The University of Montana

School of Physical Therapy

Clinical Education Affiliation Packet
We are pleased that you are interested in the education of our students. The contributions provided
by our clinical sites and instructors are invaluable to our profession, our program and the
communities we serve. If there is anything we can do to help you with your student clinical
education program, please don’t hesitate to ask.

To provide you and your clinical instructors a better understanding of our program, the students’
preparation and our program expectations and requirements, we have provided you with the
following affiliation packet. These resources can also be found at:
http://health.umt.edu/physicaltherapy/Clinical%20Education/Clinical%20Faculty.php

If we have not already worked with you to execute an affiliation agreement, we can provide you with
our standard Memorandum of Agreement. If you are amenable to using our Memorandum of
Agreement, we can provide you with two copies, which need to be signed by the appropriate
individual(s) within your organization. Send both originals to us and we will return one fully executed
original to you. If you prefer to use an agreement originating out of your office, please send us an
electronic version to the email address below.

We are pleased to announce that we are using a newly developed tool for assessing student clinical
performance. We made this change based on feedback from students and clinical instructors that
had voiced the desire for an assessment tool that takes less time and still meets their needs. In
response to this feedback we have developed the Performance Assessment System (PAS) in
partnership with Acadaware, a software design company. (http://acadaware.com/)

As the primary contact for your clinic, you will receive an email from Acadaware.com which will let
you establish web access to a Facility Information Form. We ask that you review the information
and complete the existing data fields that will facilitate improved communication and management
of our respective clinical education programs. When a Clinical Instructor is first assigned to a
specific student from our program, the CI will also get an email from Acadaware.com for the
purpose of establishing an account and gaining access to the PAS for this student and future
students.

If you have any questions, please contact either of us at your convenience.

Sincerely,

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I. Clinical Education Mission Statement

The Clinical Education Program of the School of Physical Therapy and Rehabilitation Science at the University of Montana has the primary mission of providing students the requisite experiential learning opportunities to become proficient, entry-level practitioners upon graduation.

To meet this mission, the Clinical Education Program collaborates with academic faculty and administrators, clinical faculty and administrators, students and PT programs of the Northwest Intermountain Consortium of Clinical Education. We also provide clinical instructor development opportunities; teach and counsel students so as to maximize their learning during clinical experiences; and collect and analyze data on ourselves, students, clinical instructors and clinical facilities for continuous quality improvement. We ensure legal and administrative requirements are met and act as the primary liaison between the PT School and our clinical constituents. We value the concepts of fairness, compassion, equality, and respect when working with others.
II. Role of Clinical Education Personnel

The Director of Clinical Education (DCE) oversees the Clinical Education Program (CEP) for the School of Physical Therapy and Rehabilitation Science at the University of Montana. The DCE provides information and advice to students on how they might plan their clinical assignments and overall professional goals. The DCE educates students on how to prepare for clinical experiences/internships, what to expect, their role during the internship process, and in general how to get the most out of their clinical education experiences. DCE is responsible for the site selection and matching process, monitoring of student performance and grading for two clinical courses each year, PT 587 and PT 680. The DCE also recruits and develops new sites for clinical experiences/internships and trains clinical instructors. The DCE is responsible for the overall evaluation of the CEP and making appropriate changes. In addition, he is the team leader and collaborates with the Associate DCE and Administrative Associate for Clinical Education as well as provides and receives feedback from the faculty on student and curricular issues related to clinical education.

The Associate Director of Clinical Education (ADCE) works with the DCE and has similar responsibilities for teaching and counseling students, developing clinical sites and promoting the CEP. The ADCE is responsible for the site selection process, overall supervision and grading for the integrated clinical experiences PT 582, PT 583 and PT 584 and full-time Clinical Experience II, PT 589. The ADCE assists the DCE in evaluating the CEP. The ADCE also organizes the Clinical Instructor Appreciation Event each year.

