, and 3) Student Affiliate Profile. These three documents are to be sent to the site within one week after the DCE or ADCE has instructed students to send them.

## **Communication With Clinical Site**

Students will send the three documents discussed in the above section to the clinical site many months in advance of the clinical dates. As the clinical timeframe approaches, it is the student's responsibility to directly communicate with the CCCE at his/her assigned clinical site well in advance of the start date of the clinical. **The student must have direct email or phone communication with the CCCE three months prior to the start date of the clinical.** Many sites have additional requirements that must be fulfilled, most of which require time and advanced notice to complete (i.e. background check, drug screen, additional health documentation, etc.). The DCE and ADCE will provide students with periodic reminders to make direct contact with the site. ***If a student fails to make direct email or phone contact with the CCCE after instructed by the DCE or ADCE to do so, the student's clinical experience may be cancelled.***

## **Expenses**

Students are responsible for all expenses associated with clinical education. Expenses may include, but are not limited to, housing, meals, transportation, library fees, parking, fuel, tolls, uniforms, and professional attire. Students are also responsible for any costs associated with meeting site requirements. This may include, but is not limited to, the following: drug screen, criminal background check, additional immunizations and titers, etc.

When students are planning for financial aid, an expense budget for clinical education should be included. Students are encouraged to meet with their Financial Aid Advisor to discuss this.

## **Personal Appearance**

When students are at clinical education facilities (whether on fieldtrips, observations, or full-time clinical education experiences), they must dress appropriately for that facility. It is expected that students will meet the following expectations for dress code and personal appearance:

### *General Personal Appearance Requirements*

- All clothes should be neat, clean (no spots or odor), without tatters or holes, and pressed.
- Deodorant should be worn at all times.
- Due to the presence of allergies to certain smells, perfume/cologne should not be worn while at clinical education facilities.
- Lab coats should be worn if the facility requires.
- D'Youville Student Physical Therapist photo identification badge must be worn and visible at all times.

### *Pants/Slacks*

- Students must wear dress-styled slacks. Jeans of any style are neither professional nor acceptable. Shorts and capris are not appropriate.
- Pants should not reveal undergarments or skin when bending over or completing any squatting or reaching activities; visible undergarments are not acceptable.
- Tight fitting pants through the buttocks and thigh are unacceptable.

### *Shirts/Tops*

- Students must wear shirts/blouses/polo-style tops that coordinate with slacks.
- Shirts should not expose midriff when reaching overhead or bending over.
- Shirts should not be see-through (revealing undergarments).
- Shirts that are low cut or sleeveless are inappropriate.

### *Footwear*

- Sandals/open-toed shoes and high heels are not appropriate. Students are expected to wear closed flat shoes. Athletic sneakers are permitted if the facility has no objections. Socks or stockings must be worn.

### *Jewelry*

- Jewelry should be traditional/conservative and should be kept to a minimum (watch, non-abrasive ring, non-dangling earrings).

### *Piercings*

- Visible jewelry/piercings of the head and face, other than simple ear piercing, is not permitted in the clinic. Exceptions are made only for cultural or religious mandates.

### *Hair*

- Long hair should be secured back so that it remains out of the visual field of the student and does not pose a hazard during treatment.

### *Tattoos*

- Tattoos should not be visible.

### *Fingernails*

- Nails should be neatly trimmed to within 1/8" of white fingernail growth showing in order to prevent injury to the patient. If polish is worn, it should be modest in color and free of chips.

### *Personal Hygiene*

- Students are required to maintain personal hygiene, including cleanliness of the body and absence of body odor.

### *Consequences of Unacceptable Personal Appearance*

- Only one warning will be given with respect to unacceptable dress, inadequate hygiene, or inappropriate appearance during a clinical education experience. Failure to comply following one warning may result in dismissal from the clinical.

## **Clinical Hours**

Students are required to adhere to the hours of their assigned Clinical Instructor(s) as specified by the Center Coordinator of Clinical Education (CCCE) and or/Clinical Instructor (CI). Holidays and semester breaks, which are honored by the college, are not necessarily honored by the specific clinical facility.

**Students should never request modification of their assigned clinical schedule to accommodate their personal or work schedules.**

A student is expected to be punctual in daily arrival at the facility and to remain at the facility until excused by the CI or CCCE. Excessive tardiness or a failure to maintain specified hours may be a cause for dismissal from a clinical experience by the CCCE. Students are not permitted to request a change of their clinical hours to accommodate personal schedules, including outside employment or family obligations.

## **Attendance**

Students are expected to avoid absences during clinical education experiences and to submit documentation of reasons for any absences that may occur. **In the event a student is unable to report to a facility during a clinical experience, the student must inform the center CI/CCCE, the supervising faculty member, and the DCE by email or phone prior to the start of the scheduled clinical day.** Failure to notify all of these parties prior to the start of the scheduled clinical day will result in submission of a Professional Behavior Assessment form. As a reminder, after a student has two Professional Behavior Assessment forms submitted by faculty indicating unsatisfactory performance during the DPT curriculum, the student will be reviewed by the Progress Committee.

If a student anticipates any missed days due to external circumstances, this **MUST** be discussed with the DCE or ADCE. It is expected that this would occur only in rare and extenuating circumstances. Permission is required from the DCE or ADCE prior to discussing this with the CCCE or CI.

All absences from clinicals must be made up to achieve a Satisfactory grade for a clinical education experience. Equivalent make-up time will be scheduled at the discretion of the CI/CCCE in consultation with the supervising faculty member. Make-up time is subject to availability at the assigned facility.

In cases of inclement weather, student safety in travel is of utmost concern. Students are to use caution with inclement weather. Students are still expected to attend their clinical if the facility is open and if weather conditions warrant safe travel. If the clinical facility closes or the clinical instructor specifically tells the student to avoid travel due to inclement weather then the student will be excused. Generally it is not necessary to make up days missed due to inclement weather but the CCCE/CI will discuss expectations.

### **Absence of Clinical Instructor**

Program students are not permitted to treat patients during clinical education experiences at times when a licensed physical therapist is not on the premises of an assigned facility. If a student's clinical instructor is unable to report for work, the student must leave the clinical facility if the CCCE or another licensed physical therapist who the CCCE deems to be an approved qualified substitute is unable to serve as the on-site supervising therapist in the CI's absence. Under no circumstances is a student allowed to engage in the treatment or evaluation of patients if a licensed physical therapist is not present on the premises. Students are not required to make-up time lost as a result of the unavailability of fully qualified professional supervision.

### **Health Requirements**

Each student is required to have a complete physical examination prior to participating in any clinical experience course. A completed copy of the *D'Youville Physical Assessment/Certification for Clinical Placement* form, including the *Allied Health Departments List of Required Immunizations*, must be submitted **annually**. A physical exam is current and valid for one calendar year from the date of exam. A copy of the health form must be submitted to the D'Youville Health Center and an electronic copy must be uploaded to the student's Personal Records on E\*Value. If there is not a current (completed within the last calendar year) physical examination form on file, the student cannot participate in the clinical experience course.

