Thank you for agreeing to assist with the education of the future members of the physical therapy community. Your participation in the clinical education of physical therapy students will shape the future of these individuals and is critical to them as they prepare to enter a profession whose standards are high and clinical skills are advanced.
We look forward to collaborating with our clinical sites as we journey together with the enhancement of the clinical education experience of our DPT students.

Enclosed in this handbook is information specific to the University of Cincinnati’s Physical Therapy Program. The purpose of the handbook is to identify areas of the PT Program which you may find useful when planning a student’s clinical experience. The handbook may answer many of your questions but there will, no doubt, be others that remain unanswered. Please contact the PT Program if any additional materials are needed or would be of assistance to you. Any feedback you might have will certainly enhance the opportunities available to students during their clinical rotations.

We thank you for your participation in supporting the clinical experiences of our students. We hope you will feel free to give us a call if you have any questions or comments.

Lizanne Mulligan, PT, PhD                   Chalee Engelhard, PT, EdD, MBA, GCS
PT Program Administrator                  Director of Clinical Education

rev 05/15
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GENERAL PROGRAM INFORMATION
PHYSICAL THERAPY PROGRAM FACULTY & STAFF

Interim Department Head: Thomas Herrmann PT, EdD, ATC, CSCS
Associate Professor

PT Program Administrator: Lizzanne Mulligan PT, PhD
Professor

Director of Clinical Education: Chalee Engelhard, PT, EdD, MBA, GCS
Assistant Professor

Faculty:

Asad Dalia, MD, PhD, MS
Assistant Professor of Clinical

Jane Davis, MPT
Adjunct Instructor of Clinical

Kari Dunning, PT, PhD, NCS
Associate Professor

Chalee Engelhard, PT, EdD, MBA, GCS
Assistant Professor of Clinical

Ben Just, MPT
Adjunct Instructor of Clinical

Rebecca Leugers PT, MS
Assistant Professor

Robert Ragusa, PT, PhD, OCS
Adjunct Instructor

Rebecca Rebitski PT, MEd
Adjunct Instructor

Jennifer Schmit, PT, DPT, PhD
Affiliated Assistant Professor

Nancy Talbott, PT, PhD, MS
Associate Professor

Rose Smith, PT, DPT, MEd, ATC, SCS
Associate Professor of Clinical

Dexter Witt, PT, DPT, DHS, OCS, FAAOMPT, CSCS
Associate Professor

Tina F. Whalen, PT, DPT, EdD, MPA
Associate Professor

Staff:

Shelly Bellman, BA
Programs Manager

Rachel Sellmeyer,
Financial Administrator 2
**IMPORTANT CONTACT INFORMATION**

**Phone numbers**

Department Office  513-558-7477  
Department Fax  513-558-7474  
Chalee Engelhard, DCE  513-558-7481  
Clinical Education Office  
Clinical Education Fax  513-558-4171  

**Websites**

APTA  [http://www.apta.org](http://www.apta.org)  
UC PT Clinical Education  [http://homepages.uc.edu/~engelhcr/](http://homepages.uc.edu/~engelhcr/)
UNIVERSITY OF CINCINNATI MISSION

The University of Cincinnati serves the people of Ohio, the nation, and the world as a premier, public, urban research university dedicated to undergraduate, graduate, and professional education, experience-based learning, and research. We are committed to excellence and diversity in our students, faculty, staff, and all of our activities. We provide an inclusive environment where innovation and freedom of intellectual inquiry flourish. Through scholarship, service, partnerships, and leadership, we create opportunity, develop educated and engaged citizens, enhance the economy and enrich our University, city, state and global community.

COLLEGE OF ALLIED HEALTH SCIENCES MISSION AND VISION

Mission Statement: The College of Allied Health Sciences educates and prepares future allied health and other health science professionals to provide high quality service in their respective fields. In conjunction with community-based partners, students achieve clinical skills and learn the values of critical thinking, good communication, teamwork, cultural competence and service learning. The college's faculty is committed to excellence in teaching, research, service and leadership.

Vision: It is the belief of the faculty that the vision and mission of the college will be served best by encouraging our students at all levels, by explanation and by example to:

• Strive for excellence in the scientific, professional and humanistic aspects of their chosen discipline.
• Be aware of the changing needs and demands in health professions which may lead to changes in practice and/or education patterns.
• Participate in activities which enhance the role played by all allied health professions.
• Practice in a manner current and consistent with well-established methods, and use treatments which have been fully explained to, and accepted by, the patient or client.
• Provide an environment conducive to gaining an awareness of the importance of lifelong learning.
• Foster an open and collaborative relationship with other disciplines.

PHYSICAL THERAPY PROGRAM MISSION

The primary mission of the Physical Therapy Program at the University of Cincinnati is to educate students to become licensed physical therapists capable of competently and independently evaluating, treating and/or consulting with patients and/or clients of diverse cultural backgrounds in a variety of settings. In addition, it is the mission of the program to strive for excellence in teaching, to support the professional growth of its students and faculty, to promote scholarly activity and leadership which advances the professional and educational community, to instill a commitment to lifelong learning, to respond to the needs of the region it serves and to serve as a resource to the global community.
PT PROGRAM PHILOSOPHY

It is the philosophy of the Program that its mission is best met by preparing students skilled in caring for both the physical and psychosocial needs of physical therapy clients. The preparation of graduates is aimed at producing a well-rounded, entry level clinician competent to practice across the spectrum of physical therapy settings. The program will build on the background students bring from their undergraduate experiences and admission requirements. The curriculum will begin with the mastery of the foundational sciences and proceed to the application of these principles to patient care management. Critical analysis of decision-making, including justification of choices through the use of evidence-based practice, is an integral part of the curriculum. Access to contemporary equipment, instruction by qualified educators, and exposure to the need for lifelong learning are all vital parts of the curriculum. Those involved in the Program foster the development of professional behaviors, including service to the profession and a commitment to quality patient care. The Program strives for excellence from students and faculty in the classroom, the laboratory and the clinic and values the uniqueness of program participants. In addition, because the clinical science of physical therapy should be evidence-based, participation in scholarly activities related to the investigation of topics within or related to the field of physical therapy is required.
PT Program Goals

- The program will provide the educational opportunities needed for students to be eligible for PT licensure.
  - The program will meet CAPTE standards for accreditation.
  - The program will maintain a comprehensive curriculum that adequately prepares students for entry level practice as indicated by results on the NPTE, feedback from clinical instructors and results of the exit surveys.
  - The program will maintain an appropriate clinical education component of the curriculum as measured by placement of each student in the three required settings: outpatient, inpatient and chronic care.
- The program will provide the opportunities and guidance for students and faculty to participate in scholarly activities.
  - Under the guidance of a faculty member, each student will participate in a scholarly activity that culminates in a presentation at PRAISE or an alternative setting.
  - Program faculty will be notified of internal and external funding opportunities as this information is received.
  - Within budget constraints, the program will acquire needed equipment to advance the scholarly work of the faculty.
  - Within budget constraints, the program will provide travel funds for faculty and students who are presenting at professional meetings.
- The program will provide resources to faculty and students to promote professional growth.
  - The program will provide resources which will allow students and core faculty to participate in at least one activity per year that promotes professional growth.
    - The program will host at least one invited speaker per year.
    - The program will communicate information on professional activities such as OPTA functions to students and faculty.
    - Within budget constraints, the program will provide monetary support to faculty to attend a minimum of one continuing education course or professional meeting per year.
    - Within budget constraints, the program will provide monetary support to students who are representing the program at professional meetings.
- The program will monitor and attempt to respond to the needs of the community in the area of Physical Therapy.
  - The program will maintain regular communication with the professional community through program mailings such as the Bearcat Banter (newsletter) and open access to the PT Program Facebook page.
  - The program will host at least one continuing education course per year.
GOALS OF THE PHYSICAL THERAPY PROGRAM, FACULTY AND STUDENTS

