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of Health Care Sciences
NOVA SOUTHEASTERN UNIVERSITY



Professional DPT Program-Fort Lauderdale
Clinical Education Policies
2020-2021

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Glossary of Terms

Note: Some definitions are adapted from the American Council of Academic Physical Therapy (ACAPT) Physical therapist clinical education glossary.

University

Nova Southeastern University (NSU) – Fort Lauderdale is the university through which an academic degree is granted. This definition is synonymous with ACAPT's definition of academic institution.

Program

NSU Doctor of Physical Therapy (DPT) Program – Fort Lauderdale is the specific degree program in which the student physical therapists are enrolled.

Clinical education

A formal, supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.

Clinical Education Curriculum

The portion of a physical therapy education program that includes all part-time and full-time clinical education experiences as well as the supportive preparatory and administrative components.

Didactic Curriculum

The component of the physical therapist professional education program that is comprised of the content, instruction, learning experiences, and assessment directed by the academic faculty.

Clinical Education Agreement

A formal and legally binding agreement that is negotiated between academic institutions and clinical education sites or individual providers of clinical education that specifies each party's roles, responsibilities, and liabilities relating to student clinical education.

Clinical Education Experience

Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments. Experiences include those of short and long duration (e.g., part-time, full-time), provide a variety of learning opportunities, and include physical therapy services for patients/clients across the lifespan and practice settings. While the emphasis is on the development of patient/client physical therapy skills, experiences may also include inter-professional experiences and non-patient/client service delivery such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment.

A full-time clinical education experience is a clinical education experience in which a student is engaged for a minimum of 35 hours per week. Full-time clinical education experiences designated to achieve the minimum number of weeks set forth by CAPTE are directed by a physical therapist clinical instructor. An integrated clinical education experience may be a full-time clinical education experience.

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Integrated clinical education (ICE) is a curriculum design model whereby clinical education experiences are purposefully organized within a curriculum. In physical therapist education, these experiences are obtained through the exploration of authentic physical therapist roles, responsibilities and values that occur prior to the terminal full-time clinical education experiences.

Integrated experiences are coordinated by the academic program and are driven by learning objectives that are aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge and/or skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment.

Clinical Practicum 1 (CP 1)

First full-time clinical education experience consisting of a rotation in a setting with adult/older adult population. This clinical education experience is equivalent to the ACAPT definition of “first full-time clinical education experience” which achieves the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week.

Clinical Education Experience (CEE)

A set of full-time clinical education experience(s) equivalent to the ACAPT definition of “intermediate clinical education experience” and “terminal clinical education experience” designated to achieve the minimum number of weeks set forth by CAPTE that occurs after the student has completed the didactic curriculum of a physical therapist professional education program. The expected outcome of the final, or last terminal experience is entry-level performance.

Clinical Education Site

A health service delivery agency or other setting in which clinical education experiences are provided for physical therapist students. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home and is affiliated with the educational program(s) through a contractual agreement.

Clinical Education Environment

The physical space(s), and/or the structures, policies, procedures, and culture, within the clinical education site. including delivery via telehealth

Learning Experience

Any experience which allows or facilitates a change in attitude or behavior. A planned learning experience includes a learner, an objective for the learner, a situation devised to produce a response that contributes to the objective, a response by the student, and reinforcement to encourage the desired response.

Director of Clinical Education (DCE)

The NSU DCE is responsible for planning and directing the professional-level DPT clinical education program to ensure adherence to the curriculum; university, college and program missions and goals; and professional and regional accreditation standards. The DCE coordinates the administration of the clinical education program with academic and clinical faculty, students, and clinical sites. The DCE is responsible for clinical site selection, development including establishing clinical education agreement in cooperation with NSU Associate Counsel, and site evaluation. Additionally, the DCE follows assigned students (as Academic Clinical Faculty) during clinical education experiences. The DCE is ultimately responsible for evaluating and assigning grades for each student's clinical education progress.

Assistant Director of Clinical Education (ADCE)

The ADCE assists the DCE in the planning and directing of the professional-level DPT clinical education.

Academic Clinical Faculty

NSU physical therapy academic faculty who assist in the monitoring and evaluating of students during clinical education experiences. Academic Clinical Faculty may also conduct site visits/phone calls or alternate communication with students and CIs during clinical education experiences.

Academic Clinical Support Coordinator

The Clinical Support Coordinator is a staff member of the academic institution who assists with administrative duties related to the clinical education program.

Site Coordinator of Clinical Education (SCCE)

A professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience at designated clinical site(s). In addition, this person determines the readiness of persons to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance and provides essential information to academic programs.

Clinical Instructor (CI)

The physical therapist responsible for the physical therapist student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist with a minimum of one year of full-time (or equivalent) post-licensure clinical experience.

Physical Therapist Student

Student enrolled in a CAPTE-accredited or approved developing physical therapist professional education program. Students should not be referred to as a physical therapy student.

Supervision

Guidance and direction provided to a physical therapist student by the preceptor or clinical instructor. This varies based on the complexity of the patient/client or environment; jurisdiction and payer rules and regulations; and abilities of the physical therapist student.

Clinical Performance Assessment

Formal and informal processes designed to appraise physical therapist student performance during clinical education experiences. Assessment may be formative or summative in nature and performed for the purposes of providing feedback, improving learning, revising learning experiences, and determining successful attainment of student performance expectations during clinical education experiences.

NSU uses the Clinical Performance Instrument (CPI, endorsed by the APTA as the clinical performance evaluation tool for full-time clinical education experiences. The CPI is a valid, reliable, and multidimensional clinical performance assessment tool utilized to determine if, and how well, a student meets established objectives during clinical education experiences.

Entry-Level Physical Therapist Clinical Performance

Performance that demonstrates knowledge, skills, and behaviors consistent with effective, efficient, and safe patient/client management to achieve optimal outcomes and supports ability to safely practice upon completion.

Program Evaluation

Clinical Education Advisory Board

The DPT Fort Lauderdale Clinical Education Advisory Board is a voluntary committee comprised of the DCE, ADCE, SCCEs, and CIs from the local community. The Board meets twice per year. Discussion of contemporary issues facing clinical practice, issues which impact clinical education and student supervision, and feedback regarding knowledge and performance of NSU students in the clinical setting. Information gathered at the meeting is disseminated to Curriculum committee and faculty in written format.

Clinical Site Evaluation

Clinical site evaluation is a process used to ensure that the site and is providing an effective and appropriate clinical learning environment that meet the objectives of the program. Aggregate information is analyzed using a combination of the APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (Appendix A); and site visit information and observation. The program uses this information to make recommendations to the Program curriculum committee regarding possible didactic and clinical curriculum changes.

Clinical Instructor Evaluation

Clinical instructors are evaluated using multiple modes including student input on required progress reports, site visit CI interview and student discussion, the APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction (Appendix A). The program uses this information to evaluate teaching effectiveness, determine when mentorship is required, and/or make changes in use of clinical instructors to maintain a high-quality clinical instruction.