**The student maintains the responsibility to provide documentation to the clinical site verifying physical health and immunization requirements. Each student must contact the CCCE to determine the site's specific health requirements. The student must provide required documentation of health requirements within the timeframe specified by the site.**

Individual clinical sites often request additional medical documentation from the student that is over and above the D'Youville PT Program requirements. It is the responsibility of the student to find out this information prior to attending the clinic. The student has the responsibility to fulfill these requirements within the timeframe required by the clinical site in order to participate in the clinical experience.

Should a student's health status change after a health form is submitted and before participation in a clinical education course, a medical release from a physician will be required before the student can participate in the clinical practice course.

Should a student's health status change during a clinical education course, resulting in excessive absences (greater than 3 days), a medical release from a physician will be required for the student to continue the experience.



## **Liability Insurance**

All clinical sites require liability insurance coverage. The fee for the liability insurance has been included as part of the student activities fee. D'Youville will complete the processing of the policy and will send the Certificate of Insurance directly to the clinical site. Students must be registered for the respective clinical course in order to be covered by the college's liability insurance. Under no circumstances may a student participate in any clinical practice activity without current liability insurance.

## **CPR**

Prior to starting clinical experiences, students must provide evidence of current certification in CPR for Health Professionals (Basic Life Support). CPR certification must have a hands-on training component and skills performance evaluation. Hybrid courses are acceptable as long as there is an in-person hands-on component to the course. CPR courses that are offered fully online will NOT be accepted.

## **OSHA and HIPAA**

Training for Occupational Safety and Health Administration (OSHA) and Health Insurance Portability and Accountability Act (HIPAA) is required for clinical experience participation and will occur within the DPT curriculum.

## **Criminal Background Check**

Some facilities require criminal background checks prior to the student starting a clinical placement at the site. It is the responsibility of the student to determine the specific background checks that are required as well as fulfill the appropriate requirements of the clinical site. Students are responsible for all costs associated with these checks if they are not covered by the clinical site.

## **Drug Screen**

Some facilities require drug screening prior to the student starting a clinical placement at the site. It is the responsibility of the student to determine the type of drug screen required, including the number of panels required, as well as fulfill the appropriate requirements of the clinical site. Students are responsible for all costs associated with the drug screening if they are not covered by the clinical site.

## **Interview**

Some facilities require an interview with the student prior to acceptance of the student for a clinical placement. If an interview is required, the student must conform prior to attending the clinic.

## **Student Benefits/Remuneration During Clinical**

A student who will be receiving any type of benefit or remuneration during a clinical experience MUST notify the Director of Clinical Education at least one month prior to the clinical start date. Examples of benefits/remuneration include, but are not limited to, the following: stipend payment; discounted housing; free housing; free/discounted meals; and parking remuneration.

Any international student who is receiving any type of benefit or remuneration during a clinical experience MUST also contact the International Student Services (ISS) office, at least one month prior to the clinical start date.

## **Confidentiality**

All clinical education faculty, clinical facility employees or representatives, students, academic faculty, or D'Youville representatives shall protect from unauthorized disclosure all information, records, and data pertaining to clinical facility patients/clients. Students must be in compliance with HIPAA regulations.

## **Authorization for Release of Records**

Students are required to sign the *Authorization for Release of Records* form prior to starting their first clinical experience. This allows D'Youville PT program faculty and staff to view, share, and release records in connection with a student's participation in the clinical education program. The records that may be released are: all records part of any clinical placement medical assessment information, including health reports, vaccination records, criminal background checks, and drug testing reports relating to a student's status as a D'Youville student requesting placement as assigned clinical sites.

## **Documentation**

Students are expected to begin to develop competency in writing evaluations and progress notes during Basic Skills I and II. Students should progress in developing their documentation skills by completing documentation on all services they provide. The CI should critically review the student's notes and make suggestions for improvements as needed. The CI will determine when student notes are acceptable for inclusion in the medical record. All documentation written by the student will be co-signed by the CI prior to being entered into the medical record. This will indicate CI approval of accuracy of information included in a student note. Whether a note is co-signed or not, the assigned CI is responsible for the entirety of student performance during the clinical education experience, including all forms of medical documentation.

## **Self-directed and Team Learning**

One of the keys to building a successful career as a physical therapist is to engage in self-directed learning. Students must take responsibility for attaining and maintaining skills during their clinical experiences and throughout their professional careers. A key component to success in clinical education experiences is the willingness to accept the responsibility of directing one's own learning. Students may enter into their clinical experiences believing that they will passively absorb everything that they need to learn through observation and practice. However, it is imperative for students to take a more active role in providing direction for their individual learning experiences. Reading, study, discussion, research of evidence-based practice, and reflection are essential and should be done daily. Students will need to take responsibility for monitoring the types of learning experiences to which they are being exposed.

Students may also have the opportunity to act as a team with another PT student from this program or another PT program during some or all of their clinical experiences. Students will be expected to participate in and facilitate the learning of their fellow PT students. PT students are strongly encouraged to seek out opportunities to interact with OT, PTA and other health profession students when opportunities arise. Establishing early links with the other health professionals will help to prepare the PT student to refer appropriate clients for their individual services. Students are encouraged to contact core faculty if they have questions about core faculty specialty.

## **Professional Conduct**

There is an expectation that students enrolled in the D'Youville DPT program accept full responsibility for their behavior, professionalism, and performance of safe practice during clinical education courses. This is confirmed by student completion of the *Statement of Understanding for Commitment to Safe Practice* (found in the PT Department Student Manual) and the *Standards of Honor and Professional Conduct* during the first semester of study.

A clinical education center CCCE may dismiss a student **without warning** for behavior regarded as being dangerous, disruptive, or unprofessional. In such cases, the CCCE will immediately notify the Program DCE by telephone (716) 829-7708. Following dismissal for behavior, the approval of both the CCCE and DCE are required for student resumption of the interrupted clinical education experience. The student will be referred to the D'Youville DPT Program Progress Committee. Problems considered sufficiently difficult or serious by the CCCE, DCE, or Progress Committee may be referred for appropriate professional counseling. In the event an unacceptable behavioral problem cannot be fully resolved, a student may be required to withdraw from the program by formal action of the Progress Committee.

# **Evaluation of Student Clinical Performance**

## **Assessment of Clinical Practice Performance**

Clinical instructors will formally evaluate students at midterm and at the conclusion of a clinical education course. The evaluations will be documented using the Clinical Performance Instrument (CPI). Most facilities are currently using the on-line version of the CPI, the APTA PT CPI Web. This evaluation tool includes 18 items upon which student performance is assessed. The CI will formally discuss with his/her assigned student the specific assessments recorded in the CPI in terms of instructor perceptions of level of achievement on the evaluative items of the CPI. Additionally, CI feedback will be reflected on written comments on the CPI. Following this formal review, both the CI and the student will electronically sign-off on the instrument.

If a CI elects not to use the CPI Web, the 24-item written CPI hard copy document can be mailed to him/her upon request. If the hard copy version is used, reviewed instruments must be signed by both the CI and the student and will then be mailed by the CI to the program DCE at the conclusion of the clinical experience period.