PT Program Goals

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  - The program will meet CAPTE standards for accreditation.
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  - The program will host at least one continuing education course per year.
PT Program Faculty Goals

- The faculty will demonstrate a commitment to ongoing professional development commensurate with the contemporary practice of physical therapy including: a commitment to scholarly activity.
  - Each core faculty member will meet CAPTE requirements for scholarly activity.
  - Each core faculty member will do at least one professional presentation per year.
  - The collective faculty will publish a minimum of two peer reviewed articles per year.
- The faculty will demonstrate a commitment to ongoing professional development commensurate with the contemporary practice of physical therapy including: providing effective teaching.
  - Faculty will meet the indicators of effective teaching:
    - Satisfactory annual review.
    - Course evaluations with an average rating of at least satisfactory in 90% of the questions.
    - Attendance at a minimum of one continuing education course or teaching seminar each year.
- The faculty will demonstrate a commitment to service to the profession and the community.
  - The majority of the core faculty members will participate in at least one professional or community service activity per year.

PT Program Student Goals

- Graduates and students within 90 days of graduation are eligible to sit for and pass the licensing exam.
  - The initial pass rate on the NPTE will be at least 90%.
  - The program will have an ultimate pass rate of 100%.
- Graduates will exhibit the skills necessary to competently and independently practice as an entry level PT across the spectrum of physical therapy practice.
  - Graduates will successfully complete a clinical rotation in an inpatient, outpatient and chronic care setting as evidenced by entry level achievement on the CPI.
  - Graduates will have had the opportunity to evaluate and/or treat patients with a diagnosis in each of the PT practice patterns as evidenced by entry level achievement on the CPI.
- Graduates will provide physical therapy services that incorporate the individual and cultural differences of patients/clients.
  - The graduate will exhibit cultural awareness in a variety of settings as evidenced by entry level achievement on the cultural competence criterion on the CPI.
  - 100% of graduates will communicate in a culturally competent manner in professional interactions as indicated by the graduate survey.
• The student and graduate will participate in activities that advance the profession of physical therapy.
  o Each student will participate in at least one activity that promotes and serves the PT profession on an annual basis.
  o 100% of students will be members of the APTA.
  o 50% of graduates will be members of the APTA as indicated in the graduate surveys.

• The graduate will demonstrate an understanding of the need for life-long learning.
  o 75% of graduates will consistently utilize evidence to support their practice as indicated by the graduate survey.
  o 50% of graduates will pursue some type of certification, specialization or education beyond the state required continuing education as indicated by the graduate survey.

• The student and graduate will participate in scholarly activities related to PT.
  o Each student will present a capstone research project at PRAISE or an alternative setting.
  o 25% of graduates will participate in some form of scholarly activity such as journal clubs, research, etc. as indicated by the graduate survey.

• The student and graduate will participate in activities that benefit the local and/or global community.
  o Each student will participate in a minimum of two service activities while enrolled in the program.
  o 50% of graduates will participate in some type of professional or community service/events as indicated by the graduate survey.
PHYSICAL THERAPY PROFESSIONAL BEHAVIORS

Through research, ten physical therapy specific professional behaviors have been identified and are required for success in the profession. These behaviors, attributes or characteristics are not explicitly part of a professional’s core of knowledge and technical skills, but, equally important, these behaviors have been validated as defining professional behavior in physical therapy (May, et. al, 1995). These behaviors were initially identified as Generic Abilities. With the evolution of our profession and healthcare, a second investigation into this area by May, et al (2009) warranted a revision of the Generic Abilities to become the Professional Behaviors. Students in the physical therapy program must satisfactorily exemplify the ten PT specific professional behaviors and the three levels of associated behavioral criteria throughout the PT Program. Satisfactory progress is demonstrated by exhibiting consistent growth from the Beginning Level criteria to Intermediate Level and eventually to Entry Level by the end of all clinical internships. The Professional Behaviors has an additional category, Post-Entry Level, where the student’s behavior would be consistent with an autonomous practitioner. This level is not required for the students to achieve; however, it facilitates students to become lifelong learners as they embark upon their professional careers.

The Professional Behaviors are:

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

Mastery of these behaviors facilitates the ability to:

1) generalize from one context to another
2) integrate information from different sources
3) apply knowledge and skills in the practice setting
4) synthesize cognitive, affective and psychomotor behavior
5) interact effectively with clients, families, the community, and other professionals

During the fall semester of each year, students perform a self-assessment which is reviewed by the faculty. If problems are identified, students will receive individual feedback regarding the inappropriate behavior and/or level of behavior. Students will then determine a plan that will remediate the behavior to the required level. Upon approval of the faculty, the plan must be implemented and completed according to the timelines accepted by both the student and faculty. Failure to satisfactorily complete the plan or to reach the appropriate level of professional behavior in the agreed upon timeframe may result in delay in progression through the program or dismissal from the program.
**COMPETENCIES FOR FIRST CLINICAL EXPERIENCE**

The following is a brief list of some of the major skills students have covered before their first full time Clinical Experience. It is important to note that at this point in their academic career they have not covered contraindications for specific pathologies nor surgical interventions.

- Ethics, State Laws
- APTA Standards of Practice and Patient/Client Management Model
- Documentation
- General Physical Therapy Examinations including:
  - history
  - medical records
  - screens of UQ and LQ, ROM, MMT, sensory testing, posture, basic gait analysis, palpation
  - basic joint ligamentous tests and special tests of the UE, LE
  - basic spine evaluation
- Modalities, including Electrotherapy
- Basic Therapeutic Exercise for applications to extremity dysfunctions, including PNF
- General mobilizations for the extremities
- Basic Soft Tissue Techniques
- Traction
- Gait Training
- Vital Signs
- Tilt Table
- Sterile Technique
- Transfers
- Body Mechanics
- Basic Imaging
- Infection control
- Simple Evaluations
CLINICAL EDUCATION OVERVIEW
Clinical education is an essential part of the Physical Therapy Program. The physical therapists and health care facilities participating in the clinical program are carefully screened and must share the PT Program’s commitment to excellence in patient care.

The clinical experience is spread throughout the student’s education. After the first year, the student participates in the first clinical rotation which is a ten week, full-time rotation with selected physical therapy clinics. After completing a second year of coursework, students complete a second full time rotation that is ten weeks in length. The third clinical rotation occurs at the beginning of the fall term and is nine weeks in length. Additional didactic courses are then taken, after which students complete their final twelve week clinical experience.

Students must complete their clinical experiences in three practice areas –inpatient, chronic care, and general outpatient orthopedics. Students can also participate in more specialized patient care areas including, but not limited to, home health, sports medicine, pediatrics, wellness clinics, hand therapy, burn hospitals or occupational health. Students must practice in the four practice patterns-musculoskeletal, neurological, cardiovascular/pulmonary, and integumentary.

Students participating in clinical rotations are still part of the University and are expected to meet all of the usual financial obligations and academic requirements of a student. Students must be adhere to the schedule assigned them by their clinical site, including holiday and work schedules.
Requests for Clinical Education Slots
The University of Cincinnati sends requests for clinical education sites between March 1 and March 15, with a suggested return date May 1, for the next calendar year.