DCE/ADCE Evaluation

The DCE/ADCE and clinical support coordinator are evaluated by students via the DCE/ACCE Performance for Student survey (Appendix B) and by the CI/SCCEs via the DCE Performance for CI/SCCE Survey (Appendix C). The DCE is evaluated twice per year, once after CI placement assignments are finalized (August) and once during wrap-up on campus week after clinical experiences are complete (May). The ADCE is evaluated in May, the first clinical rotation is completed. The clinical support coordinator is evaluated on the DCE and ADCE survey in May relative to her role in CI placements and CP placements. Data from surveys are analyzed by DCE and Program Director and action plans developed as needed

Policy Review

Clinical education policies are reviewed and/or revised at least once per year by the clinical education team. Students are notified of changes and attest to review of the policies annually. Faculty are notified of clinical education policy changes at faculty meetings.

Statement of Non-Discrimination

Students shall deliver health care service to patients without regard to age, body type, culture, ethnicity, race, religion, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, appearance, manner of speech and political beliefs, consistent with NSU policy. Students shall not impart any of their personal beliefs in the clinic. All affiliating clinical sites must adhere to this policy with regard to patients, students, and all others. Visit

https://www.nova.edu/publications/chcs/chcs_student_handbook/18/index.html to review the University non-discrimination policy.

Rights and Responsibilities

Responsibilities of DCE and ADCE

The DCE and ADCE are responsible for coordination of clinical education including to:

- Confirm eligibility of students for clinical education experiences
- Provide students with information about the clinical sites
- Coordinate placements and schedule experiences for each student
- Provide assigned students' name/contact information and dates of experiences to facility
- Provide Academic Clinical Faculty contact information to SCCE and CI
- Communicate regularly with SCCEs and CIs regarding student progress
- Provide facility with evaluative tools and learning resources
- Coordinate and schedule in-person site visits and phone calls and provide ongoing communication
- Ensure student compliance with NSU and clinical facility rules, regulations, policies, and procedures, including written attestation
- Establish, maintain, and review relevant clinical education agreement
- Provide facility with access current clinical education policies

Responsibilities of Program to Facilities

Specific responsibilities of the Program to individual clinical facilities as well as the responsibilities of facilities to the Program can be found in each clinical education affiliation agreement. General responsibilities of the Program to facilities are to:

- Develop and implement the clinical education program.
- Assign students who completed the academic and clinical education pre-requisite requirements
- Provide facility with student information, educational objectives, access to training materials and website for student assessment tool to the online APTA Clinical Performance Instrument (CPI)
- Orient clinical instructors and students to NSU clinical education policies and procedures
- Provide resources to facilities to promote quality clinical education sites such as meetings, workshops, and educational materials
- Provide evidence of malpractice coverage for each student
- Communicate regularly with CIs and SCCE
- Advise students of their responsibility to comply with facility rules, regulations, and policies
- Evaluate student clinical education experiences with periodic site visits or phone calls, emails, and/or reviews of student progress reports.
- Review results of site evaluations with CIs and SCCEs and provide feedback for improvement
- Support each student, CI, SCCE through multimodal communication (Canvas, email, phone/text)
- Provide feedback to students on progress reports and clinical education assignments
- Maintain current clinical education agreement with clinical facility
- Determine students' final grades for each clinical education experience
- Reserve right to terminate a clinical education assignment if in the best interest of the student, university, or facility

Clinical Site and SCCE Responsibilities

Legal responsibilities of the clinical site and SCCE can be found in the specific clinical education agreement between the university and the site. General responsibilities of the clinical site and SCCE are to:

- Ensure students are not used to replace regular staff or allow students to represent themselves as employees of the facility
- Be responsible for all patient care
- Orient student to facility policies and procedures, rules, and regulations
- Provide learning experiences appropriate to the student's level of knowledge and in accordance with educational objectives
- Provide an appropriate environment for student learning
- Provide adequate time for CI-student conferences, at a minimum weekly
- (SCCE) Communicate CI information to Program
- (SCCE) Provide student with pertinent site information prior to student start date
- (SCCE) Communicate relevant information from program to CI
- And other responsibilities as outlined in individual clinical education agreement

Clinical Instructor Responsibilities

Clinical Instructors must:

- Demonstrate a willingness to be a CI
- Hold a valid physical therapist license in state where practicing PT
- Have a minimum of one year full-time clinical practice experience
- Indicate understanding of the goals and objectives of the NSU PT Program (found at https://healthsciences.nova.edu/pt/dpt/clinical_education.html)
- Review and abide by NSU clinical education policies and procedures (found at https://healthsciences.nova.edu/pt/dpt/clinical_education.html)
- Complete APTA CPI Web training
- Provide a current and accurate e mail address to DPT program (for CPI pairing)
- Serve as a role model and maintain ethical and legal standards
- Orient student at the onset of clinical experience to facility policies and procedures
- Review NSU DPT Program and clinical site expectations with student
- Solicit input from the student as to how they prefer to receive feedback
- Provide a minimum of 40 patient care clinical hours or full-time equivalent
- Provide an appropriate learning environment for student including caseload variety
- Directly supervise student as required by state law
- Maintain regular availability to student for supervision, consultation, and teaching (must designate an alternate clinical instructor who meets qualifications stated above during absences)
- Provide ongoing feedback to student regarding their clinical performance
- Develop knowledge base, clinical skills, and clinical reasoning to ensure safe and effective patient care through direct supervision, observation, and clinical teaching; evaluation of student oral communication; assignment of outside readings and research to promote further learning; or other appropriate teaching methods
- Delegate increasing levels of student responsibility for clinical assessment and plan of care management during experience, including amount and complexity of caseload
- Audit medical records and documentation to evaluate student ability to write appropriate and complete progress notes, histories, physical examinations, assessments and treatment plans (examinations/evaluations) and discharge plans
- Co-sign all student medical documentation
- Participate in conferences via phone or site visits with Academic Clinical Faculty to evaluate student's progress and assist the student's learning process
- Respect the rights and dignity of the student (ie. review evaluations and provide feedback in private setting)
- Review and provide feedback to student on student weekly progress reports and goals
- Immediately notify DPT Program of any circumstances that diminish the learning experience or might interfere with accomplishment of clinical experience goals
- Evaluate student progress with accuracy
- Complete online CPI student assessment at midterm (CEE A, B C) and final (CP 1, , CEE A, B, C)

- Review online CPI student self-assessments at midterm (CEE A, B, C) and final (CP 1, CP3, CEE A, B, C)

Rights and Privileges of SCCEs and CIs

In recognition of the clinical experiences provided by the SCCEs and CIs to the NSU DPT students, the program provides:

- Continuing education courses and seminars hosted by the NSU PT Department, offered to SCCEs and CIs free of charge or for a nominal fee
- Information disseminated regarding APTA CI credentialing courses
- Upon request and contingent on faculty availability, continuing education seminars provided by NSU faculty at clinical sites who routinely take DPT students for clinical experiences
- Online NSU library access through application process
- Encouragement of in-state and South Florida sites to participate in the FCCE
- Possible student nominations for the Outstanding Clinical Instructor Award offered yearly by the FCCE
- Continuing education hours awarded to CIs who supervise NSU DPT students in accordance with FCCE and FPTA guidelines, certificates disseminated to CIs upon conclusion of a scheduled clinical education experience (Note: According to the Florida of Physical Practice, the CEHs for student supervision can only be applied for biannual license renewal if the CI have completed APTA CI certification)

Student Responsibilities to CI and facility

Student will:

- Contact clinical site approximately 8 weeks prior to first day of clinical education experience start date to confirm arrival and obtain relevant information for start of clinical education experience
- Complete and be able to provide evidence of all compliance and other site requirements prior to clinical experience start date

Demonstrate professionalism at all time

- Adhere to the highest legal and ethical standards Abide by all facility policies, procedures and regulations, applicable laws including HIPAA, state practice acts, and other relevant laws/rules
- Demonstrate knowledge and understanding of NSU DPT clinical education program polices
- Adhere to scheduled hours as required by the DPT program and the clinical site
- Communicate regularly with CI regarding learning style, feedback preference, individual needs, and appropriate self-assessment of knowledge and skills throughout clinical experience
- Initiate progress reports and goal review with CI in a timely manner

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- Solicit CI feedback on daily clinical performance, weekly progress report self-assessment and goals, and other learning experiences
- Respect knowledge, experience, and clinical approach of the CI
- Recognize clinical pressures placed on CI
- Respect the rights and dignity of patients, CI, co-workers, staff, and others at all times
- Respect the wishes of the patient and their willingness to share confidences or to have the student be partially responsible for their care
- Accept feedback, both favorable and constructive, in a positive, professional manner
- Integrate CI feedback appropriately into clinical performance
- Demonstrate a positive learning attitude at all times
- Demonstrate initiative to seek out additional learning opportunities
- Maintain safety in all patient care tasks and activities
- Demonstrate commitment to learning through active engagement in all activities, ask questions and seek clarification, take initiative to complete readings or research which will enhance learning experiences and patient care
- Actively engage in patient care, which may include (but not be limited to) examination/evaluation, clinical decision making, documentation in medical records, performing and assisting in patient/client treatments, formulating differential diagnoses, prognosis, formulating plans of care, establishing goals, teaching home programs, generating appropriate referrals to other health care professionals, communicating with healthcare team members, etc.
- Discuss all clinically relevant information with the supervising CI
- Respect the rights of patients to decline treatment by a student

Student Responsibilities to Program

Students will:

- Demonstrate integrity, ethical and professional behavior, and appropriate insight to self-performance
- Attend clinical experiences as scheduled
- Notify the program of tardiness or potential absences, per policy
- Notify program of a site change or scheduled activities off site of the assigned clinic, schedule or CI change, per policy
- Complete all DPT required assignments and paperwork for each clinical experience on or before due dates (including weekly progress reports, journals, reflective practitioners, evaluations, etc.)
- Demonstrate understanding of clinical education objectives and clinical education policies
- Facilitate scheduling of and participate in phone conference or in person site visits
- Immediately report any concerns to the DPT program regarding the clinical experience
- Develop appropriate and meaningful goals
- Integrate CI and Academic Clinical Faculty feedback in revising weekly self-assessments and goals
- Demonstrate professional resolution of differences in opinion or other conflict which may strain the professional and educational relationship with CI or others; if not resolved after exercising

reasonable attempts, the student is expected to contact DCE/ADCE or Academic Clinical Faculty to assist

Patient Right of Refusal

Patients receiving physical therapy during clinical education experience have the right to refuse supervised treatment by a PT student without any negative consequences or interference with an expected physical therapy treatment. Students must identify themselves as student PTs by wearing their name badge with student designation and verbally introducing themselves as student PT. Patients should be asked for verbal consent to have student work with them by both the student and CI.

Grievance

Complaints Covered by Due Process

In order to resolve academic grievances, complaints, and concerns in an expeditious, fair, and amicable manner, students are asked to consult the Student Handbook

https://www.nova.edu/publications/chcs/chcs_student_handbook/index.html for information on appropriate grievance procedures. Students are urged to exhaust all possible department/program avenues for resolution before attempting to file complaints beyond their individual departments.

The process for filing a complaint with CAPTE is accessible to the public via the following: CAPTE will take action only when it believes that practices or conditions indicate that the program may not be in compliance with the Evaluative Criteria for Accreditation, CAPTE's Statement on Academic Integrity Related to Program Closure, or CAPTE's Statement on Academic Integrity in Accreditation. A copy of these documents may be attained by contacting the Department of Accreditation. A formal written, complaint may be filed with CAPTE in the format provided by the Department of Accreditation. Complaints may not be submitted anonymously.

The Commission on Accreditation in Physical Therapy Education
Department of Accreditation
American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314-1488
Phone: 703/706-3245
Email: accreditation@apta.org
CAPTE website: www.capteonline.org

Complaints that Fall Outside of Due Process

Occasionally complaints or issues arise through individuals and agencies external to the university, (such as prospective students, clinical education sites, employers of graduates, general public). Since even seemingly benign comments, queries, or incidents have the potential to harm the reputation of the university, department or program, faculty becoming aware of or involved in any unusual situation in the broader community, are responsible for immediately informing supervisors to assure that a proper, coordinated and focused response can be formulated. Faculty must not assume personal responsibility for assessing the potential impact of such incidents, nor assume that supervisors or other administrators are already aware. Communication with the Program Director and/or Department Chair regarding such incidents (as indicated) is essential.

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When complaints fall outside of due process they are brought to the attention of the Chair and/or Program Director. The Chair and/or Program Director will investigate the complaint and determine a reasonable resolution to the issue. All complaints and resolutions will be reported to and recorded by the Chair for the academic year. The record of complaints and resolutions will be kept in a file cabinet in the Chair's office. The Physical Therapy Department prohibits retaliation following a complaint submission.

The NSU Website has the following information on the Student Complaint Process

<https://www.nova.edu/academics/student-complaint-process.html>

Disability Discrimination Grievance Policy located in the Employee Policy Manual, has the following retaliation clause:

K. Retaliation

The law prohibits retaliation against an individual for opposing any practices forbidden under this policy, for bringing a complaint of discrimination or harassment, for assisting someone with such a complaint, for attempting to stop such discrimination or harassment, or for participating in any manner in any investigation or resolution of a complaint of discrimination or harassment. NSU will immediately investigate and remedy (if appropriate) any reported retaliatory actions taken by the Respondent or other individuals.

The PCHCS Policy on complaints is found in page 26 of the PCHCS Faculty Policy Manual (2019).

Confidentially

Any documents or forms containing clinical site information is private and should not be shared without the express permission of the DCE. Students are provided access to review site information through the clinical education database and during individual appointments with clinical education faculty or staff.

Information on student progress such as CPI data and weekly goal/progress submissions are housed in password-protected electronic programs. Clinical education student progress is monitored and discussed in faculty meetings

Students must maintain patient privacy at all times under the Health Insurance Portability and Accountability Act (HIPPA). All students are required to complete annual HIPPA training as part of University compliance.

Clinical Education Agreements

The DCE/ADCE, in cooperation with the University Legal Department, is responsible for establishing mutually agreed upon and ratified clinical education agreement between University and the clinical site before a student begins a clinical education experience. Each clinical education agreement is unique and explains the responsibilities of parties involved in the clinical experience, including but not limited to the University, the clinical site, student, etc. clinical education agreement must be current in order for the student to be allowed in the clinical facility. Signed and completed clinical education agreement are housed electronically in a shared drive between University legal department and DCE and Clinical Support Coordinator. DCE is responsible for monitoring clinical education agreement expiration status before and during clinical experiences.