## **Clinical Contact by Clinical Education Team**

While completing clinical education experiences, each student will be assigned a member of the D'Youville DPT Program clinical education team as his/her "faculty supervisor". Students will be notified of their assigned faculty supervisor by the first day of the clinical experience. It is expected that any questions, concerns, or issues related to the current clinical experience be brought to the immediate attention of the assigned faculty supervisor. The DCE will be notified of any issues or concerns during clinical experiences.

Students and CIs will be contacted by the assigned faculty supervisor within the first week of the clinical experience. This is important in order to establish early communication with the site, CI, and student. Ongoing communication via phone and/or email between the student and faculty supervisor as well as between the CI and faculty supervisor is important and valued. Students and CIs are expected to contact the faculty supervisor if any concerns are present.

## **Clinical Site Visits and Phone Conferences**

At a mutually acceptable time, the assigned faculty supervisor will schedule either a meeting or a phone conference with the CI and student for a formal discussion of student performance at the clinical site. Determination of whether a face-to-face site visit is made or a phone conference is conducted is dependent upon several factors, including geographic location, student and/or site needs, number of times site and/or student have been visited, and availability of the faculty supervisor to travel to site location.

Additional visits may be scheduled if deemed necessary due to unusual circumstances or student difficulties. Should such circumstances arise, the student or CCCE is requested to contact the DCE by telephone at (716) 829-7708 to schedule additional meetings as required.

## **In-service Presentation**

Students are required to complete an in-service presentation while completing clinical education experiences II, III, and IV. If the clinical site or CI requires that the student complete an in-service for the first clinical, the student must comply. If the CCCE and CI request that a student complete a project instead of a traditional in-service presentation, the student is required to have this project approved by the faculty supervisor to assure that the level of scholarly work involved is at a graduate level. Evaluation of the scholarly work completed by the student for the preparation and delivery of the in-service presentation is assessed by the CI using the *Inservice Evaluation Form* (see Clinical Forms section).

## **Grading Clinical Education Courses**

### **Clinical Education Objectives**

Acceptable levels of professionalism are required throughout all clinical education experiences. In addition, students must achieve the objectives specified for each clinical experience to be awarded a satisfactory (S) grade and receive credit for successful completion the clinical course. Student oriented objectives for each clinical education experience of the program curriculum are specified by the formal syllabi for the clinical education course. The course syllabus for the clinical education course is emailed to the CCCE, CI, and student one month prior to the start of the clinical experience. Expected levels of student performance for each of the four clinicals are specified on the respective clinical course syllabi.

### **Evaluative Feedback**

A clinical instructor (CI) will provide ongoing evaluative feedback with respect to the progress of an assigned student toward the achievement of the objectives specified by the program for a clinical education experience. CIs and students are required to formally notify the faculty supervisor who then notifies the Program DCE when a major deficiency in performance or some other serious concern becomes apparent during a clinical education experience. In the event there is a 2:1 CI:student ratio, both CIs are expected to provide adequate feedback relative to student clinical performance.

### **Evaluation Format and Procedures**

CIs will formally evaluate assigned students at the midpoint and at the conclusion of a clinical education experience. The evaluations will include use of the Clinical Performance Instrument (CPI). The student is also required to complete a self-evaluation using the CPI at the midpoint and end of the clinical education experience.

A CI will formally inform an assigned student of the specific assessments recorded by the CI in the CPI, in terms of instructor perceptions of level of achievement of clinical experience course objectives. CI feedback will be reflected in written comments on the CPI. During this time, the self-evaluation will be shared with the CI. It is important that the CI and student determine if the CI's assessment and the student's self-assessment are similar in both the quantified markings on the rating scale as well as documented comments. Significant discrepancies should be formally discussed with the supervising faculty member and/or the DCE. Following this formal review, both the CI and the student will sign the instrument electronically using the CPI Web sign-off button.

The electronic versions of the student evaluations are maintained through the CPI Web system. If the CI elects to complete the hand-written CPI, the signed completed evaluations (CI evaluation and self-evaluation) will be mailed by the CI to the program DCE at the conclusion of the clinical education experience time period and retained in program student files.

The CI will complete the Evaluation of Student In-service form assessing the student's scholarly work in presenting and delivering the in-service presentation.

### **Required Documents for Completion of Clinical Experience Courses**

In order for a student to receive a satisfactory "S" grade for a clinical education course, the following must be submitted by the established due date via email or the E\*Value system. Students will be notified via email approximately one week prior to the end of the clinical experience in regard to the required documentation that must be submitted and the due date.

- Clinical Instructor Clinical Performance Instrument (CPI)
- Student (Self) Clinical Performance Instrument (CPI)
- Physical Therapist Student Assessment of the Clinical Experience (completed on E\*Value)
- Physical Therapist Student Assessment of the Clinical Instruction (completed on E\*Value)
- Clinical Education Team Assessment Form: CCCE and CI Version (CI completes on E\*Value)
- Student Assessment of DCE (completed on E\*Value)
- Student Assessment of Supervising Faculty (completed on E\*Value)
- Clinical Instructor Evaluation of In-service or Project for PT 674, PT 675, and PT725 (email to PT Department Office Manage)
- Copy of In-service or Project for PT 674, PT 675, and PT725 (email to PT Department Office Manage)

### **Award of Grades for Clinical Experiences**

The Director of Clinical Education (DCE) will determine final grades for each clinical education experience included in program curriculum. Expected levels of student performance for each of the four clinicals are specified on the respective clinical course syllabi. The final grade is based on the following: assessment of student performance on CPI; consultation with individual clinical instructors (CI) and their assigned students; review of documentation from in-person meeting or phone conference between program supervising faculty member, CI(s), and student; timely submission of required documents. All clinical education experiences will be graded as satisfactory (S) or unsatisfactory (U). Submission of all required clinical paperwork is necessary for achievement of an "S" grade.

## Failure to Achieve Satisfactory Grade in a Clinical Education Course

Failure to achieve a satisfactory (S) grade for a clinical education experience may occur in cases of professional behavior concerns or in cases where the student has not achieved the required level of performance on the Clinical Performance Instrument as identified on each clinical course syllabus.

If the failure to achieve a satisfactory grade for the clinical education course is related to professional behavior concerns, a Professional Behavior Assessment form will be completed by the D'Youville supervising faculty member or DCE to identify areas of deficiencies. The student will also complete a self-assessment on the Professional Behavior Assessment form. The student, DCE, and at least one additional program faculty member will formally meet to determine an appropriate course of action. Alternative courses of action may include, but are not limited to, additional time for achievement of objectives or repeat of clinical education experience. A specific remediation plan will be developed for the students after assessing clinical and/or professional deficiencies. A learning contract may be created in collaboration with CCCE, CI, DCE, ADCE, faculty members, and student regarding specific objectives.

If the failure to achieve a satisfactory grade for the clinical education course is the result of the student not achieving the level of performance on the CPI required for the specific clinical education course, the student, DCE, and at least one additional program member will meet to determine an appropriate course of action. Alternative courses of action may include, but are not limited to, additional time for achievement of objectives or repeat of the clinical education experience.