Student Assignment for Clinical Rotations
Assignment of students to clinical sites occurs at different times depending on the student’s year in the program. The first year students’ clinical sites are secured in the fall. The first year students are assigned specific sites in the spring. The first year students complete a self-assessment which is taken into consideration along with faculty collaboration and are then placed by the DCE. The second year students are assigned in the summer between the first and second years. The third year students are assigned in the fall of the third year. The second and third year students are provided with a list of available sites and are then requested to meet with the DCE to indicate their preferences and goals for their clinical education experience. The DCE considers these preferences when making assignments.

Notification of Placement
All student placements are confirmed with our clinical sites by the end of October along with notification of clinical placements to the second and third year students. First year students do not receive notification of placement until spring. This provides the program the opportunity to learn more about the students’ skill sets and personal characteristics which promotes better clinical placement.

Students are asked to phone their site a minimum of two weeks prior to the rotation.
OBJECTIVES OF CLINICAL EDUCATORS

1. Orient the student to the facility, personnel, its policies and procedures, and expectations for the clinical rotation.

2. Establish objectives with the student for each rotation and establish priorities for these objectives.

3. Acquaint the student with special programs, treatment techniques, or equipment used in the department.

4. Provide an opportunity for the student to practice and to reinforce physical therapy learned in the classroom.

5. Help the student identify areas needing added learning or practice.

6. Acquaint the student with the role of the PT in a clinical setting.

7. For the first clinical experience, provide the student with an opportunity to practice the specific skills and competencies they have completed in class.

8. For all other clinicals, provide the student with the opportunity to fully perform the functions of a PT while still being supervised and to discover areas needing reinforcement or additional learning.

9. Provide the student an opportunity to participate in departmental activities, including inservices, case reviews, patient-care conferences, etc.

10. Assign to the student specific patients for which he or she will be responsible including evaluating, treating, documenting, and performing all other responsibilities associated with that patient.

11. Reaffirm with the student that they are not to share any information from a clinical site such as patient care protocols, etc unless a release form (page 80, PT Program Handbook) has been completed by a person in authority at the clinical site and the completed form submitted to the DCE.

12. Remind the student that they are to identify themselves as a “student physical therapist” and are to obtain the patient’s consent prior to initiating therapy. Students are to respect the right of the patient to refuse treatment by the student. In this case, the student is instructed to immediately report the patient’s refusal to their clinical instructor.
ROLE OF THE CCCE*

1. Orient the student to the facility, the department, and the staff.
2. Instruct the student in departmental procedures.
3. Ensure that the student is supervised by a specific physical therapist and that the therapist is supportive of the student’s needs, both clinically and personally.
4. Ensure that the student participates in departmental activities.
5. Ensure that the student is always assigned an appropriate number of patients to completely carry out treatments for and to document.
6. Allow the student to present an in-service program, participate in volunteer hours, complete an administrative project or present a critically appraised topic (CAT), if appropriate for the facility.
7. See that the student’s performance is evaluated and that evaluations are carried on in private with opportunity for discussion to determine the student’s strengths and weaknesses. The student will be responsible for his/her evaluation forms, the CCCE/CI will not need to return them to the PT Program.
8. Act as a resource to clinical instructors on the use of the Clinical Performance Instrument

*Some of these duties might be shared with the CI, depending on clinical site.
FREQUENTLY ASKED QUESTIONS

1. Before the clinical practice experience starts, you should receive the following:
   • Name(s) and contact information of the student(s) assigned to your facility
   • A pre-clinical rotation packet that includes a modified syllabus, Medicare supervision guidelines, PT CPI Web training information and memos with respect to HIPAA and Blood borne pathogen training
   • Access is continually available to the clinical education website that houses the Clinical Instructor’s Handbook, PT Program Student Manual, and the APTA Reference Manual. The web address is: http://homepages.uc.edu/~engelhcr/

2. The student(s) will bring all clinic related forms and health updates to the clinic the first day of his/her experience.

3. All students participating in clinical education hold malpractice insurance and have had physical examinations. You will be notified of any data on the student’s physical update form that is pertinent to their participation in clinical activities.

4. Every effort will be made to visit or call the student during his/her rotation. You will be contacted and notified in advance of any visit. If a problem arises prior to the visit which you feel needs our attention, please contact the DCE immediately. Our students also have been told to inform us of any significant difficulties right away.
GUIDELINES FOR SELECTION OF CLINICAL INSTRUCTORS

Clinical Instructors who are selected to supervise the PT Program’s students should:

- Be a Physical Therapist with at least one-year experience with current licensure within their state/country of practice.
- Be current in and follow clinical competence guidelines, professional policies and procedures, code of ethics, and jurisdictional laws and regulations.
- APTA Clinical Instructor Credentialing is preferred but not required.
- APTA membership is preferred but not required.
- Demonstrate a desire to work with students.
- Be able to meet student(s) needs in terms of personality, enthusiasm, and communication.

In addition, the clinical instructor should be familiar with the PT Clinical Performance Instrument (CPI) Web before the student is scheduled to begin. The training for the PT CPI Web takes approximately 2 hours and the CI can earn .2 CEUs for successfully completing the training and quiz. The DCE will provide the information needed in order to get this completed prior to the student’s rotation.

Upon request, the DCE is available to provide an in-service for all clinical faculty or for individuals on the use of the PT CPI Web.
1. Clinical instructors are viewed by the Physical Therapy faculty as the student’s primary supervisors during the clinical experience.

2. Clinical faculty associated with the University of Cincinnati’s Physical Therapy Program are entitled to set rules based on their facility’s policies and procedures that govern the student PT’s performance in their clinical site.

3. If possible, clinical instructors will be visited by the Program’s DCE at least once during the student’s clinical experiences and the CI will have the right to give feedback to the DCE about the students’ performance and/or the PT Program’s curriculum. If a visit does not occur during a student’s clinical rotation, the DCE will contact the clinical instructor via telecommunications.

4. The clinical instructor has the right to call the DCE at anytime during a clinical experience to ask questions, express concerns and/or ask for the DCE’s intervention in a situation involving a student.

5. The clinical instructor has the right to have access to current materials at all times (i.e., Clinical Instructor’s Handbook and Student evaluation tools).

6. The clinical instructor is entitled to in-servicing by the DCE on the use of materials used by the PT Program when the materials have been updated or changed or as desired by the clinical instructor.

7. The clinical instructor has the right, and is encouraged, to suggest changes in the PT curriculum based on their observations of students’ performance in the clinic.

8. The clinical faculty has the privilege of attending an annual complimentary symposium sponsored by the PT program and the College of Allied Health Sciences.

9. The clinical faculty has the privilege of being able to access the resources of the University of Cincinnati libraries.

10. The clinical faculty has the right to request information, in-services or resources to aid in the achievement of clinical education goals.

As the CCCE at ____________________________, I have read the above and acknowledge the rights and privileges of clinical faculty involved in the Physical Therapy Program at the University of Cincinnati.

_________________________________________  ________ _____________
Signature    Date
CLINICAL EDUCATION POLICIES AND GUIDELINES
ESTABLISHMENT OF CLINICAL PLACEMENT SITES

The PT Program at the University of Cincinnati has a procedure for establishment of clinical placement sites for students. The procedure is as follows:

1. If a representative of a clinical site expresses an interest in establishing a clinical practice experience with the University of Cincinnati’s Physical Therapy Program, that person’s name is given to the Director of Clinical Education (DCE). The DCE makes a follow-up phone call to discuss the specifics of the Program with the interested party.

2. The DCE arranges for a phone call or clinical site visit that is convenient for the facility representative. In the case of a site visit, the DCE tours the physical therapy department and meets with the facility’s CCCE and/or director. In the case of a phone interview, the DCE speaks with the CCCE and/or the facility’s director.