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Pre-Requisite Requirements

Students must meet all listed pre-requisite requirements prior to beginning full-time clinical education experiences.

- Successful completion (C or better) of all didactic course work preceding the scheduled clinical experience, (must have an alpha grade, incomplete "I" grades in any courses not acceptable)
- Successful completion of required clinical education orientation
- Proof of current compliance with all DPT program clinical education compliance requirements
- Completion of all clinical site-specific requirements
- Provide a working cell phone number to facilitate communication with academic institution during clinical experiences
- Attestation to understanding and adherence to State and Federal laws and regulations governing physical therapy practice
- Completion of initial communication with assigned facility SCCE and/or CI by phone and/or email 4-8 weeks prior to clinical experience start date

Clinical Education Slot Solicitation

Request for student placement is solicited from clinical sites with whom the program has an affiliation agreement. Students are not allowed to solicit their own clinical education placements and doing so may warrant a referral to Committee on Student Progress (CSP).

Student Assignment to Clinical Sites

Students who have met all prerequisites are assigned to clinical sites based on availability and program requirements. Students will not be assigned to sites where they have been employed, are actively employed, have family that are employed, or have other affiliation making the student familiar to the site. Students are required to attend experiences at assigned clinical sites and changes will not be made unless the clinical site cancels.

In the event of site cancellation, the DCE and/or ADCE will obtain alternative placement and communicate such with the student in a timely manner. Students who were placed outside Florida who experience cancellation may not be placed in the same city or state. In these cases, the student may be required to complete the experience in Florida to prevent delayed graduation.

Because the goal of the NSU DPT program is to educate generalist PT practitioners prepared for entry-level practice, students are required to complete a variety of ICE experiences and full-time experiences to increase exposure. Full-time clinical education requirements include:

- Winter Year 1
 - First full-time clinical experience with adult/older adult population (goal to practice basic clinical skills learned in year 1)
- Fall and Winter Year 3
 - Year 3 students are required to complete 3 full-time clinical experiences total
 - 1) outpatient setting
 - 2) inpatient setting (ie. IRF, SNF, acute hospital, etc.)

- 3) other (this can be a specialty rotation such as peds or sports or can be an additional outpatient or inpatient rotation)
- Order of the Year 3 experiences is dependent on availability of placements and geographical location
- Specialty placements (ie. Pediatrics, sports, international experiences, etc.) are dependent on availability and student qualifications (ie. GPA, essay, interview, etc.) DCE will provide detailed information on process and requirements during site assignment orientation.

Compliance

Students are required to submit routine proof of compliance with DPT Program, University, and, in some cases, clinical site-specific requirements. DPT program requirements can be found in at https://healthsciences.nova.edu/pt/dpt/clinical_education.html University requirements can be found in the College of Health Care Sciences Student Handbook at https://www.nova.edu/publications/chcs/chcs_student_handbook/index.html and include and clinical site-specific requirements can be found on facility websites, contracted compliance databases and/or clinical education agreement.

Students must meet all compliance requirements prior to start and throughout clinical experience. Students violating this policy may be dismissed from the clinic with possible course failure and may be referred to the PT Department CSP.

Student Supervision

CI's must be a licensed physical therapist with at least one year of experience and must directly supervise physical therapy students during delivery of direct patient care. Non-PT professionals may supervise students during observation or situations where students are not providing direct patient care. Students may not function in the place of an employee or assume primary responsibility for a patient's care. Students shall not treat or discharge a patient from care without consultation with the CI. Students must adhere to all NSU policies and procedures, State, and Federal rules and regulations while functioning in clinical sites.

Clinical Instructor Absence or Schedule Change

Students must notify the DCE and/or ACDE immediately (same day) when CI is absent (planned or unplanned) or has a significant schedule change. Student must provide covering CI name and contact information and/or new schedule in writing by e mail or text to the DCE and ADCE. Covering or alternate CI must be a licensed PT for at least 1 year.

Clinical Instructor Change

Students must notify the DCE and/or ACDE immediately (same day) if there is a temporary or permanent CI change. Student must provide new CI name and contact information in writing by e mail and submit update on learning management system to the DCE and ADCE. New CI must be a licensed PT for at least 1 year.

Patient Care Documentation

All patient care documentation (electronic or paper-based) must be legibly signed with the student's name clearly written, followed by the designation "SPT." In some EMR systems, the signature may be generated electronically, but must designate SPT. SPT is the only designation allowed on patient care documentation signed by a student physical therapist. At no time may the student use other professional titles (e.g. PT, ATC, etc.) while on a clinical education experience, regardless of any other degree or designation possessed. Supervising CI is required to co-sign/countersign all medical record entries made by students. Students may document for Medicare Part A and B patients when the documentation cites that CI was directly involved during the patient interaction.

Communication

Communication between Student and Program

Students are required to keep regular communication with the Program on their progress during each clinical experience. Students are required to submit goals and progress reports through the learning management system and self-assessments through the midterm and final CPIs. In addition, students are required to notify the Program immediately of significant changes and/or concerns (CI, schedule, setting, etc.) that occur during the experience. Students are expected to answer e mails from Program within 24 hours and have a working cell phone to receive emergent communication from program.

Communication between CI and Program

Communication occurs by email, video chat, phone, and/or text. CIs should inform DCE/ADCE immediately if there is any concern regarding student knowledge or performance during the experience. Contact information for the clinical education team can be found at https://healthsciences.nova.edu/pt/dpt/clinical_education.html.

Site Visits

The DPT program may conduct announced or unannounced clinical site visits. The purpose of the site visit is to ensure ongoing assessment of the clinical educational experience provided at the site, including CI, patients, facility, and other staff. The site visitor will interview the student and the CI. A meeting with the SCCE may be requested. Site visits and/or phone conferences may also be conducted if a student is not meeting expectations or is at risk for failing, as determined by the DCE/ADCE in consultation with CI. NSU faculty conducting site visits and phone conferences will complete the Site Visit Form (Appendix D) which is reviewed by the DCE/ADCE.

Professionalism and Conduct

Students must abide by the APTA PT Code of Ethics at all times which can be found at https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf. Students are invited guests at each clinical site and should demonstrate a positive impression of themselves, Nova Southeastern University, and the Physical Therapy profession. Students shall not exhibit any behavior that may jeopardize the health, well-being, and/or safety of patients, staff, faculty, fellow students, themselves, or others. Students who fail to demonstrate an acceptable level of emotional maturity and professionalism may be removed and/or terminated from a clinical education experience and may receive a failing grade for the clinical education experience.

Dress Code

The NSU clinic uniform/required professional dress is navy blue NSU polo- shirt and khaki slacks (no capris), non-skid closed toe, supportive shoes with socks, white lab coat if required by site, student ID/name badge, wristwatch (preferred.) Facilities may require specific scrub sets or other clothing and requirements, in which case the student is responsible for complying with the facility dress code.

If a student has long hair, it must be tied back. Nails should be 1/8 inch or less and minimal non-dangling jewelry.