The responsibilities of the Administrative Associate for Clinical Education (AACE) include: overseeing the process that ensures students have the required immunizations and insurance coverage; informing students of any site requirements for their internships and ensuring compliance of these requirements; working with the DCE and UM legal counsel to ensure affiliation contracts are current and contain the necessary and appropriate language; maintaining a database of site and student information; maintaining the student site selection database and aids in the site selection process; assisting the DCE and ADCE in arranging travel logistics associated with clinical education and helping organize workshops, seminars and events.
III. Clinical Education Team

Jennifer Jeffrey Bell, PT, ScD, COMT  
Director of Clinical Education
Originally from Texas, Jenn joined the School in 2013 after 7 years of practice in rural and underserved areas throughout Alaska. Jenn received her bachelor’s degree in Kinesiology at the University of Texas, her MPT at UT Southwestern Medical Center and her Doctorate of Science in Physical Therapy at Texas Tech University Health Sciences Center. She brings considerable clinical experience and a love of teaching to our program. Jenn has been involved with clinical education on the regional and national level through the Academy of Physical Therapy Education and the Northwest Intermountain Consortium of Clinical Education. Jenn also teaches in Musculoskeletal Management, Clinical Medicine, Interprofessional Education and Global Health. Jenn, her husband, Darin, and daughters, Kaia and Makena, enjoy getting out in the mountains, whether it is summer or winter.

Susan Ostertag, PT, DPT, NCS  
Associate Director of Clinical Education
Sue is a Montana native and graduate from the BSPT program at the University of Montana in 1993. She completed her DPT through AT Still University in 2007, and obtained APTA Board Certification as a Neurological Specialist in 2011. Sue worked in Spokane for several years post-graduation, in both in-patient and out-patient rehab as well as home health, long term care, and acute care. Once moving back to Montana she found herself balancing clinic management and clinical practice in skilled nursing and out-patient settings, finding her passion in the geriatric and neurological populations. Sue has been involved in Clinical Education as a clinical site coordinator and clinical instructor for over 22 years, and brings her love of student instruction and clinical practice to the UMPT Clinical Education program. She has been the clinic director and faculty at UM since 2005 and joined the clinical education team in 2018. She teaches the Neurological Rehabilitation and Lifespan courses, and helps with coordination of Service Learning and Interprofessional experiences on and off campus.

Caitlin Malinak  
Administrative Associate for the School of Physical Therapy & Rehabilitation Science
Caitlin was raised in Valier, MT a small town in Northwestern Montana. She attended the University of Montana and received her bachelor’s degree in Communication Studies with a Non-Profit Administration minor. Caitlin started working in the PT school in May 2015. In her free time she enjoys spending time with her family, hiking, reading, and researching genealogy.
IV. Clinical Education Program Overview

The Clinical Education Program is designed to dovetail with and complement the didactic portion of the Program’s curriculum in developing student knowledge and skills to meet the needs of entry-level practice. The goal is to provide students with a breadth of experiences that allow the student to practice as a competent generalist and begin to develop specialty areas of practice. To that end, we have a clinical education program that consists of a blend of 3 integrated, part-time clinical experiences and 3 full-time clinical experiences. We believe that the implementation of integrated part-time clinical experiences, where didactic material and models taught in the mornings can be reinforced in the clinic in the afternoons, in association with full-time clinical experiences that dove-tail with semesters of didactic/and integrated experiential learning, provide an optimum educational experience for our students. At the conclusion of their clinical education, we aim to have students transition smoothly into professional practice, and become contributing members of their community while continuing to develop as a professional.

Affiliated Clinical Sites
Opportunities for clinical education exist through affiliations with over 200 clinical sites across the nation. Most affiliated clinical sites are located in the northwest and northern Rocky Mountain regions. These clinical sites communicate availability for student placement on a year-to-year basis.

Clinical Program Experiential and Placement Goals
Students enrolled in the School of Physical Therapy and Rehabilitation Science are required to complete a minimum of 1424 hours of clinical practice. Students’ clinical education consists of three full-time and three integrated/part-time experiences. Students may be placed in any type of setting in the first part-time integrated clinical experience (24 hours). For the 2nd and 3rd part-time integrated clinical experiences, students will be placed in the UMPT clinic with a focus on a neurologic patient population for one and a focus on an orthopedic patient population for the other. For the first two full-time clinical experiences, the goal is for students to have different experiences, typically including one that is in-patient based (i.e. Acute care hospital, SNF, IR, etc.) and the other in an out-patient environment, working with different patient populations. Variations from the above may occur, depending on student interest, placement availability, and assessment by the DCE or ADCE that the overall placements offer enough diversity to satisfy our goal of a broad, generalist education. Students work with the DCE to clarify professional goals and be appropriately matched with a clinical site for PT 680, their final, full-time clinical experience.
V. Clinical Education Program Curriculum

First Year
Fall: PT 503 – Clinical Education Program Orientation (classroom lectures).