3. During the site visit (or telephone interview), the DCE insures that the facility’s policies and philosophy regarding clinical education compliment the Program’s philosophy for the clinical practice experience.

4. If, at that time, both parties remain interested in establishing a clinical practice experience, the director and/or Center Coordinator of Clinical Education (CCCE) is sent a packet of information. This packet is usually sent via email as a convenience to the site. Attachments include a blank contract if it is decided that the site will use the UC standard contract, a Clinical Site Information Form (CSIF), and a link to the clinical education website. The website houses the CI handbook, DPT student handbook, Clinical Instructor’s Rights and Privileges statement and the APTA’s Reference Manual for CCCEs and Guidelines and Self-Assessments for Clinical Education.

5. The Clinical Site and University will negotiate, as needed, and sign the contract. Upon signature by the University’s Legal Services department, the contract is considered complete. A signed copy of the contract is forwarded to the CCCE. No student can be placed in a clinical site without a contract.

6. If the clinical site is not familiar with the use of the PT CPI Web or upon request of the CCCE, the DCE will arrange to provide an inservice for the clinical faculty as a whole or individually on the use of the PT CPI Web for assessing student performance if an agreement is successfully executed.
ASSIGNMENT TO CLINICAL ROTATIONS

1. Requests for clinical rotations slots will be made by the DCE in March of each year. Requests are asked to be returned by May 1st.

2. A master list of available facilities will be compiled and given to the students.

3. For the first clinical rotation, students report their preferences for pace of clinic, characteristics from previous experiences, and interests to assist in the matching process. For the second rotation and third rotations, students report their setting preferences and when indicated, site requests through hard copy and meeting with the DCE. With respect to the final rotation, students meet with the DCE and submit their choices for assignment. Every effort is made to meet these preferences. However, the DCE’s first priority in assigning students is to round out their academic training. All students will do at least one clinical practice experience in an inpatient setting, chronic care setting and an outpatient setting.

4. Students cannot perform rotations at a facility or within a health care system where:
   - They previously volunteered or worked
   - They have a relative working (in the Physical Therapy Department or Rehabilitation Area).
   - They or a relative have ownership
   - They will be supervised by a person or persons with whom they have previously volunteered or worked.

5. Upon assignment of students to the clinical practice experience, the facilities will be sent the name(s) of the student(s) assigned to them. This will take place by end of fall term.

6. It is the student’s responsibility to contact the facility to find out about clinic hours, location, directions, parking, dress code, etc. It is also solely the student’s responsibility to arrange for transportation, room and/or board for each clinical assignment. The University, faculty and Clinical Sites have no responsibility for providing transportation, room and/or board for clinical assignments.

7. Every effort will be made by the DCE to call or visit the student at least once during their clinical rotation. If a visit is going to occur, the facility will be contacted to establish a time that is convenient for the CI’s and student’s patient care schedule.
STUDENT CONFLICT RESOLUTION PROCEDURES IN THE CLINICAL SETTING

Should a conflict arise during the student’s performance in the clinical setting, the following steps for resolution should be followed:

a. The student and the Clinical Instructor (CI) should try to resolve the conflict.
b. If the conflict is unable to be resolved, the Clinical Instructor should approach the site’s Clinical Coordinator for Clinical Education (CCCE) for intervention.
c. The CCCE should serve as an objective third party in his/her observation of the student/CI relationship and make recommendations for possible positive solutions to the situation.
d. If the conflict is judged by the Clinical Instructor and/or the CCCE to be a more serious matter, the CI and/or CCCE should contact the PT Program immediately and apprise the Director of Clinical Education (DCE) of the situation. The DCE will then take action based on the information provided.
e. At any point in the process, the student, CI, or CCCE may contact the DCE to assist in strategies to help facilitate a successful resolution.

When a problem situation arises, whether it is due to conflict with professional behaviors or decreased performance expectations, the most likely sequence of events will be as follows:

1. The DCE will talk to the student and the CI separately to get each individual’s account of the problem.
2. The DCE may schedule a time to come to the clinic to discuss the situation further with all parties involved.
3. The DCE will meet or speak individually with the student, the CI and/or the CCCE, if indicated, and make recommendations for possible resolutions.
4. If indicated, the DCE will then meet with all parties involved in a joint meeting to help define concrete actions that will be taken.
5. A written plan of action will be generated and specific timelines for completion will be agreed to by all parties involved (student, CI, CCCE, DCE).
6. The DCE will remain involved for as long a period as necessary and will go to the site as many times as necessary to ensure successful resolution of the situation.
7. If the conflict cannot be resolved, or if the student has violated the law or the APTA Code of Ethics, the student will be removed from the clinic immediately and dealt with in accordance with program policy.
8. If the conflict is judged by the DCE to be a personality or professional behavior issue and if intervention has not been successful, the student will be removed from the clinical setting. If the student is able to successfully remediate, they will be reassigned to another clinical site.
9. Students who have been removed from the clinic for knowledge, or skill deficits, will be required to formulate and carry out a remediation plan in collaboration with the DCE. The plan may call for the student to participate in a variety of activities such as reading the literature, working with the program faculty on case studies, practicing techniques, etc.
EVALUATION OF STUDENT PERFORMANCE

The University of Cincinnati Physical Therapy Program utilizes PT CPI Web developed by the American Physical Therapy Association to evaluate student performance. It is a criteria-based instrument designed to evaluate student performance in relation to entry-level competence. Every performance criterion in the instrument is important to the overall assessment of clinical competence, and most criteria are observable in every clinical experience. It is recommended that all criteria be rated. Please note that the student is not expected to achieve entry-level performance until the final rotation. The student must achieve entry-level competency on all criteria at least once by the completion of the final clinical experience.

It is important for the DCE to obtain the name of the CI and the CI/CCCE information prior to the student’s arrival to set up the accounts. The certification and quiz are a prerequisite for use of the PT CPI Web. Some helpful links are as follows:

- The APTA PT CPI training modules and post-assessment are located at:
  http://learningcenter.apta.org/free_membercourses.aspx

- After certification, to log-in, the web address is:
  https://cpi2.amsapps.com/user_session/new

  o Your user name is your email address
  o A reference copy of the PT CPI Web can be printed off by going to this link
  o The CCCE may contact the Clinical Education Office for additional reference copies.

Though the preference is to use the PT CPI Web tool, if a clinical instructor is unable to access it then a paper-based version of the PT CPI may be used. On the first day of the clinical experience, this shall be established and communicated to the DCE. Students will provide the clinical instructor with a blank copy of the paper version of the internet PT Web CPI. Students will also complete their own self-assessment during the clinical experience, at midterm and final. Clinical instructors are also asked to review the self-assessment at least twice, at mid-term and final.

If the paper-version is used then the two completed copies of the CPI must be returned to the DCE after completion of the clinical experience. The DCE will be required to contact the CI to attain PT CPI Web account access and then input all the data from the CI and student’s CPI into the student’s PT CPI Web account.

The student is required to meet with the DCE upon completion of the final rotation.
STUDENT EVALUATION OF THE CLINICAL PRACTICE EXPERIENCE

Our students will develop many of the skills and attitudes that they will carry with them into practice during their clinical experiences. It is essential that participating facilities meet the standards set by the University of Cincinnati and the APTA. At the end of each rotation, the affiliating student will complete the Student Evaluation of the Clinical Site and Clinical Instructor. The results of the evaluation are to be shared with the Clinical Instructor after the CI has completed his/her assessment of the student using the CPI. The evaluation is signed and dated by both the student and CI. After the clinical experience is completed, the student is required to submit the Student Evaluation of the Clinical Site and Clinical Instructor to the DCE.