### Additional Time for Achievement of Objectives

A student who fails to achieve a satisfactory grade in a clinical education course may be required to complete additional time in an appropriate clinical setting. The student will receive a grade of incomplete "I" for the course. The DCE will determine the additional time considered necessary to remedy deficiencies after consultation with the CCCE, CI(s), and student. Additional clinical experience may be completed at the same clinical facility or at another facility selected by the DCE. Additional time will be provided on a space available basis and may result in delayed graduation for the student.

### Repeat of Clinical Education Experience

A student who fails to achieve a satisfactory grade in a clinical education course will receive an unsatisfactory "U" grade, and the student will be required to re-register for the course and complete the full-time clinical education course in its entirety. The student will be assigned by the DCE to a clinical placement similar in setting and diversity of patients to the site at which the student was unsuccessful. Repeat clinical education placements will likely not follow the regular course schedule and sequence. Delay of graduation is likely in this situation. The decision as to whether a student may be permitted to continue study within the program while repeating a clinical experience will be made by the DCE and Progress Committee.

A student will only be permitted to repeat **one** clinical education experience **if fully justified**. A student will not be allowed to repeat more than one clinical education experience. If a student fails a second clinical experience, either failure of a repeated clinical experience or failure of a different clinical experience, the student will be dismissed from the program. All clinical education experiences must be completed within twelve months of completion of pre-professional academic course work or repetition of academic courses may be required.

#### Dismissal From the Program

If a student fails a second clinical education experience, either failure of a repeated clinical education experience or failure of a different clinical education experience, the student will be dismissed from the program. A dismissed student will be required to complete a change of major to continue enrollment at D'Youville.

### **Guidelines for Professional Behaviors**

As the basis for professional behavior development assessment, the DYC PT faculty has adopted both the *APTA Core Values* and the *Professional Behaviors Assessment* (previously called the *PT Specific Generic Abilities*), originally developed by the faculty at the University of Wisconsin – Madison Physical Therapy Program. The *APTA Code of Ethics* is also used to guide the professional development of physical therapy students. Additionally, students are required to adhere to the D'Youville DPT Program's *Standards of Honor and Professional Conduct*.

Throughout didactic and clinical coursework, students are expected to consistently demonstrate professional behavior that adheres to the assessments and guidelines described in the documents listed in the prior paragraph (*APTA Core Values*, *Professional Behaviors Assessment*, *APTA Code of Ethics*, and *Standards of Honor and Professional Conduct*). Failure to perform in a professional manner during a clinical experience may result in failure of the clinical education experience.



## **Procedures for Concerns or Issues During Clinical Education Experiences**

### **Student Concerns Process in the Clinic**

If a problem arises while completing a clinical experience (i.e. supervision, academic preparation, professional behaviors, injuries, etc.), the student should discuss the issue with the CI immediately. If the situation is not improved the student should next notify their faculty supervisor for assistance in resolving the problem. The faculty supervisor will work with the student to develop a plan of action to facilitate resolution of the problem. The D'Youville faculty supervisor will convey to the DCE all concerns or issues that are identified. If the problem persists or if there are issues outside of the realm of the faculty supervisor, the DCE will intervene. Due to the nature of some issues faced by students, it may be appropriate to contact the DCE or ADCE immediately to discuss strategies for resolving the problem.

### **Clinical Instructor Concerns Process in the Clinic**

If a problem arises while a student is completing a clinical experience (i.e. academic preparation, professional behaviors, etc.), the CI should discuss the problem with the student immediately. If the situation is not improved, the CI should next notify the CCCE of the facility for assistance in resolving the problem. If the problem is not resolved, the CI should notify the D'Youville supervising faculty member for assistance in resolving the problem. The faculty supervisor will work with the CI to develop a plan of action to facilitate resolution of the problem. The faculty supervisor will convey to the DCE all concerns or issues that are identified. If the problem persists or if there are issues outside of the realm of the supervising faculty member, the DCE will intervene. Due to the nature of some issues, it may be appropriate to contact the DCE immediately to discuss strategies for resolving the problem.

### **Termination of Student Clinical Experience**

Termination of a clinical educational experience may occur for the reasons listed below. Termination of a clinical education experience can be made by the CCCE or DCE.

- Unsatisfactory student performance: if the student demonstrates persistent unsafe or unethical patient care, unprofessional behavior, or unsatisfactory clinical performance, the clinical experience will be terminated and the student will receive an Unsatisfactory grade for the clinical course. Please refer to "Failure to Achieve Satisfactory Grade in a Clinical Education Course" above for additional information.
- Significant concerns with the clinical education experience at the clinical site: if there is knowledge of persistent unsafe or unethical patient care at the clinical site, the student clinical experience will be terminated. If there is persistent unprofessional or unethical behavior demonstrated toward the student by facility staff, the student clinical experience will be terminated. The student will be placed at a different clinical site as soon as possible to resume their clinical experience. Attempts will be made to reschedule the clinical experience with minimal delay. The DCE will contact the CCCE and will discuss the rationale for the termination of the clinical experience. DCE will make the determination if this situation warrants termination of future clinical opportunities at the particular site.

## **Backup Supervision of Students**

A plan must exist for supervision of the physical therapy student if the assigned Clinical Instructor is absent. In situations of planned absences, the CI should discuss with the student ahead of time who the substitute supervising physical therapist will be. It is important to note that all students must be supervised by a licensed physical therapist at all times during the clinical experience. If a licensed physical therapist is not available to supervise the student, the student is not allowed to carry out patient care. A backup supervision plan is essential at all clinical educational facilities that employ only one licensed physical therapist in the case of the absence of that PT. This backup system is to be utilized only on a short-term basis and only in emergency situations when the Clinical Instructor must be absent (i.e. illness or death in the family).

## **Patient's Right to Refuse**

All patients have the right to refuse treatment from a student during a clinical affiliation. If a patient prefers not to be treated by a student, the student should immediately inform his or her CI and/or CCCE and discuss alternative options.

## **Incident Reporting**

If a student is involved in any incident in which he or she sustains an injury or the patient under his or her care sustains an injury, the student must immediately notify the CI of the incident. The student must immediately notify the DCE of the event and provide the DCE with a written copy of the clinical site's incident report. The student and CI will also be required to complete the D'Youville Incident Report. Once notified by the student or CI of an incident, the DCE will email the D'Youville Incident Report form to both the CI and the student.

If a student is injured at the clinical site, the cost of the care is the student's responsibility though students will be provided access to any health services required.

## **INTERNATIONAL STUDENTS WHO PLAN TO WORK IN THE UNITED STATES AFTER GRADUATION**

Any international student who plans to work in the United States after graduation **MUST** contact the International Student Services (ISS) office **PRIOR TO GRADUATION**.

## DEPARTMENT POSITION STATEMENT

### **Referral for Profit**

The D'Youville College Department of Physical Therapy supports the American Physical Therapy Association's *Position on Physician-Owned Physical Therapy Services (POPTS)*. The D'Youville College Department of Physical Therapy will not participate in clinical education with practice settings that identify themselves as physician owned physical therapy services (POPTS).