Spring: PT 582 – 15 hours of alternative clinical experiences during the first part-time integrated clinical experience. Four of these hours are completed through the New Directions Wellness Center, working with a client with chronic disability/illness. At least 5 hours must be completed in community outreach, in which students explore how community organizations address social and societal determinants of health. Classroom content includes internship planning, social/societal determinants of health, implicit bias in health care, and the use of assessment and feedback tools.

Summer: PT 587 – 320 hours in a full-time, 8-week experience. The student may be placed either in the first half or second half of summer session, typically in an outpatient, acute care, SNF or in a setting, typically rural, where the experience is a mix of practice settings.

Second Year
Spring: PT 583 - 75 hours in an integrated clinical experience utilizing a 2:1 collaborative model. Students will be assigned a clinical schedule consisting of 10 hours per week; and will work with either an orthopedic-focused or neurologic-focused CI and complete their experience in the UMPT Clinic. They will complete 15 hours of additional clinical hours in the community; of which, five hours must be in an interprofessional setting.

Summer: PT 589 – 320 hours of full-time 8-week experience. The student may be placed either in the first half or second half of summer session. Students will be placed in a setting that is different (in-patient vs out-patient) from their PT 587 placement.

Third Year
Fall: PT 584 – 90 hours in a part-time integrated clinical experience utilizing a 2:1 collaborative model. Students will be assigned a clinical schedule consisting of 10 hours per week; and will work with either an orthopedic-focused or neurologic-focused CI (opposite of previous assignment in spring, 2nd year); and complete their experience in the UMPT Clinic. They will complete 15 hours of additional clinical hours in the community; of which, five hours must be in an interprofessional setting.

Spring: PT 680 - 600 hours of full-time 15-week internship done typically at one organization in one practice setting; typically starts the second Monday in January. The experience should match the student’s vision for their entry into professional practice. Application and interview may be required. Customized learning opportunities might be available dependent on the student’s needs and interests and availability and interests of potential clinical sites. Students are required to complete a special project or case study assignment. Students are given permission to attend APTA’s Combined Sections Meeting (CSM) as part of their internship (with approval of their CI).
VI. Student Assignment to an Internship Site

The UMPT Clinical Education Program, working in conjunction with other clinical education programs of the Northwest Intermountain Consortium (NIC), sends a Clinical Education Request Form (CERF) to our active clinical sites on March 1 of each year. This form asks for commitments for student placements for the following year for all of our full-time clinical experiences. The form specifies the dates and the level of student (1st year, 2nd year, 3rd year), and the practice settings that would be appropriate.

The CERF allows the CCCE to reserve a particular experience for a UM PT student and/or notify us that the clinical site would consider the request of placing a specific student on a first-come, first-served basis. Our CERF may also include the name of a specific student for possible placement to a particular setting (ex. OP, etc.) for a particular clinical course; as well as an open request for the possible placements of students to other clinical experiences. We will keep the CCCE informed in a timely manner when confirming the match of a student to an available spot reserved for a UM student. Our goal will be to notify the CCCE by July 1 for PT 680, our 15-week final internship, which runs mid-January to mid-April; and by December 1 for our 2 other summer clinical experiences, PT 587 and 589.

We also honor a clinical site’s request to match students by reviewing resumes and perhaps phone or face-to-face interviews when feasible. In fact, we encourage the “application” process for PT 680, the final 15 week internship.