PT Equipment

Students must bring their own, properly functioning medical diagnostic instruments (stethoscope, blood pressure cuff, goniometer, reflex hammer, gait belt, etc.) and other small equipment such as a clip board, pocket notebook, and ink pens, watch with a second hand, etc. to each clinical education experience. Student are expected to review operation manuals for proper use of equipment and demonstrate competence in use of the equipment during the experience. Students may also be introduced to facility specific equipment. Students should seek training from CI on operation of such equipment and must demonstrate competency and comply with all facility regulations before using equipment with patients.

Attendance

Attendance During a full-time clinical education experience, students do not follow the NSU academic calendar and are subject to the site schedule regardless of the university holiday/closure schedule. NSU clinical education faculty are on call during university closures.

Beginning and end dates for clinical education experiences are established by the program and provided to students in advance. There may be days or weeks between scheduled clinical experiences which are reserved for site orientation or in person required onboarding activities, clinical make up days and adjusted schedules as needed for individual students and/or experiences. Students should not consider this as time off or vacation days. Students must be available during these dates for clinic activities. Students who are not available during these time period or who schedule any activities which would prevent them from participating in required clinical education activities will be assigned unexcused absences and may not be able to successfully complete experience. Student may be referred to CSP and placed on Professional Behavior Probation. These actions may result in delayed graduation.

Students are not permitted any absences during clinical education experiences. Students are required to first notify the DCE/ADCE of any potential absence prior to discussing with the SCCE and CI. Students should complete the Student Notice of Absence Form found at <https://healthsciences.nova.edu/pt/dpt/clinical-education/student-absence-form1.pdf> and email the form to the DCE, ADCE, and program director. In the case of illness or emergency where advanced notice cannot be given, the student should notify the program as soon as possible. Regardless of reason for absence, the DCE/ADCE and the SCCE/CI will determine a plan for making up the missed clinical experience time. Failure to notify the program of absences and/or failure to make-up the missed hours may result in failure of the clinical experience, referral to CSP, and may delay graduation.

Student daily schedule is determined by the CI and facility requirements but should be the equivalent of full-time or not less than 35 hours approximately 40 hours per week. Students should notify DCE/ADCE in situations where they are attending less than full-time hours. Students must follow the work schedule of their assigned CI, which may include days longer than typical 8-hour workday, weekends, and holidays. (exception students are not required to attend when CI is working voluntary paid overtime) If the primary CI is absent or flexed, the student will follow the schedule of the assigned covering CI.

Students must be in good general health and be able to fulfill the Essential Functions/Technical Standards of a DPT student found at <https://healthsciences.nova.edu/pt/dpt/clinicaleducation/essential-funtions.pdf> in order to participate in clinical education. Students who do not meet these requirements must notify their CI and the DCE/ADCE immediately to determine if the student can continue participating in clinical education. If the student is unable to continue, then the DCE/ADCE and program director will determine a plan for making up the missed time. Students who miss a significant extended period of clinical time due to illness/injury may need an additional clinical experience which may be at a different location and may be required to apply for a leave of absence.

SARS-CoV-2 (COVID-19) Pandemic Emergency: The decision to make up missed clinic time due to COVID-19 will be made on a case-by-case basis by the DCE/ADCE with input of the SCCE and CI and based on the clinic availability.

Leave of Absence

Students who are seeking leave of absence from the DPT program should contact the program director. The CHCS Student Handbook policy found at https://www.nova.edu/publications/chcs/chcs_student_handbook/index.html states: "A student seeking a voluntary Leave of Absence must submit his or her request in writing to the program director and/or department chair. The Leave of Absence request form that must be completed and submitted can be located at <https://healthsciences.nova.edu/forms/loa-request-form.pdf>. The request must include: 1) the reason for the request for the leave of absence (LOA) and the length of time the student is requesting, 2) a statement that he/she is in good academic standing, and 3) any documentation substantiating the need for the LOA such as a letter from a physician or other entity. If the request for the LOA is after the fourth week of the term, he/she will not be eligible to receive any tuition refund. The dean, in collaboration with the director and/or the chair will review the written request, weigh the need for the request with the need for the student to continue in the program uninterrupted, review the student's academic standing and the length of the request, and determine whether the Leave of Absence is warranted. In collaboration with the dean, the director and/or chair will make this determination and then notify the student in writing whether a Leave of Absence will be granted and the conditions and timeframe under which the student may return to school. Satisfactory performance of essential functions may be used to grant a leave or reentry into the program. Prior to returning from the LOA, the student may be required to audit courses."

ADA Accommodations

Students who are seeking accommodations should contact the NSU Student Disability Office at The CHCS Student Handbook policy found at (954) 262-7185 or disabilityservices@nova.edu. The CHCS

Student Handbook Policy found at

https://www.nova.edu/publications/chcs/chcs_student_handbook/index.html states: “Students seeking disability accommodations should contact the NSU Office of Student Disability Services. Contact information for the Office of Student Disability Services, as well as policies and procedures relating to disability accommodations, are available on the Office of Student Disability Services website, located at nova.edu/disability_services. See the NSU Student Handbook, Statement on Student Rights section for the Nondiscrimination Statement, as well as the Additional Grievance Procedures Available section for the Grievance Procedure for Discrimination based on Disability.”

Clinical education sites are not required to offer accommodations which may hinder or prevent placements.

Student Assessment

Clinical Performance Instrument (CPI)

NSU uses the APTA online CPI for student evaluation for all full-time clinical education experiences. The CPI assessment is completed by both the CI and the student during the final week of the first clinical education experience, and during both midterm and final week of the terminal full-time clinical experiences.

Web-Based CPI Training

SCCEs, CIs, and students are required complete a self-study prior to the start of a designated clinical education experience to enable access to the online CPI. American Physical Therapy Association (APTA) awards 2 continuing education hours (CEH) upon successful completion of the post-course examination. NSU DPT program will provide the SCCE/CI with access instructions prior to the start of the clinical education experience. CPI Web training only needs to be completed once.

If a new CI has only had CPI access as a DPT student, they must provide their former user CPI ID to the program with their preferred username as a CI. The Clinical Support Coordinator will facilitate the transition of email and CPI access through Liaison International in order to be able to match CI and student.

Grading

Each clinical education experience is a separate and distinct course and is graded using pass/fail designation. The DCE/ADCE assigns grades for clinical education courses based on the electronic APTA CPI data and ongoing assessment by the CI.

For terminal clinical experiences students must achieve “entry-level” or greater on the final CPI in all categories to pass the experience. Students at midterm who demonstrate deficiency in safe practice will be considered “at risk” for course failure and may require remediation.

For CP, students must achieve “advanced beginner” on the CPI items and “entry-level” for safety.

For all clinical experiences students must complete all assignments and submit them on time, complete the required CPI self-assessments (midterm and /or final); final only for and complete site and CI evaluation forms in order to pass the course.

Unsatisfactory Student Performance/Early Termination of Clinical Experience

At any point in time, a student who is not meeting requirements, as deemed by the DCE/ADCE in consultation with the CI, may be removed from the facility and the experience may be terminated. The DCE/ADCE will make the ultimate determination of student course failure. Reasons for termination may include, but are not limited to poor knowledge or skills, unprofessional behavior, inability to effectively communicate with patients or others, safety breach that puts patient at significant risk of harm or injures patient(s), harms or injures a patient, inadequate clinical reasoning for academic level, etc. Every effort will be made to conduct an in-person site visit for students who are at risk for failing.