The evaluation has several components: 1) evaluation of the clinical instructor, 2) evaluation of the clinical education program, 3) narrative questions regarding the rotation, 4) narrative questions regarding curriculum and academic preparation.

Results of the evaluation and feedback from the CIs are tabulated and a summary of the results are reported to the faculty.
ABSENCE, TARDINESS, OR EARLY DEPARTURE POLICY

It is the belief of the University of Cincinnati Physical Therapy Program that appropriate clinical attendance is a critical aspect of professional behavior. A physical therapist must be present for meetings, conferences, consultations, and patient care in order to fulfill their professional responsibilities. Lateness, absences, and student initiated schedule changes are only acceptable in the event of an emergency and with notification. The Program informs students that violations of the attendance policies may result in:

- removal of the student from the clinic,
- additional scheduled time in the clinic,
- a delay in return to the clinic,
- no opportunity to make up missed time,
- placement in an additional clinical experience,
- failure in the clinical experience, and/or
- termination from the Program.

The Program emphasizes to clinical instructors the need to report any violations of these attendance policies in PT CPI Web and to the DCE as the clinical instructor deems appropriate. The Program requires that acceptable and appropriate attendance be exhibited prior to completion of the Program.

Unexcused absences. Absences are considered unexcused when:
- they are for non-emergent reasons.
- they are not approved by the site and/or the DCE.
- the DCE and site are not informed of the absence or early departure prior to the event.
- the DCE and site are not informed of the lateness within 24 hours of the event.

Grading. If a student does not miss any clinical time or is given permission by the clinical instructor to make up excused absences/tardiness/early departures in the most appropriate manner, the student will receive 100% in the category. For each unexcused absence 25% will be deducted from the student’s score in this category. If the student has two or more unexcused absences or five or more excused absences, a meeting between the CI, student and course instructor may occur. The student’s ability to remain at the clinical site will be discussed and a plan of action will occur.

Written authorization. Due to illness or accident, students who are out of the clinic for greater than two days will be required to get a physician’s note stating they are medically fit to return to the clinical experience or supply written evidence of the accident such as an accident report. The authorization must be submitted to the Program office and the student’s clinical site upon his/her return to the clinic. Failure to adhere to this policy will be considered a violation of the policy.
**Clinical Experience Dress Code**

All students must adhere to a uniform dress code when attending clinical rotations. Unacceptable dress or appearance could lead to course failure. Good personal hygiene must be practiced as a part of conforming to the dress code. Students should contact the facility where they will be performing their clinical experience to inquire about the dress code.

If facility requests that the students wear the PT Program uniform, it is as follows:

- Men will wear khaki, navy or dark pants and designated short white lab coats, a solid color button-down shirt, and a solid color necktie.
- Women will wear khaki, navy or dark pants with a choice of regular or elastic waist and designated short white lab coat. Only students unable to fit comfortably into the lab coat may substitute the larger size white smock. A solid color Oxford blouse tucked into the pants will be worn under the lab coat.
- Shoes must be flat, closed toed and heel, and made of leather
- A nametag must be worn at all times and should appear as follows:
  - John M. Goldner
  - Physical Therapy Program
  - University of Cincinnati
- Hair that reaches the collar must be tied back.
- No jewelry other than watches and/or wedding bands.
- No visible make-up; no nail polish.
- No colognes; no perfumes.
- Uniforms must always be neat and clean.

Even if permitted by the clinical site:

- Students must NEVER wear: midriff tops, tops which bear the midriff when the arms are raised, see-through tops (even with another top underneath), pants whose hems drag the floor, ill-fitting pants, tank tops, sleeveless tops, shirts with logos or sayings (exception: shirts which bear the logo of the clinical site if they are acceptable to the site).
- Shoes must be flat and made of leather or vinyl (NO canvas) and completely enclose the foot. No open toed or heeled shoes or sandals are allowed.
- Axillas must be covered at all times when working with patients.
- False fingernails are not permitted.
- No fingernails visible above the fingertip.
- No front or back cleavage is permitted.
- No visible tattoos.
- No body piercings (other than the earlobe, with only two piercings each earlobe at most).
COURSE DOCUMENTATION
PHYSICAL THERAPY PRACTICE I – IV: WEEKLY PROGRESS NOTE

Background: Education, learning, and critical thinking come through reflecting on past performance, the scrutiny of learning needs, goal setting, and the creation of upcoming learning experiences.

The purpose of the Weekly Progress Note is:
1. To reflect on weekly performance, set and implement weekly goals.
2. Foster communication between the student and Clinical Instructor.
3. To assist in the completion of the midterm and final PT Clinical Performance Instrument.

Format:
The Weekly Progress Notes will be reviewed weekly and signed by the CI and then faxed to the clinical education office. The PT Program has a standardized weekly note that is to be utilized unless the site has a standardized weekly form they prefer to use. At the end of the rotation, the original notes will be turned in to the DCE. The Weekly Progress Notes should be turned in with all clinical education materials.


**MIDTERM REPORTS**

The purpose of the midterm reports is to ensure timely communication between the student, clinical instructor, and DCE regarding the student and clinical instructor’s performance.

Use: The midterm reports are only utilized if the decision has been made by the clinical instructor to utilize the paper version of the internet based CPI. The reports must be completed and returned to the DCE within three business days after the completion of the midterm evaluation. It is preferred that the forms be returned by fax. Alternately, the student or clinical instructor can email the responses to the midterm questions to the DCE.

The midterm forms can be found in the section labeled “Forms”.


APPENDICES - FORMS
University of Cincinnati
Physical Therapy Program
Clinical Faculty Development Form

Facility: _________________________ CCCE _________________________

**Purpose:** The Physical Therapy Program recognizes the clinical instructors and coordinators of clinical education of a facility as “Clinical Faculty”. Clinical Faculty of the University of Cincinnati Physical Therapy Program are entitled to professional development activities that promote their knowledge of or performance in clinical education.

**Instructions:** Please request the input of all your clinical instructors to complete this form. Return the form in the self-addressed, stamped envelope provided.

Please list facility goals for clinical education for the next academic year.

Please list any topic areas of interest for future clinical educators’ symposium.

Please list any in-service activity you would find helpful in regard to clinical education at your facility.

Identify methods you would like the Physical Therapy Program to use in meeting your facilities clinical education goals.
UNIVERSITY OF CINCINNATI
College of Allied Health Sciences
Physical Therapy Program
Attendance Record

Instructions: Please use this form to record the student’s absences or tardiness only if the web-based CPI is not being used. Return the form to the Program’s DCE within three business days of the close of the affiliation. This form must be completed and submitted even if the student had no absences.

Student: ____________________________________________________________

Clinical Assignment: ________________________________________________

Clinical Instructor: _________________________________________________

Number of Days Missed: ______________________________________________

Number of Days Tardy: ________________________________________________

DCE informed ______ yes ______ no

If not, why not? ____________________________________________________

Reason for absence/tardy: ____________________________________________

Make up Dates: ______________________________________________________

Comments: _________________________________________________________

_________________________ ________________________________
Date Clinical Instructor Signature

_________________________ ________________________________
Date Student Signature
Seventh Day Checklist

Student’s Name: ___________________________ Date: ____________

Name of Supervisor (CI): ____________________________

Name of Facility: ______________________________________

Address: _____________________________________________

City and State: _________________________________________

Zip: _________________________________________________

Phone: _________________________________ FAX: _______________

County: _______________________________________________

Preferred Student contact information (Phone number or email address):
_________________________________________________________________

Physical Therapy Practice: ___ I ___ II ___ III ___IV 

*We will be using the internet CPI ___We will be using the paper version of the CPI ___

The preferred email address of the CI is: _______________________________

Directions for the Seventh Day Checklist

This form should be completed at the end of the first week of the rotation. Please place a check mark in the appropriate category.