## **APPENDICES**

- A. Rights and Privileges of Adjunct Clinical Faculty
- B. APTA Code of Ethics
- C. Professionalism in Physical Therapy: Core Values (APTA)
- D. Professional Behaviors Assessment (previously Generic Abilities)
- E. Standards of Honor and Professional Conduct

## **APPENDIX A**

### **CLINICAL EDUCATION FACULTY RIGHTS AND PRIVILEGES**

#### **NYS Continuing Education Credits**

Physical Therapists are awarded 0.25 hour of continuing education for each two-week period of supervision per student, capped at 6 hours per three-year registration period per New York State Education Office of Professions (<http://www.op.nysed.gov/prof/pt/ptceapplicantinfo.htm>). Please note that it is the responsibility of each physical therapist to monitor their 6 hour cap per registration period.

One month after the end date of each clinical experience, the Physical Therapy Department sends a letter to each clinical education faculty who served as a clinical instructor. This letter provides documentation of the continuing education units accrued for clinical supervision.

#### **D'Youville Tuition Credits**

In return for service to D'Youville in the form of supervising physical therapy students for their clinical rotations, clinical instructors will accrue one tuition credit hour for each 160 hours of supervision. Credits may be applied toward tuition only for undergraduate or graduate courses and do not cover college fees. The credits may also be applied to the cost of elective courses offered through the college.

If a clinical instructor does not wish to use the credits him/herself, they may be transferred to a facility associate of the clinical instructor, to a direct family member (i.e., spouse, child, sibling) of the clinical instructor, or to a direct family member of a facility associate.

To utilize the tuition credits, an individual must present this signed tuition credit waiver letter to the D'Youville Solutions Center (2nd floor of the Koessler Administration Building) with identification and/or evidence of employment at the site/facility that is granting the tuition credit waiver to you (e.g., recent paystub and office business card). If giving the voucher to a direct family member, please have a facility administrator attach a business card and sign the voucher.

# APPENDIX B

## 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 under-utilization 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 C

### **PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES**

**BOD P05-04-02-03** [Amended BOD 08-03-04-10]

<b>Core Values</b>	<b>Definition</b>	<b>Sample Indicators</b>
Accountability	Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.	<ol style="list-style-type: none"> <li>1. Responding to patient's/client's goals and needs.</li> <li>2. Seeking and responding to feedback from multiple sources.</li> <li>3. Acknowledging and accepting consequences of his/her actions.</li> <li>4. Assuming responsibility for learning and change.</li> <li>5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.</li> <li>6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.</li> <li>7. Participating in the achievement of health goals of patients/clients and society.</li> <li>8. Seeking continuous improvement in quality of care.</li> <li>9. Maintaining membership in APTA and other organizations.</li> <li>10. Educating students in a manner that facilitates the pursuit of learning.</li> </ol>
Altruism	Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest.	<ol style="list-style-type: none"> <li>1. Placing patient's/client's needs above the physical therapists.</li> <li>2. Providing pro-bono services.</li> <li>3. Providing physical therapy services to underserved and underrepresented populations.</li> <li>4. Providing patient/client services that go beyond expected standards of practice.</li> <li>5. Completing patient/client care and professional responsibility prior to personal needs.</li> </ol>
Compassion/ Caring	Compassion is the desire to 38 identify with or sense something of another's experience; a precursor of caring.	<ol style="list-style-type: none"> <li>1. Understanding the socio-cultural, economic, and psychological influences on the individual's life in their environment.</li> </ol>

Core Values	Definition	Sample Indicators
	<p>Caring is the concern, empathy, and consideration for the needs and values of others.</p>	<ol style="list-style-type: none"> <li>2. Understanding an individual's perspective.</li> <li>3. Being an advocate for patient's/client's needs.</li> <li>4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.</li> <li>5. Designing patient/client programs/ interventions that are congruent with patient/client needs.</li> <li>6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care.</li> <li>7. Focusing on achieving the greatest well-being and the highest potential for a patient/client.</li> <li>8. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases.</li> <li>9. Embracing the patient's/client's emotional and psychological aspects of care.</li> <li>10. Attending to the patient's/client's personal needs and comforts.</li> <li>11. Demonstrating respect for others and considers others as unique and of value.</li> </ol>
Excellence	<p>Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.</p>	<ol style="list-style-type: none"> <li>1. Demonstrating investment in the profession of physical therapy.</li> <li>2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions.</li> <li>3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes.</li> <li>4. Conveying intellectual humility in professional and interpersonal situations.</li> <li>5. Demonstrating high levels of knowledge and skill in all aspects of the profession.</li> <li>6. Using evidence consistently to support professional decisions.</li> <li>7. Demonstrating a tolerance for ambiguity.</li> <li>8. Pursuing new evidence to expand knowledge.</li> </ol>

Core Values	Definition	Sample Indicators
		<p>9. Engaging in acquisition of new knowledge throughout one's professional career.</p> <p>10. Sharing one's knowledge with others.</p> <p>11. Contributing to the development and shaping of excellence in all professional roles.</p>
Integrity	Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.	<p>1. Abiding by the rules, regulations, and laws applicable to the profession.</p> <p>2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc).</p> <p>3. Articulating and internalizing stated ideals and professional values.</p> <p>4. Using power (including avoidance of use of unearned privilege) judiciously.</p> <p>5. Resolving dilemmas with respect to a consistent set of core values.</p> <p>6. Being trustworthy.</p> <p>7. Taking responsibility to be an integral part in the continuing management of patients/clients.</p> <p>8. Knowing one's limitations and acting accordingly.</p> <p>9. Confronting harassment and bias among ourselves and others.</p> <p>10. Recognizing the limits of one's expertise and making referrals appropriately.</p> <p>11. Choosing employment situations that are congruent with practice values and professional ethical standards.</p> <p>12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.</p>
Professional Duty	Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.	<p>1. Demonstrating beneficence by providing "optimal care".</p> <p>2. Facilitating each individual's achievement of goals for function, health, and wellness.</p> <p>3. Preserving the safety, security and confidentiality of individuals in all professional contexts.</p> <p>4. Involved in professional activities beyond the practice setting.</p>

Core Values	Definition	Sample Indicators
		<p>5. Promoting the profession of physical therapy.</p> <p>6. Mentoring others to realize their potential. 7. Taking pride in one's profession.</p>
Social Responsibility	Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.	<p>1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.</p> <p>2. Promoting cultural competence within the profession and the larger public.</p> <p>3. Promoting social policy that effect function, health, and wellness needs of patients/clients.</p> <p>4. Ensuring that existing social policy is in the best interest of the patient/client.</p> <p>5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.</p> <p>6. Promoting community volunteerism.</p> <p>7. Participating in political activism.</p> <p>8. Participating in achievement of societal health goals.</p> <p>9. Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy.</p> <p>10. Providing leadership in the community.</p> <p>11. Participating in collaborative relationships with other health practitioners and the public at large.</p> <p>12. Ensuring the blending of social justice and economic efficiency of services.</p>

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## APPENDIX D

D'Youville Doctor of Physical Therapy Program

### PROFESSIONAL BEHAVIOR ASSESSMENT

*Professional Behaviors (previously called "Generic Abilities") are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession.*

**STUDENT :**

**DATE:**

**FACULTY MEMBER:**

☐ *Student is performing at the appropriate level in all areas of the professional behaviors in this course.*

*If the student has demonstrated unsatisfactory performance in any of the professional behaviors, please comment:*

**1. Critical Thinking**

**2. Communication**

**3. Problem Solving**

**4. Interpersonal Skills**

**5. Responsibility**

**6. Professionalism**

**7. Use of Constructive Feedback**

**8. Effective Use of Time and Resources**

**9. Stress Management**

**10. Commitment to Learning**

*Summary of the faculty/student meeting, including the action plan to improve in identified areas:*

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_

Date \_\_\_\_\_



## Professional Behavior Definitions

Originally developed by the Physical Therapy Program, University of Wisconsin-Madison  
(May et al. Journal of Physical Therapy Education, 9, 3-6, 1995). Updated 2010.