The CHCS Student Handbook Policy found at

https://www.nova.edu/publications/chcs/chcs_student_handbook/index.html states: “While matriculating through the D.P.T. program, each student is permitted to remediate a total of two didactic courses. Since a student who receives a final course grade of F in any course is not allowed to progress to the succeeding semester, he or she must successfully remediate the first course failure to be granted the opportunity to remediate a second course failure. A student will be allowed to sit for only one remediation examination per course. Students who fail a clinical experience may be given one opportunity to retake the experience at a time and place determined by the director of Clinical Education (DCE) and in accordance with NSU policy Students who fail a clinical experience will be sent to the CSP. If a student fails a clinical experience a second time, he or she may be dismissed from the program.”

Remediation

Students who do not successfully pass a clinical experience and who are eligible for retake, will be required to remediate the experience. Students may be required to remediate at a different facility from the one they were originally placed. Students who failed the experience while out of state, may be required to remediate in a local facility within Florida. Additional remedial activities such as readings, self-study, course work, faculty guided clinical experiences, etc. may be required prior to beginning the full-time remediation clinical experience. Remediation clinical experiences must be timed with semester start dates, therefore participation in the experience will likely delay graduation. Remediation activities and requirements will be outlined in an individualized Clinical Education Learning Contract (Appendix E) which will be discussed with student prior to participation in remediation.

The full course remediation policy can be found at

https://www.nova.edu/publications/chcs/chcs_student_handbook/124/.

Grade Disputes

Clinical education grade disputes should follow the CHCS Student Handbook Policy found at https://www.nova.edu/publications/chcs/chcs_student_handbook/index.html which states: “The responsibility for course examinations, assignments, and grades resides with the expertise of faculty members who are uniquely qualified by their training and experience. Such evaluations and grades are the prerogative of the instructor and are not subject to formal appeal unless there is compelling evidence of discrimination, arbitrary or capricious action, and/or procedural irregularities. Grievances and grade disputes must be in writing and directed to the course instructor within five business days or prior to any retest. If unresolved, the dispute may be forwarded to the program director or department chair or designee of the chair within five business days. Failure to submit a timely appeal will be

considered a waiver of the student's grade dispute appeal rights. The appeal to the program director, department chair, or designee is the final appeal for all grade disputes."

Safety

Students are required to maintain a safe working environment at all times by following all facility safety policies. Students are required by NSU to:

- Always use a gait belt when working with patients during transitional movements, balance, and gait training activities or any other activities where patient is at risk for falling or losing balance.
- Report allergies to latex products or other relevant allergies to the CI and DCE/ADCE prior to beginning each experience. Students are responsible for providing the latex-free products, as needed.
- Locate Material Safety Data Sheets (MSDS) manual in each facility and understand precaution of chemicals used by the department
- Maintain universal precautions with all patients at all times and all requirements for use of Personal Protective Equipment (PPE)
- Follow OSHA Guidelines including the use of gloves, care of sharp objects, use of eyewear, protective clothing, and other precautionary measures
- Immediately report potential personal risks such as pregnancy, injury, illness, etc. and provide medical documentation of detailing restrictions and recommendations (DCE/ADCE will review the potential risk with the student, SCCE, and CI to determine continuation of experience)
- Report exposure to an infectious disease, for which they have not been immunized, to the DCE/ADCE, SCCE, and CI (student will be responsible for costs of determining exposure risk such as blood draws or doctor visits)

Emergency Procedures

Reporting Incidents

Students are required to report all occurrences or incidents that occur during clinical education experiences. The following procedure should be followed:

1. All occurrences/incidents involving students and patients must be reported immediately by phone to the student's assigned Academic Clinical Faculty or DCE, ADCE by the student and the student's CI, and in writing via NSU email, to the PT Program
2. The DCE/Assistant DCE must report any incidents to the NSU Risk Management Department providing minimal written documentation or oral report. The NSU HPD Risk Manager may contact the student directly and / or the CI or appropriate individual at the facility for additional information
3. The student will promptly comply with all requirements of the NSU HPD Risk Manager regarding the incident
4. The student must furnish the Academic Clinical Faculty with any documents notifying of a potentially compensable event i.e. professional liability claim or legal action. The DCE will furnish the written documentation or oral report to the appropriate NSU authorities
5. The CI may need to complete the critical incident report in the electronic CPI

Emergency Medical Procedures

While there is no guarantee or requirement for such, some of the clinical sites may arrange for the emergency medical care of students in the event of accidental injury or illness. Any care received at the facility is at the student's expense. All students are required to have active and current health insurance. In addition, the student is responsible for all subsequent costs involved in follow-up care, treatment, counseling, hospitalization or preventive care. Students should follow the following procedures if exposed:

1. Using gloves, remove and dispose of all contaminated personal protective equipment (PPE). Wash the exposed area thoroughly with soap and running water. Use nonabrasive, antibacterial soap, if possible. If blood is splashed in the eye or mucous membrane, flush the affected area with running water for at least 15 minutes.
2. Report the exposure to their supervising CI AND to the DCE/ADCE as soon as possible.
3. Many clinical facilities will begin the post exposure procedure(s) with the student during the second year after exposure. There is no mandatory requirement for them to do so. Any costs incurred by the student in following such a plan are the responsibility of the student. It is up to the student to ascertain costs (if any) in advance of accepting such services.
4. If a student is in the local NSU geographical area, they may go to the NSU Health Care Center to request blood testing. The Hepatitis B vaccination series is provided to students at no cost as part of the student activity fees paid each year. Blood testing is not part of this free service. Students may also contact their personal primary care provider for care and follow-up.
5. If a student chooses to utilize the services on campus, the NSU Health Center has a specific set of procedures that they will follow for all post-exposure cases. These guidelines are consistent with the Centers for Disease Control (CDC) policy and procedures. These procedures include documentation, treatment and follow-up recommendations.
6. Any costs incurred at the NSU Health Care Center are the sole responsibility of the student.

Severe Weather/Storm Disaster Plan

In the event of severe weather conditions or natural disasters (ie. tropical storm, hurricane, severe snowstorm, etc.) students should follow facility procedures. Students should:

1. Notify DCE/ADCE of impending storms or when a natural disaster has occurred (including how much time, if any, was missed)
2. Comply with student facility disaster policies or instructions
3. Participate in storm preparations and follow up as outlined in facility procedures
4. Not drive or commute through active natural disasters to attend clinical experience
5. Remain in contact with CI and/or SCCE before, during, and after event
6. Receive clearance from CI and/or SCCE before returning to clinic
7. When more than 3 days are missed, student is required to make them up

Clinical Site-Specific Assignments

Students may be required to complete a clinical site-specific mandatory assignment in addition to academic requirements. In these cases, students should notify the DCE/ADCE of the requirement. Successful completion of the assignment is required for successful completion of the experience. The CI,

in consultation with the DCE when necessary, will make the determination of successful completion of the requirement.

Cell Phone Use

Students should not use cell phones during working hours in the clinic for any personal reasons (except emergencies) Students violating this policy may be dismissed from the clinic with possible course failure and may be referred to the PT Department CSP. In some instances, clinical sites may require that a student carry a phone for internal communication or references purposes.