*Please note:* This list is designed to give students early feedback about their performance in the affiliation and to identify areas which need improvement. This list does not replace the midterm evaluation, nor should it be as thorough or as time intensive to complete. It should summarize the first week and first impression and give students who may be having problems in one or more areas more time to correct them and successfully complete their affiliation.

Please note: This list is designed to give students early feedback about their performance in the affiliation and to identify areas which need improvement. This list does not replace the midterm evaluation, nor should it be as thorough or as time intensive to complete. It should summarize the first week and first impression and give students who may be having problems in one or more areas more time to correct them and successfully complete their affiliation.
<table>
<thead>
<tr>
<th>Item</th>
<th>Satisfactory</th>
<th>Needs work</th>
<th>Unsatisfactory</th>
<th>Not seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dresses appropriately.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrives promptly, does not leave early.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilizes time appropriately.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows policies and procedures of facility.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Maintains professional demeanor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Initiates tasks within capabilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respects cultural and personal differences in others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts criticism constructively and acts upon suggestions for improvement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains confidentiality.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works effectively with other professionals and staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows and understanding of common conditions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtains necessary preliminary information about the patient prior to treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observes the patient and performs appropriate assessment before, during and after treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipates and responds to patient’s needs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is safe.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expresses themselves well (written).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expresses themselves well (verbal).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates appropriately with patients/caregivers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows ethical thoughts and actions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practices within legal standards.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**During this clinical rotation the student will be doing a:**

- _____ Inservice
- _____ Volunteer Experience
- _____ CAT
- _____ Administrative Project
Midterm Form - Student Performance

Purpose: To ensure timely communication between the student, clinical instructor and DCE.
Use: Please complete this form and return it via fax to Chalee Engelhard, DCE, (513) 558-4171 only if the PT CPI Web is NOT being used. The form must be returned within three business days after the completion of the midterm evaluation. This form serves as a prelude to the phone call or visit by the DCE.

Student’s Name ________________________________

Name of Clinical Site: ________________________________

Clinical Instructor’s Name ________________________________

Today’s date ___________________________ Which level clinical? 1 2 3 4 5

1. Briefly list the student’s strengths.

2. Briefly list the areas in which the student needs to improve.

3. Does the student understand the areas in which they need to improve? Yes No

4. Has a plan for improvement been created? Yes No

5. Does the CI have concerns about the student’s performance? Yes No

6. Have the student’s weekly progress notes been reviewed by the CI? Yes No

7. Follow-up DCE contact: Do you wish the midterm follow up contact to be by (check one) ___ phone. Please list the phone number to use: ____________________________

___ visit

8. Does the CI or student have questions for the DCE? If so, list below.
**Clinical Site and Instructor Midterm Evaluation**

**Directions:** Complete the following form. Fax (513)558-7481 or email (chalee.engelhard@uc.edu) it to Chalee at midterm only if the PT CPI Web is NOT being used.

Student’s name: ____________________________________________________________

Clinical site: _______________________________________________________________

Clinical Instructor’s name: ________________________________________________

Affiliation number: ________________  Date this form was completed: ________________

Does your CI:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Needs Improvement</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a helpful and supportive attitude for your role as a student?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adhere to ethical codes and legal statutes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clearly communicate their expectations to you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give you feedback?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listen to you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate in a non-threatening manner?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask you questions?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask you questions that make you think?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How much supervision does your CI generally give you?
___ None, I am totally independent.
___ I check in with them whenever I need to.
___ I get feedback only when I request it.
___ I get feedback daily.
___ I get feedback weekly.
___ My CI watches me once and awhile.
___ My CI watches me all the time.
___ Other:

ABOUT how many patients are you treating? _____/day  or _____/ week

How many of those are on your own? ________________________

On a scale of 0 (bad) to 10 (heaven), rate this clinical experience; _____________

Do you want a follow up phone call from Chalee?
___ Yes. Please give phone number and time of day: _____________
___ No, thanks.
Weekly Progress Note #_____  

Student Name: ____________________________________ Date: __________________

The level of direct supervision I get from my CI is:

____ Observes consistently
____ Observes about 75% of time
____ Observes about 50% of time
____ Observes about 25% of time
____ Observes only as needed

Previous week’s goals: Met/Not Met

1. ___________
2. ___________
3. ___________

The most important thing I learned this week:

One thing I’m doing very well:

[I would like to get [MORE or the SAME (circle one)] amount of feedback from my CI.]

Area(s) identified for growth:

The goals for next week in order to make this area(s) of growth stronger:

1. 
2. 
3. 

___ For students: Request to have phone call from DCE.

CI Comments:

Student signature: _______________________________________________________

CI signature: ___________________________________________________________
Release of Information

I, ____________________________________________, as an authorized representative of ________________________________________________________________

(Name of institution)
give consent for the release of the following information:

_______________________________________________________________________

to _______________________________________________________________ for use by the (Name of student/faculty or other UC representative)

the students/faculty of the Physical Therapy Program of the University of Cincinnati for educational purposes only.

Name____________________________________________________________

(Please print name)

Title:______________________________________________________________

Signature______________________________________________________________________________________ Date

Student/Faculty Name______________________________________________

(Please print name)

Signature______________________________________________________________________________________
Professional Behaviors Assessment  
Doctor of Physical Therapy Program  
University of Cincinnati

Student Name:____________________________________Course:________________________

Cl/Faculty advisor ________________________________________________

Directions:  
1. Read the description of each Professional Behavior.

2. Become familiar with the behavioral criteria described in each of the levels.

3. Self assess your performance, relative to the Professional Behaviors, using the behavioral criteria. Consider your performance across a variety of settings related to your development as a physical therapist including the classroom, interactions with classmates, faculty and others, clinical setting (if appropriate), etc. For example, while you may have excellent communication skills based on your prior experience as a sales associate at a department store, you should not rate yourself as entry level if you have not had any experience or have had limited experience in speaking with patients and their families.

4. This form will be completed at specified times as you progress through the curriculum.
   Students in the first year of the program complete the form as an assignment in Professional Roles I. Students in the second and third years of the program complete the form as an assignment in Physical Therapy Practice I and Physical Therapy Practice II. The form will be completed at the conclusion of the clinical rotations associated with these courses.
   a) Using a Highlighter Pen, highlight all criteria that describes behaviors you demonstrate in Beginning (column 1), Intermediate (column 2), Entry Level (column 3) or Post-Entry Level Professional Behaviors.
   b) Identify the level within which you predominately function.
   c) Document specific examples of when you demonstrated behaviors from the highest level highlighted.
   d) For each Professional Behavior, list the areas in which you wish to improve.

Share your self assessment with your faculty advisor, specifically seeking his/her feedback.

Have your faculty advisor sign that they have read and discussed your self assessment with you. Sign the form and turn it into the department office to be placed in your student file.

*Professional Behaviors were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities
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.