1. **Critical Thinking:** the ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.
2. **Communication:** the ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. **Problem Solving:** the ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
4. **Interpersonal Skills:** the ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5. **Responsibility:** the ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.
6. **Professionalism:** the ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.
7. **Use of Constructive Feedback:** the ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
8. **Effective Use of Time and Resources:** the ability to manage time and resources effectively to obtain the maximum possible benefit.
9. **Stress Management:** the ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. **Commitment to Learning:** the ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

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### **D'YOUVILLE DPT PROGRAM POLICY**

*In instances where unsatisfactory performance in any of the professional behaviors has been reported, the DPT faculty member will complete the Professional Behavior Assessment describing the student's behavior. The faculty member will meet with the student to discuss the concerns and, if necessary, develop a plan to address and monitor the highlighted behaviors. After the meeting, the student has 48 hours to submit any additional comments or feedback to be included on the form. The student's DPT program academic advisor and the Director of Clinical Education (DCE) will receive an electronic copy of all completed Professional Behavior Assessment forms. The student may also request a copy of the completed form.*

*After a student has two Professional Behavior Assessment forms submitted by faculty indicating unsatisfactory performance during the DPT curriculum, the student will be reviewed by the Progress Committee. The DPT faculty reserves the right to mandate review of a student by the Progress Committee after only one unsatisfactory Professional Behavior Assessment if the situation warrants this level of intervention. If at any time a student's unprofessional behavior is deemed by faculty members to potentially impact the student's success during clinical experiences, the student may not be allowed to start the clinical phase of the curriculum or may be halted at any time during the clinical experiences.*

*It is important for students' clinical success that they perform satisfactorily in these professional behaviors. The faculty is committed to assisting the student in formulating a plan that will facilitate satisfactory performance in all Physical Therapy professional behaviors.*

# APPENDIX E

## Standards of Honor and Professional Conduct

(Adopted April 2016)

The Standards of Honor and Professional Conduct are guided by the mission of our department and APTA Core Values. Upon entering this department, the essential values are expected to be our common understanding. Matriculating students are expected to review these standards and sign off on a separate copy of these standards pledging to abide by these standards and inform the department chair with observation of anyone else not complying with these standards.

Doctors of Physical Therapy are called to the highest standards of honor and professional conduct. Understanding that this responsibility begins not upon graduation but rather at the inception of one's medical education, the students of the D'Youville Physical Therapy Department uphold the following standards which serve as an embodiment of conduct and integrity. Behavior considered appropriate for a career in medicine includes, but is not limited to:

- Honesty
- Integrity/Trustworthiness
- Professional demeanor
- Respect for the rights of others
- Personal accountability
- Concern for the welfare of patients

As of this day forward I WILL embrace these concepts and demonstrate these behaviors:

### **Honesty**

- Be truthful in communication with others
- Refrain from cheating, plagiarism, or misrepresentation in the fulfillment of academic requirements
- Demonstrate good judgement
- Acknowledge and accept the consequences of my actions

### **Integrity/Trustworthiness**

- Maintain the confidentiality of patient information.
- Maintain confidentiality of student assessment/evaluation information.
- Admit errors, and do not intentionally mislead others or promote myself at the expense of a student peer, professional colleague or patient.

### **Professional Demeanor**

- Be thoughtful and professional when interacting with patients, their families, professional colleagues or student peers.
- Strive to maintain composure under pressures of fatigue, professional stress or personal problems.
- Avoid offensive language, gestures or inappropriate remarks with sexual overtones.
- Maintain a neat and clean appearance, and dress in attire that is reasonable as a student and accepted as professional to the patient population served.

**Respect for the Rights of Others**

- Create an atmosphere which encourages learning, characterized by cooperative relationships to student peers and/or to the patient population served.
- Deal with professional, staff and peer members of the health team and in study groups in a considerate manner and with a spirit of cooperation.
- Demonstrate equitable behavior towards all persons encountered in a professional capacity, regardless of race, religion, gender, sexual preference, socioeconomic status or educational achievement.
- Respect the right of patients and their families to be informed and share in patient care decisions.
- Respect patients', standardized patients' or peers' modesty and privacy.
- Respect the diversity of learning styles within your student class

**Personal Accountability**

- Participate in study groups and class assignments responsibly to the best of my ability.
- Participate responsibly in patient care to the best of one's ability and with appropriate supervision.
- Undertake clinical duties and persevere until they are complete
- Notify the responsible person if something interferes with my ability to perform clinical tasks effectively.

**Concern for the Welfare of Patients**

- Treat patients, their families and our peers or professional colleagues with respect and dignity both in their presence and in discussions with others.
- Consider what is hurtful or helpful to patients and use that as a guide for participating in patients' medical care.
- Consider what is hurtful or helpful to student peers and use that as a guide for participating in study groups
- Discern accurately when supervision or advice is needed, and seek these out before acting.
- Recognize when my ability to function effectively is compromised, and ask for relief or help.
- Avoid the use of alcohol or drugs in a way that could compromise patient care or our own performance.
- Avoid engaging in romantic, sexual or other non-professional relationships with a patient, even upon the apparent request of a patient.

I have reviewed and understand the statements herein. I pledge to abide by these standards and pledge that should I become aware of others not complying with the above, I have the responsibility to notify the PT Department Chair.