Social Media

Students should not use social media during working hours in the clinic for any personal reasons. Students should not “friend” or connect with patients using personal social media. Students may participate in facility sponsored social media in compliance with facility policy and permission from CI, but are not required to do so. Students violating this policy may be dismissed from the clinic with possible course failure and may be referred to the PT Department CSP.

Housing, Transportation, Travel, Parking, Meals

Students are responsible for all costs associated with completing each clinical education experience including, but not limited to, housing, transportation, travel, parking, meals and other living expenses. Some clinical sites may provide a stipend or other benefits, such as reduced cost meals and parking. Students should clarify these benefits prior to beginning the experience and advise the DCE. The University does not provide any stipend or cost sharing for any expenses associated with clinical education.

Gifts

Students may not accept gifts from patients or clients. Students may accept gifts from CIs or clinical sites who have a policy allowing such.

Appendices

Appendix A: Clinical Site and Instructor Evaluation

**PHYSICAL THERAPIST STUDENT
EVALUATION:

CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION**

June 10, 2003



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

PREAMBLE

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

Key Assumptions

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

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude goes out to all of those individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution

Name of Clinical Education Site

Address City State

Clinical Experience Number Clinical Experience Dates

Signatures

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

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT degree earned
Highest degree earned Degree area
Years experience as a CI
Years experience as a clinician
Areas of expertise
Clinical Certification, specify area
APTA Credentialed CI Yes No
Other CI Credential State Yes No
Professional organization memberships APTA Other

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned
Highest degree earned Degree area
Years experience as a CI
Years experience as a clinician
Areas of expertise
Clinical Certification, specify area
APTA Credentialed CI Yes No
Other CI Credential State Yes No
Professional organization memberships APTA Other

SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site

Address	City	State
---------	------	-------
2. Clinical Experience Number
3. Specify the number of weeks for each applicable clinical experience/rotation.

- | | |
|-----------------------------------------|-----------------------------------------|
| Acute Care/Inpatient Hospital Facility | Private Practice |
| Ambulatory Care/Outpatient | Rehabilitation/Sub-acute Rehabilitation |
| ECF/Nursing Home/SNF | School/Preschool Program |
| Federal/State/County Health | Wellness/Prevention/Fitness Program |
| Industrial/Occupational Health Facility | Other |

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No
6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

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

1 = Never 2 = Rarely 3 = Occasionally 4 = Often

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

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

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

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

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

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

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

Clinical Experience

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

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

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

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe _____

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

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

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

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

Overall Summary Appraisal

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

SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

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

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

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

Midterm Evaluation Yes No Final Evaluation Yes No

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

Midterm Evaluation

Final Evaluation

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

Midterm Comments

Final Comments

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

Midterm Comments

Final Comments

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

Appendix B: DCE Performance Assessment for Students

ACCE/DCE Performance Assessment for Students

SESSION NAME

CLINICAL INTERNSHIP PHT 6926 - CLASS OF 2021

SESSION START DATE

11/9/2020

SESSION END DATE

1/29/2021

Introduction to Assessment

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

Evaluation Information

Name of ACCE/DCE or Assistant/Co-ACCE Evaluated

Academic Program

For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)

For what period of time are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)

What will be your highest earned physical therapy degree when you complete your program?

Associate Masters DPT (Professional)

[Clear answer](#)

Evaluator Role

Directions

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

1 = Rarely/never exhibits behavior

2 = Sometimes exhibits behavior

3 = Usually exhibits behavior

4 = Always exhibits behavior

5 = Is exceptional in exhibiting the behavior

IE = Insufficient evidence to rate

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

SECTION A.DEVELOPMENT OF STUDENT CLINICIANS

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

1. promoting students' self-assessment of clinical performance across cognitive, psychomotor and affective domains

1 2 3 4 5 IE

Clear answer

2. facilitating student reflection upon clinical education experiences.

1 2 3 4 5 IE

Clear answer

3. instructing students on methods to provide constructive feedback to clinical educators.

1 2 3 4 5 IE

Clear answer

4. reinforcing expectations for demonstrating professionalism.

1 2 3 4 5 IE

Clear answer

5. conferring with students to maximize learning during a clinical experience.

1 2 3 4 5 IE

Clear answer

6. facilitating the development of student action plans designed to advance student performance.

1 2 3 4 5 IE

Clear answer

7. monitoring the progression of student action plans

1 2 3 4 5 IE

Clear answer

8. ensuring that students have the opportunities to acquire the necessary clinical skills for entry-level practice.

1 2 3 4 5 IE

Clear answer

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

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

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

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

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

1. assessing the strengths and needs of the clinical education program using feedback from a variety of sources.

1 2 3 4 5 IE

Clear answer

2. sharing changes about the clinical education program with feedback sources.

1 2 3 4 5 IE

Clear answer

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

SECTION D: MANAGEMENT AND COORDINATION

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

1. maintaining the number and variety of clinical sites to allow each student to meet clinical education program requirements

1 2 3 4 5 IE

Clear answer

2. managing information about clinical sites and clinical educators.

1 2 3 4 5 IE

Clear answer

3. promoting adherence to current policies and procedures of the clinical education program

1 2 3 4 5 IE

Clear answer

4. informing students and clinical sites about legal and liability requirements prior to clinical placements.

1 2 3 4 5 IE

Clear answer

5. implementing procedures for student clinical placements based on established program policies.

1 2 3 4 5 IE

Clear answer

6. adhering to program policies and procedures regarding student's eligibility and progression through clinical education.

1 2 3 4 5 IE

Clear answer

7. grading students' clinical education coursework based on clinical performance and academic program guidelines.

1 2 3 4 5 IE

Clear answer

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

SECTION E: LEADERSHIP AND COLLABORATION

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

1. facilitating reflective dialogue about advancements in the profession of physical therapy

1 2 3 4 5 IE

Clear answer

2. networking with individuals and groups at local, regional, and/or national levels to further clinical education.

1 2 3 4 5 IE

Clear answer

3. using technology to enhance clinical education

1 2 3 4 5 IE

Clear answer

4. facilitating academic faculty involvement in clinical education.

1 2 3 4 5 IE

Clear answer

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

SECTION F: COMMUNICATION

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

1. providing timely communication.

1 2 3 4 5 IE

Clear answer

2. soliciting comments, feedback, and concerns

1 2 3 4 5 IE

Clear answer

3. highlighting key academic program policy and procedures for clinical education.

1 2 3 4 5 IE

Clear answer

4. clarifying federal and state regulations and professional positions, policies, and guidelines related to clinical education.

1 2 3 4 5 IE

Clear answer

5. conducting clinical site visits/contacts.

1 2 3 4 5 IE

Clear answer

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

SECTION G: PROFESSIONAL BEHAVIORS

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

1. fostering an atmosphere of mutual respect in clinical education.

1 2 3 4 5 IE

Clear answer

2. displaying a positive attitude.

1 2 3 4 5 IE

Clear answer

3. being approachable.

1 2 3 4 5 IE

Clear answer

4. being accessible.

1 2 3 4 5 IE

Clear answer

5. listening actively.

1 2 3 4 5 IE

Clear answer

6. demonstrating effective time management.

1 2 3 4 5 IE

Clear answer

7. demonstrating effective organizational skills.

1 2 3 4 5 IE

Clear answer

8. demonstrating interpersonal skills that foster quality relationships.