<table>
<thead>
<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post-Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Raises relevant questions</td>
<td>- Feels challenged to examine ideas</td>
<td>- Distinguishes relevant from irrelevant patient data</td>
<td>- Develops new knowledge through research, professional writing and/or professional presentations</td>
</tr>
<tr>
<td>- Considers all available information</td>
<td>- Critically analyzes the literature and applies it to patient management</td>
<td>- Readily formulates and critiques alternative hypotheses and ideas</td>
<td>- Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process</td>
</tr>
<tr>
<td>- Articulates ideas</td>
<td>- Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas</td>
<td>- Infers applicability of information across populations</td>
<td>- Weighs information value based on source and level of evidence</td>
</tr>
<tr>
<td>- Understands the scientific method</td>
<td>- Seeks alternative ideas</td>
<td>- Exhibits openness to contradictory ideas</td>
<td>- Identifies complex patterns of associations</td>
</tr>
<tr>
<td>- States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)</td>
<td>- Formulates alternative hypotheses</td>
<td>- Identifies appropriate measures and determines effectiveness of applied solutions efficiently</td>
<td>- Distinguishes when to think intuitively vs. analytically</td>
</tr>
<tr>
<td>- Recognizes holes in knowledge base</td>
<td>- Critiques hypotheses and ideas at a level consistent with knowledge base</td>
<td>- Justifies solutions selected</td>
<td>- Recognizes own biases and suspends judgmental thinking</td>
</tr>
<tr>
<td>- Demonstrates acceptance of limited knowledge and experience in knowledge base</td>
<td>- Acknowledges presence of contradictions</td>
<td></td>
<td>- Challenges others to think critically</td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning** / **intermediate** / **entry** / **post entry** level.

**Examples of behaviors to support my self assessment:**

**Regarding this Professional Behavior, I would like to improve in the following ways:**
2. **Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

<table>
<thead>
<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
<th>Post Entry Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting</td>
<td>▪ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences</td>
<td>▪ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups</td>
<td>▪ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning</td>
</tr>
<tr>
<td>▪ Recognizes impact of non-verbal communication in self and others</td>
<td>▪ Restates, reflects and clarifies message(s)</td>
<td>▪ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing</td>
<td>▪ Effectively delivers messages capable of influencing patients, the community and society</td>
</tr>
<tr>
<td>▪ Recognizes the verbal and non-verbal characteristics that portray confidence</td>
<td>▪ Communicates collaboratively with both individuals and groups</td>
<td>▪ Maintains open and constructive communication</td>
<td>▪ Provides education locally, regionally and/or nationally</td>
</tr>
<tr>
<td>▪ Utilizes electronic communication appropriately</td>
<td>▪ Collects necessary information from all pertinent individuals in the patient/client management process</td>
<td>▪ Utilizes communication technology effectively and efficiently</td>
<td>▪ Mediates conflict</td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning / intermediate / entry / post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

<table>
<thead>
<tr>
<th><strong>Beginning Level:</strong></th>
<th><strong>Intermediate Level:</strong></th>
<th><strong>Entry Level:</strong></th>
<th><strong>Post Entry Level:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes problems</td>
<td>Prioritizes problems</td>
<td>Independently locates, prioritizes and uses resources to solve problems</td>
<td>Weighs advantages and disadvantages of a solution to a problem</td>
</tr>
<tr>
<td>States problems clearly</td>
<td>Identifies contributors to problems</td>
<td>Accepts responsibility for implementing solutions</td>
<td>Participates in outcome studies</td>
</tr>
<tr>
<td>Describes known solutions to problems</td>
<td>Consults with others to clarify problems</td>
<td>Implements solutions</td>
<td>Participates in formal quality assessment in work environment</td>
</tr>
<tr>
<td>Identifies resources needed to develop solutions</td>
<td>Appropriately seeks input or guidance</td>
<td>Reassesses solutions</td>
<td>Seeks solutions to community health-related problems</td>
</tr>
<tr>
<td>Uses technology to search for and locate resources</td>
<td>Prioritizes resources (analysis and critique of resources)</td>
<td>Evaluates outcomes</td>
<td>Considers second and third order effects of solutions chosen</td>
</tr>
<tr>
<td>Identifies possible solutions and probable outcomes</td>
<td>Considers consequences of possible solutions</td>
<td>Modifies solutions based on the outcome and current evidence</td>
<td>Evaluates generalizability of current evidence to a particular problem</td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning / intermediate / entry / post entry level**

**Examples of behaviors to support my self assessment:**

**Regarding this Professional Behavior, I would like to improve in the following ways:**
4. **Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

<table>
<thead>
<tr>
<th><strong>Beginning Level:</strong></th>
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</tr>
</thead>
<tbody>
<tr>
<td>▪ Maintains professional demeanor in all interactions</td>
<td>▪ Recognizes the non-verbal communication and emotions that others bring to professional interactions</td>
<td>▪ Demonstrates active listening skills and reflects back to original concern to determine course of action</td>
<td>▪ Establishes mentor relationships</td>
</tr>
<tr>
<td>▪ Demonstrates interest in patients as individuals</td>
<td>▪ Establishes trust</td>
<td>▪ Responds effectively to unexpected situations</td>
<td>▪ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction</td>
</tr>
<tr>
<td>▪ Communicates with others in a respectful and confident manner</td>
<td>▪ Seeks to gain input from others</td>
<td>▪ Demonstrates ability to build partnerships</td>
<td></td>
</tr>
<tr>
<td>▪ Respects differences in personality, lifestyle and learning styles during interactions with all persons</td>
<td>▪ Respects role of others</td>
<td>▪ Applies conflict management strategies when dealing with challenging interactions</td>
<td></td>
</tr>
<tr>
<td>▪ Maintains confidentiality in all interactions</td>
<td>▪ Accommodates differences in learning styles as appropriate</td>
<td>▪ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</td>
<td></td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning / intermediate / entry / post entry level**

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
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.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates punctuality</td>
<td>Displays awareness of and sensitivity to diverse populations</td>
<td>Educates patients as consumers of health care services</td>
<td>Recognizes role as a leader</td>
</tr>
<tr>
<td>Provides a safe and secure environment for patients</td>
<td>Completes projects without prompting</td>
<td>Encourages patient accountability</td>
<td>Encourages and displays leadership</td>
</tr>
<tr>
<td>Assumes responsibility for actions</td>
<td>Delegates tasks as needed</td>
<td>Directs patients to other health care professionals as needed</td>
<td>Facilitates program development and modification</td>
</tr>
<tr>
<td>Follows through on commitments</td>
<td>Collaborates with team members, patients and families</td>
<td>Acts as a patient advocate</td>
<td>Promotes clinical training for students and coworkers</td>
</tr>
<tr>
<td>Articulates limitations and readiness to learn</td>
<td>Provides evidence-based patient care</td>
<td>Promotes evidence-based practice in health care settings</td>
<td>Monitors and adapts to changes in the health care system</td>
</tr>
<tr>
<td>Abides by all policies of academic program and clinical facility</td>
<td></td>
<td>Accepts responsibility for implementing solutions</td>
<td>Promotes service to the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrates accountability for all decisions and behaviors in academic and clinical settings</td>
<td></td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning / intermediate / entry / post entry level**

Examples of behaviors to support my self assessment:

*Regarding this Professional Behavior, I would like to improve in the following ways:*
### Professionalism

The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

#### Beginning Level:
- Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Projects professional image
- Attends professional meetings
- Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

#### Intermediate Level:
- Identifies positive professional role models within the academic and clinical settings
- Acts on moral commitment during all academic and clinical activities
- Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
- Discusses societal expectations of the profession

#### Entry Level:
- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- Discusses role of physical therapy within the healthcare system and in population health
- Demonstrates leadership in collaboration with both individuals and groups

#### Post Entry Level:
- Actively promotes and advocates for the profession
- Pursues leadership roles
- Supports research
- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor
- Advocates for the patient, the community and society

I function predominantly in the **beginning / intermediate / entry / post entry level**

Examples of behaviors to support my self assessment:
Regarding this Professional Behavior, I would like to improve in the following ways:
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.