## **CLINICAL EDUCATION FORMS**

1. Evaluation of In-service
2. Weekly Planning Form
3. Sample Letter of Introduction
4. Physical Therapy Student Affiliate Profile
5. Learning Style Inventory
6. Student Checklist for Clinical Education Experiences
7. Authorization for Release of Records
8. Verification of Information - Clinical Education Manual

# EVALUATION OF IN-SERVICE

## D'Youville Physical Therapy Program: Evaluation of Student In-service

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Topic: \_\_\_\_\_

Presented To: \_\_\_\_\_

### BODY OF PRESENTATION/CONTENT

	Excellent	Good	Average	Acceptable	Poor	Comments
Introduction of the topic	5	4	3	2	1	
Rationale/significance to PT	5	4	3	2	1	
Preparation was evident	5	4	3	2	1	
Resources reflect evidence based practice	5	4	3	2	1	
Resources reflect peer reviewed work	5	4	3	2	1	
Content reflects graduate level work	5	4	3	2	1	

### DELIVERY OF PRESENTATION

	Excellent	Good	Average	Acceptable	Poor	Comments
Organized and logical	5	4	3	2	1	
Communication skills	5	4	3	2	1	
Eye contact	5	4	3	2	1	
Body language	5	4	3	2	1	
Voice volume	5	4	3	2	1	
Rate of speaking	5	4	3	2	1	
Demonstrated enthusiasm about material	5	4	3	2	1	
Visuals/handouts were informative and helpful to the overall presentation	5	4	3	2	1	
Maintained time limits	5	4	3	2	1	
Overall confidence with the material/topic	5	4	3	2	1	

### FACILITATION OF DISCUSSION

	Excellent	Good	Average	Acceptable	Poor	Comments
Allowed time for Q&A	5	4	3	2	1	
Answered questions in a professional manner and tone	5	4	3	2	1	
Able to site valid sources (not opinions) with answers	5	4	3	2	1	

### ADDITIONAL COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE OF CI OR OTHER EVALUATOR: \_\_\_\_\_

# WEEKLY PLANNING FORM

## Weekly Planning Form

Student:

CI:

Date:

Experience Week Number:

### STUDENT'S REVIEW OF THE WEEK

*When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.*

### CI'S REVIEW OF THE WEEK

*When completing this form consider the five (5) performance dimensions: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environment, and efficiency of performance.*

**GOALS FOR THE UPCOMING WEEK OF \_\_\_\_\_**

Student's Signature

CI Signature

Adapted from: APTA Clinical Instructor Education and Credentialing Program, American Physical Therapy Association, Alexandria, Va, September 2005: Section IV-7.

## SAMPLE LETTER OF INTRODUCTION

February 28, 2020

Jane Doe, DPT, CCCE  
East Hospital  
Physical Therapy Department  
1 Second Street  
Happy Towne, New York 10101

Dear Dr. Doe, *(Note: if the contact information you were provided with does not include the DPT designation, please use Mr. or Ms. as the greeting)*

I am looking forward to my clinical fieldwork at East Hospital scheduled from \_\_\_\_\_ to \_\_\_\_\_. This will be the (first, second, etc.) of my four full-time clinical affiliations. Enclosed please find my student affiliate profile and learning style inventory to help you become familiar with me prior to my arrival. In addition, the following information should be helpful for both of us to plan appropriately.

Upon my arrival at your facility, I will provide you with proof of my health insurance, CPR certification, and a copy of my completed health examination including PPD test results and immunizations of Hep B, Tdap, and MMR. If your facility requires additional health information, such as a 2-step PPD or a drug screen, please notify me so that I may take care of these matters well in advance. If there are additional requirements necessary prior to my start date, such as a background check, please let me know as well.

Optional section: If you have questions about housing:

I am interested in utilizing the housing provided by your facility. Please provide me with contact information so that I may begin setting up these housing arrangements.

OR

I am interested in obtaining information about available housing in the area. It would be appreciated if you could please provide me with any available housing information, such as a list of possible accommodations or the name of a person to contact for additional information.

The address where I can be contacted during the month prior to my arrival at your facility is:

E-mail Address:

Phone Number:

I look forward to my clinical experience at \_\_\_\_\_. Thank you for your work in clinical education.

Sincerely,

, Student Physical Therapist  
D'Youville College Physical Therapy Program

# **DYOUVILLE**

## **PHYSICAL THERAPY STUDENT AFFILIATE PROFILE**

**Student Name:**

**Gender:**

**Mailing address for the 4 weeks preceding the start of the affiliation** (where pre-clinical information should be sent):

**Phone #:** (    )

**E-mail:**

**In case of an emergency while I am at your facility, please notify:**

**Name:**

**Relationship:**

**Address & Phone Number:**

**Describe any conditions (medical or otherwise) that may affect your ability to perform in the clinic that we need to be aware of:**

**Previous Education (undergraduate and graduate):**

**Previous Full Time Physical Therapy Clinical Affiliations** (please list locations, length of affiliation, patient populations treated/activities performed):

**Other Internships, Observations, or Clinical Experience:**



**Previous Work Experience:**

Related to Physical Therapy

Unrelated to Physical Therapy

**Briefly describe yourself – what would you like the clinical coordinator and/or clinical instructor to know about you as a person:**

**What are your general goals, practice areas of interests and activities you would like to gain experience in during this clinical experience?**

**What are your clinical strengths?** (Consider previous work experience, previous affiliations and any special training you may have had.)

**What clinical skills would you like to upgrade during this affiliation?**

# LEARNING STYLE INVENTORY

## PHYSICAL THERAPY STUDENT LEARNING STYLE INVENTORY

Name:

Date:

1. Time of day I am most energized:  
☐ AM  
☐ PM  
☐ Varies  
☐ Doesn't matter
2. I prefer to learn: (check all that apply)  
With specific goals and deadlines  
With general goals and flexible deadlines  
With a certain amount of pressure  
With a relaxed atmosphere
3. I prefer to study:  
☐ In a quiet place, working alone  
☐ Around people, but with my own space  
☐ Where ever there is room
4. When learning something **new**, I prefer:  
☐ Looking at the whole process first then working on the specifics  
(Global)  
☐ Get to the details first and look at the whole process later  
(Sequential)
5. When being supervised performing a **new** activity I prefer:  
☐ Close supervision during the activity with discussion following  
☐ Line of sight supervision with discussion following
6. I require constructive feedback to maximize my learning experience:  
☐ Immediately following an activity and in private  
☐ At least twice a day and in private  
☐ At the end of each work day and in private
7. My learning style preferences are: (Rank in order #1 most preferred #4 least)  
\_\_\_ Reading/writing  
\_\_\_ Hearing/auditory  
\_\_\_ Seeing/visual  
\_\_\_ Hands-on/kinesthetic

# DYOUVILLE

Doctor of Physical Therapy Program

## STUDENT CHECKLIST FOR CLINICAL EDUCATION EXPERIENCES

**E-mail To CCCE For Your Clinical Site** – when directed by DCE/ADCE; no less than 6 months prior to start date of clinical

- ☐ Letter of Introduction
- ☐ Learning Style Inventory
- ☐ Student Affiliate Profile

**Direct E-mail or Phone Contact With Clinical Site**—directly contact CCCE no less than 3 months prior to clinical start date

***At three months prior to the clinical start date, student must inquire about requirements for the following:***

- ☐ Is a drug screen required? If yes:
  - ☐ Is it required that the drug screen be completed at your facility?
  - ☐ Is it required that the drug screen be completed at a specific facility?
  - ☐ What is the timeframe in which the drug screen must be completed? (i.e. within 90 days of start date of clinical)
  - ☐ How many panels must be tested for the drug screen? (i.e. 7-panel drug screen, 10-panel drug screen, etc.)
  - ☐ Who do I send the results of the drug screen to? (i.e. CCCE, Human Resources, Employee Health, etc.)
- ☐ Is background check required? If yes:
  - ☐ Is it required that the background check be completed at your facility?
  - ☐ Is it required that the background check be completed by a specific company?
  - ☐ What is the timeframe in which the background check must be completed? (i.e. within 90 days of start date of clinical)
  - ☐ Specifically what types of background checks are needed?
  - ☐ If you are a Canadian resident, inquire if there are any additional background checks necessary.
  - ☐ Who do I send the results of the background check to? (i.e. CCCE, Human Resources, etc.)
- ☐ Are there additional physical health requirements? (i.e. 2-step PPD, flu vaccine, etc.)
- ☐ Are there any additional requirements of the clinical site that I must complete prior to my arrival the first day?
- ☐ Who will be my assigned Clinical Instructor (CI)? *Note: The site may not yet have your CI information.*

***At one month prior to the clinical start date, student should inquire about the following:***

- ☐ Who will be my assigned Clinical Instructor (CI)? What is the CI's email address?
- ☐ What is the dress code?
- ☐ What are my clinical hours?
- ☐ Is there parking available? Is there a cost for parking?
- ☐ What time should I report the first day and where in the facility should I meet you and/or my CI?
- ☐ What types of patients should I be prepared to see my first day?
- ☐ What would you suggest that I review and study prior to my first day?