1 2 3 4 5 IE

Clear answer

9. demonstrating effective conflict resolution skills.

1 2 3 4 5 IE

Clear answer

10. responding to unexpected situations using productive problem-solving skills

1 2 3 4 5 IE

Clear answer

11. displaying expertise in clinical education.

1 2 3 4 5 IE

Clear answer

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

SUMMATIVE COMMENTS

Areas of strengths:

Areas of improvement:

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

Yes No

Clear answer

Contact Information:

e-mail:

Phone:

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

I have verified all answers

Appendix C: DCE/ACCE Performance for CI/SCCE

ACCE/DCE Performance Assessment for CIs and SCCEs

SESSION NAME

CLINICAL INTERNSHIP PHT 6926 - CLASS OF 2021

SESSION START DATE

11/9/2020

SESSION END DATE

1/29/2021

Introduction to Assessment

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

Evaluation Information

Name of ACCE/DCE or Assistant/Co-ACCE Evaluated

Academic Program

For what clinical experience(s) are you commenting on the ACCE/DCE or Assistant/Co-ACCE performance? (1-8)

For what period of time are you assessing the ACCE/DCE or Assistant ACCE/Co-ACCE? (annually, biannually, every other year, upon request)

Evaluator Role

Directions

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

5 = Is exceptional in exhibiting the behavior

4 = Always exhibits behavior

3 = Usually exhibits behavior

2 = Sometimes exhibits behavior

1 = Rarely/never exhibits behavior

IE = Insufficient evidence to rate behavior

SECTION A. DEVELOPMENT OF STUDENT CLINICIANS

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

promoting students' self-assessment of their clinical performance.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

reinforcing expectations for demonstrating professionalism.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

conferring with students to maximize learning during a clinical experience.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

facilitating the development of individualized action plans to advance student performance.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

monitoring the progression of individualized action plans.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

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

SECTION B. DEVELOPMENT OF CLINICAL EDUCATION FACULTY

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

using a variety of feedback methods to assess clinical educators.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

providing feedback to clinical educators to improve clinical teaching.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

promoting development of clinical teaching and mentoring skills.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

providing professional development opportunities to promote best practice in physical therapy.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

facilitating development of CCCEs as managers of their clinical education programs.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

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

SECTION C. DEVELOPMENT AND ASSESSMENT OF CLINICAL EDUCATION PROGRAM

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

implementing a plan to respond to the needs of clinical education sites based on feedback.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

sharing changes about the clinical education program with feedback sources.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

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

SECTION D. MANAGEMENT AND COORDINATION

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

promoting adherence to current policies and procedures of the clinical education program.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

informing students and clinical sites about legal and liability requirements prior to clinical placements.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

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

SECTION E. LEADERSHIP AND COLLABORATION

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

facilitating reflective dialogue about advancements in the profession of physical therapy.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

networking with individuals and groups at local, regional, and/or national levels to further clinical education.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

building partnership(s) to strengthen the relationship between academic programs and clinical sites.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

using technology to enhance clinical education.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

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

SECTION F. COMMUNICATION

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

The ACCE/DCE providing timely communication.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

The ACCE/DCE soliciting comments, feedback, and concerns.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

The ACCE/DCE highlighting key academic program policy and procedures for clinical education.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

The ACCE/DCE clarifies federal and state regulations and professional positions, policies, and guidelines related to clinical education.

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

The ACCE/DCE conducting clinical site visits/contacts.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

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

SECTION G. PROFESSIONAL BEHAVIORS

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

fostering an atmosphere of mutual respect in clinical education.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

displaying a positive attitude.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

being approachable.

Clear answer

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

being accessible.

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

Clear answer

listening actively.

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

Clear answer

demonstrating effective time management.

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

Clear answer

demonstrating effective organizational skills.

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

Clear answer

demonstrating interpersonal skills that foster quality relationships.

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

Clear answer

demonstrating effective conflict resolution skills.

- 5 = Is exceptional in exhibiting the behavior 4 = Always exhibits behavior
 3 = Usually exhibits behavior 2 = Sometimes exhibits behavior
 1 = Rarely/never exhibits behavior IE = Insufficient evidence to rate behavior

Clear answer

responding to unexpected situations using productive problem-solving skills.

Clear answer

- 5 = Is exceptional in exhibiting the behavior
- 4 = Always exhibits behavior
- 3 = Usually exhibits behavior
- 2 = Sometimes exhibits behavior
- 1 = Rarely/never exhibits behavior
- IE = Insufficient evidence to rate behavior

displaying expertise in clinical education.

Clear answer

- 5 = Is exceptional in exhibiting the behavior
- 4 = Always exhibits behavior
- 3 = Usually exhibits behavior
- 2 = Sometimes exhibits behavior
- 1 = Rarely/never exhibits behavior
- IE = Insufficient evidence to rate behavior

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

SUMMATIVE COMMENTS

Areas of strengths:

Areas for improvement:

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

- Yes
- No

Clear answer

Contact Information:

e-mail:

Phone:

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

I have verified all answers

Appendix D: Clinical Education Site Visit Form

Clinical Experience Site visit form: Nova Southeastern University PT FTL		
Student:	CP1 CEE-A CEE-B CEE-C	Date/Time:
Facility:	Experience/Setting:	
CI Name(s)	Other Facility Staff Present	
Site Visit Format: In-person Phone Virtual	NSU Faculty conducting site visit	
Facility Info:		
DISCUSSIONS WITH CLINICAL INSTRUCTOR		
Do you have any questions?		
How is the student doing overall? (Strengths, challenges)		
How do you provide feedback and oversight to the student?		
Student assignment of caseload: (process, comfort level, new grad expectations)		
Is the student on target to reach the established goals of the experience: Midterm Final		
Any feedback/suggestions regarding NSU PT program curriculum on student performance and goals. Any knowledge gaps?		
Academic Faculty Assessment of Clinical Instructor		
Rating of CI effectiveness: Criteria: professionalism, mentoring, teaching effectiveness, communication, accountability for learning objectives, contemporary practice, reliability, student supervision 0 = Do not use again - concerns in multiple areas		

1 = Questionable - concerns raised, may need coaching, additional resources, placements with certain types of students

2 = Effective CI

Comments:

Appendix E: Clinical Education Learning Contract



Clinical Education Learning Contract

Course:

Student:

Background Situation:

Description Learning Contract:

Timeline:

Expected Student Outcomes:

You must demonstrate the following competencies for the remediation to be successful:

- a. Psychomotor skills:
- b. Cognitive Skills:
- c. Cognitive Skills:

Action Plan:

Activity	Criteria	Outcome/Date	Comments

Student acknowledgement:

I _____ acknowledge that I have been notified that I have not successfully completed _____. I have demonstrated knowledge gaps and performance gaps during the assigned experiences. I have been provided the opportunity to demonstrate in remediation sessions knowledge and skills that I should be able to perform based on the curriculum to date, but have been unsuccessful. Therefore, I agree to the terms set forth in this learning contract. I understand the failure to successfully complete all assignments will result in a failure of _____

Student printed name: _____

Student signature: _____ Date: _____

Witness: _____ Date: _____

Reviewed and Approved: 8/21/19, 1/16/2020; 8/12/20; 3/15/21