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<tbody>
<tr>
<td>▪ Demonstrates active listening skills</td>
<td>▪ Critiques own performance accurately</td>
<td>▪ Independently engages in a continual process of self evaluation of skills, knowledge and abilities</td>
<td>▪ Engages in non-judgmental, constructive problem-solving discussions</td>
</tr>
<tr>
<td>▪ Assesses own performance</td>
<td>▪ Responds effectively to constructive feedback</td>
<td>▪ Seeks feedback from patients/clients and peers/mentors</td>
<td>▪ Acts as conduit for feedback between multiple sources</td>
</tr>
<tr>
<td>▪ Actively seeks feedback from appropriate sources</td>
<td>▪ Utilizes feedback when establishing professional and patient related goals</td>
<td>▪ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</td>
<td>▪ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients</td>
</tr>
<tr>
<td>▪ Demonstrates receptive behavior and positive attitude toward feedback</td>
<td>▪ Develops and implements a plan of action in response to feedback</td>
<td>▪ Uses multiple approaches when responding to feedback</td>
<td>▪ Utilizes feedback when analyzing and updating professional goals</td>
</tr>
<tr>
<td>▪ Incorporates specific feedback into behaviors</td>
<td>▪ Provides constructive and timely feedback</td>
<td>▪ Reconciles differences with sensitivity</td>
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</tr>
<tr>
<td>▪ Maintains two-way communication without defensiveness</td>
<td></td>
<td>▪ Modifies feedback given to patients/clients according to their learning styles</td>
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</tr>
</tbody>
</table>

I function predominantly in the **beginning / intermediate / entry / post entry level**

Examples of behaviors to support my self assessment:
Regarding this Professional Behavior, I would like to improve in the following ways:
8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

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</thead>
<tbody>
<tr>
<td>- Comes prepared for the day’s activities/responsibilities</td>
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<tr>
<td>- Identifies resource limitations (i.e. information, time, experience)</td>
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<tr>
<td>- Determines when and how much help/assistance is needed</td>
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<td>- Accesses current evidence in a timely manner</td>
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<tr>
<td>- Verbalizes productivity standards and identifies barriers to meeting productivity standards</td>
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<tr>
<td>- Self-identifies and initiates learning opportunities during unscheduled time</td>
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<tr>
<td>- Utilizes effective methods of searching for evidence for practice decisions</td>
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<tr>
<td>- Recognizes own resource contributions</td>
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<tr>
<td>- Shares knowledge and collaborates with staff to utilize best current evidence</td>
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<tr>
<td>- Discusses and implements strategies for meeting productivity standards</td>
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<tr>
<td>- Identifies need for and seeks referrals to other disciplines</td>
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<tr>
<td>- Uses current best evidence</td>
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<tr>
<td>- Collaborates with members of the team to maximize the impact of treatment available</td>
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<tr>
<td>- Has the ability to set boundaries, negotiate, compromise, and set realistic expectations</td>
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<tr>
<td>- Gathers data and effectively interprets and assimilates the data to determine plan of care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Discusses and implements strategies for meeting productivity standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Identifies need for and seeks referrals to other disciplines</td>
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</tr>
<tr>
<td>- Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)</td>
<td></td>
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<tr>
<td>- Applies best evidence considering available resources and constraints</td>
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<td></td>
</tr>
<tr>
<td>- Organizes and prioritizes effectively</td>
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</tr>
<tr>
<td>- Prioritizes multiple demands and situations that arise on a given day</td>
<td></td>
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</tr>
<tr>
<td>- Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care</td>
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</tbody>
</table>

I function predominantly in the **beginning / intermediate / entry / post entry level**
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.

### Examples of behaviors to support my self assessment:

**Regarding this Professional Behavior, I would like to improve in the following ways:**

<table>
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</thead>
<tbody>
<tr>
<td>Recognizes own stressors</td>
<td>Actively employs stress management techniques</td>
<td>Demonstrates appropriate affective responses in all situations</td>
<td>Recognizes when problems are unsolvable</td>
</tr>
<tr>
<td>Recognizes distress or problems in others</td>
<td>Reconciles inconsistencies in the educational process</td>
<td>Responds calmly to urgent situations with reflection and debriefing as needed</td>
<td>Assists others in recognizing and managing stressors</td>
</tr>
<tr>
<td>Seeks assistance as needed</td>
<td>Maintains balance between professional and personal life</td>
<td>Prioritizes multiple commitments</td>
<td>Demonstrates preventative approach to stress management</td>
</tr>
<tr>
<td>Maintains professional demeanor in all situations</td>
<td>Accepts constructive feedback and clarifies expectations</td>
<td>Reconciles inconsistencies within professional, personal and work/life environments</td>
<td>Establishes support networks for self and others</td>
</tr>
<tr>
<td></td>
<td>Establishes outlets to cope with stressors</td>
<td>Demonstrates ability to defuse potential stressors with self and others</td>
<td>Offers solutions to the reduction of stress</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Models work/life balance through health/wellness behaviors in professional and personal life</td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning / intermediate / entry / post entry level**

**Examples of behaviors to support my self assessment:**

**Regarding this Professional Behavior, I would like to improve in the following ways:**
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.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>• Prioritizes information needs</td>
<td>• Researches and studies areas where own knowledge base is lacking in order to augment learning and practice</td>
<td>• Respectfully questions conventional wisdom</td>
<td>• Acts as a mentor not only to other PT’s, but to other health professionals</td>
</tr>
<tr>
<td>• Analyzes and subdivides large questions into components</td>
<td>• Applies new information and re-evaluates performance</td>
<td>• Formulates and re-evaluates position based on available evidence</td>
<td>• Utilizes mentors who have knowledge available to them</td>
</tr>
<tr>
<td>• Identifies own learning needs based on previous experiences</td>
<td>• Accepts that there may be more than one answer to a problem</td>
<td>• Demonstrates confidence in sharing new knowledge with all staff levels</td>
<td>• Continues to seek and review relevant literature</td>
</tr>
<tr>
<td>• Welcomes and/or seeks new learning opportunities</td>
<td>• Recognizes the need to and is able to verify solutions to problems</td>
<td>• Modifies programs and treatments based on newly-learned skills and considerations</td>
<td>• Works towards clinical specialty certifications</td>
</tr>
<tr>
<td>• Seeks out professional literature</td>
<td>• Reads articles critically and understands limits of application to professional practice</td>
<td>• Consults with other health professionals and physical therapists for treatment ideas</td>
<td>• Seeks specialty training</td>
</tr>
<tr>
<td>• Plans and presents an in-service, research or cases studies</td>
<td></td>
<td></td>
<td>• Is committed to understanding the PT’s role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Pursues participation in clinical education as an educational opportunity</td>
</tr>
</tbody>
</table>

I function predominantly in the **beginning / intermediate / entry / post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:
Professional Development Plan:

Based on my self assessment of my Professional Behaviors and the areas I have identified for improvement, I am setting the following goals:

To accomplish these goals, I will take the following specific actions:
Goals should be measurable and manageable and written in consideration of the amount of time you can devote to achieving them in light of the time and effort you are required to regularly put forth as a student in this program.

By my signature below, I indicate that I have completed this self assessment and sought feedback from my CI regarding my self assessment.

Student
Signature: ________________________________ Date:

CI/Faculty advisor feedback/suggestions.