**By Wednesday of Week One of Clinical Experience**

***Email assigned D'Youville Faculty Supervisor and PT Department Office Manager the following:***

- ☐ Clinical Contact Information Form

**Throughout Clinical Experience**

- ☐ Refer to Clinical Course Planning Schedule for requirements and recommendations
- ☐ Maintain consistent communication with D'Youville Faculty Supervisor and DCE/ADCE

**Required Documentation to be Complete at End of Clinical** – see notes below for those documents submitted electronically and those submitted in hard copy; all due within ONE WEEK of end date of clinical

- ☐ CPI Web midterm and final evaluations signed off by both student and CI
- ☐ Completed on E\*Value—PT Student Assessment of the Clinical Experience
- ☐ Completed on E\*Value—PT Student Assessment of the Clinical Instruction
- ☐ Completed on E\*Value—Student Assessment of DCE
- ☐ Completed on E\*Value—Student Assessment of Supervising Faculty
- ☐ Email to PT Office Manager: Scanned copy of Vital Signs Assignment (clinical 1 ONLY)
- ☐ Email to PT Office Manager: Completed In-service Evaluation Form, signed by your CI
- ☐ Email to PT Office Manager: Your In-service Presentation

**Contact Information**

Lynn Rivers, PT, PhD - Director of Clinical Education  
riversl@dyc.edu  
716-829-7708

Justin Popp – PT Department Office Manager  
dibianca@dyc.edu  
716-829-7702

# D'YOUVILLE

## AUTHORIZATION FOR RELEASE OF RECORDS

Covered Institutions. I hereby authorize and approve the release of certain records relating to me by and to the following institutions:

- D'Youville College, D'Youville College School of Health Professions, D'Youville College School of Health Professions, and their respective faculty and staff (collectively, "D'Youville"), and
- Any and all clinical sites where I participate or apply to participate in a clinical education program ("Assigned Clinical Sites").

Covered Records. The records that may be released by and to these institutions are: all records part of any clinical placement medical assessment information, including health reports, vaccination records, criminal background checks, and drug testing reports on me relating to my status as a D'Youville student requesting placement at such Assigned Clinical Sites (collectively, "Covered Records").

Authorizations.

- I hereby authorize D'Youville to release the Covered Records described above to any Assigned Clinical Site, and
- I hereby authorize each Assigned Clinical Site to release and share with D'Youville any and all information they create or maintain in connection with my participation in a clinical education program.

Purpose. I authorize the release of the Covered Records in order to enable D'Youville and the Assigned Clinical Sites to assess my fitness for participation in a clinical education program, and to enable D'Youville to assess my performance in any such program.

Acknowledgement and Discharge. I acknowledge that the Covered Records may include information that is part of my "education records", as defined under the Family Education Rights and Privacy Act. I hereby release and discharge the Assigned Clinical Sites and D'Youville and their officers, employees, and representatives from all claims, charges, causes of action, damages, liabilities, and expenses (including attorneys' fees and costs) of every kind and nature relating to or arising from their release of the Covered Records.

Other. I acknowledge and agree that Assigned Clinical Sites may prohibit me from participating in clinical experiences or may refuse me access to clients and patients based on information contained in the Covered Records and that their criteria may differ from the criteria of D'Youville College School of Health Professions and its individual departments and programs.

I further acknowledge and agree that (1) it is my responsibility to maintain the applicable clinical requirements current for each semester and each clinical experience in which I participate, (2) I should keep all original documents and be prepared to furnish them before the start of each clinical experience if requested by the assigned clinical site, and (3) it is possible that participation at a particular clinical site may necessitate additional screening or that additional screening may be required during the course of the program. These additional screenings and any associated costs are solely my responsibility.

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**Student Signature**

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**Student Name (Print)**

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**Date**

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**Student Phone Number**

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**Student Email Address**

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**School of Health Professions Program**

# DYOUVILLE

## DEPARTMENT OF PHYSICAL THERAPY

### *Verification of Information - Clinical Education Manual*

My signature below verifies that I have read the D'Youville Department of Physical Therapy Clinical Education Manual and agree to abide by the all of the policies, procedures, and guidelines outlined within this manual.

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*Printed Name*

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*Signature*

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*Date*

## CPI WEB APPENDIX C: DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
<b>Supervision/ Guidance</b>	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.</li> </ul>
<b>Quality</b>	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.</li> </ul>
<b>Complexity</b>	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.</li> </ul>
<b>Consistency</b>	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</li> </ul>
<b>Efficiency</b>	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> <li>As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</li> </ul>
<i>Rating Scale Anchors</i>	
<b>Beginning performance</b>	<ul style="list-style-type: none"> <li>A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions.</li> <li>At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner.</li> <li>Performance reflects little or no experience.</li> <li>The student does not carry a caseload.</li> </ul>
<b>Advanced beginner performance</b>	<ul style="list-style-type: none"> <li>A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.</li> <li>At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills.</li> <li>The student may begin to share a caseload with the clinical instructor.</li> </ul>
<b>Intermediate performance</b>	<ul style="list-style-type: none"> <li>A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.</li> <li>At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning.</li> <li>The student is <u>capable of</u> maintaining 50% of a full-time physical therapist's caseload.</li> </ul>
<b>Advanced intermediate performance</b>	<ul style="list-style-type: none"> <li>A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.</li> <li>At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.</li> <li>The student is <u>capable of</u> maintaining 75% of a full-time physical therapist's caseload.</li> </ul>
<b>Entry-level performance</b>	<ul style="list-style-type: none"> <li>A student who is <u>capable of</u> functioning without guidance or clinical supervision managing patients with simple or complex conditions.</li> <li>At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.</li> <li>Consults with others and resolves unfamiliar or ambiguous situations.</li> <li>The student is <u>capable of</u> maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.</li> </ul>
<b>Beyond entry-level performance</b>	<ul style="list-style-type: none"> <li>A student who is <u>capable of</u> functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations.</li> <li>At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others.</li> <li>The student is <u>capable of</u> maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed.</li> <li>The student is capable of supervising others.</li> <li>The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.</li> </ul>