Students are advised by the Director of Clinical Education (DCE) and Associate DCE for the purpose of making sure they meet the requirements of our program and are matched as well as possible to a clinical site to meet their academic and professional development interests. Students are encouraged to access general information from Acadaware, our clinical education database and to access the web sites of clinics that they are interested in to learn more about the clinical site. They are also encourage to learn from other students that have had previous assignments at a clinical site of interest and review any student evaluations of a clinical site found in Acadaware.
VII. Policies & Procedures for the Clinical Education Program

A. Requirements for Enrollment
   i. Instructor approval is required for each clinical internship course.
   ii. To be allowed to participate in the Clinical Education portion of the Physical Therapy curriculum, students must have proof of the following:
      1. Current CPR certification training through the American Heart Association or The American Red Cross. Basic Life Support for the Health Care Provider is recommended.
      2. Certificate of liability insurance (provided by the Montana University System).
      3. Hepatitis B vaccination and titer, TB screen (this must be done every 12 months), MMR immunity, varicella titer and Tetanus-Diphtheria vaccination within the last 10 years.
      4. Health insurance equivalent to student health insurance plan.
   iii. Once assigned to a particular clinical site, students can view any additional requirements (e.g. criminal background check, additional training, etc.) specifically associated with the site by accessing Acadaware and the details dashboard for that site. Students must provide proof of compliance of the additional requirements to begin their clinical experience or make other arrangements with the Clinical Education Administrative Associate (CEAA). Students can research a particular site’s requirements prior to assignment through Acadaware and the details dashboard for a site.
   iv. The student must satisfactorily complete the academic PT curriculum that is scheduled prior to each clinical experience before being allowed to enroll unless an alternative plan has been approved by the DCE and the PARC.

B. Student Assignments to a Clinical Site
   i. All requests for clinical experience assignments should be managed by the DCE or ADCE. Students should not initiate contact to a clinical site or clinician without permission and consultation with the DCE or ADCE.
   ii. A student may make one request for placement at a clinical site that UMPT CEP does not have an active affiliation agreement. Students wanting to make a request of this nature should access the “New Site Request Form” found on the Acadaware Documents tab. The DCE and ADCE will evaluate the request for appropriateness. New sites have to be compatible with UMPT CEP mission and meet needs of future students as well.
      1. **Full-time Clinical Experiences:** The Clinical Education Program uses the Acadaware Software and website to help with the administration and management of the program, including the process of assignment of students to a clinical site. Students will be oriented to Acadaware Autumn semester, 1st year.
Students should access available facility information in the Acadaware database including student evaluations of clinical sites, information about clinical sites from web sites and other resources. In addition, students should seek information and advice from the DCE and ADCE regarding the program placement requirements and suitability of clinical sites available to students.

a. PT 587: First year students will make site requests via Acadaware for PT 587 in late September of their first year via and assignments are processed by the DCE shortly thereafter.

b. PT 589: Placement proposals for PT 589 are to be submitted by the student to the ADCE by the first Monday in February of a student’s first year. Placement request are processed by the ADCE throughout the rest of spring semester and through summer as needed.

c. PT 680: Second year students submit a proposed plan for PT 680 to the DCE by the end of the fall semester of their second year. Placements for PT 680 will be processed during Spring Semester or until assignments are completed. For placement at some sites, submission of an application consisting of a cover letter and resume, along with an interview, may be required.

iii. Part-Time Clinical Experiences:
   a. PT 583/PT 584: Second and third year students will be assigned to complete these internships with specific clinical instructors in the UMPT Clinic at least one semester in advance.

C. Practices to protect rights, safety, dignity and privacy of patients, clients, other individuals and the clinic.
   i. Students must comply with all state and federal laws associated with patient rights, privacy and protected health information.

   ii. Students must comply with clinic policies and procedures that are consistent with state and federal law regarding patient rights, privacy and protected health information.

   iii. Students must conduct themselves in a manner that protects the dignity and safety of patients and others.
      1. Patients and clients should be informed that you are a student intern and that they have the right to accept, limit or refuse your participation in their plan of care.

   iv. Students shall seek permission from their clinical instructor or the most appropriate person within the clinic’s organization to use any non-protected health information or materials (patient care protocols, administrative information, etc.) for purposes outside of standard
patient care responsibilities. Students may need to utilize the Information Release and/or Photo Release Forms, thereby obtaining informed consent of patients to use relevant information from for educational purposes.

D. Dress code and appearance

i. The student is required to be well groomed for all clinical experiences. The student should be aware of and follow the dress requirements associated with the clinical sites they are assigned.

ii. In general, be neat, clean, tasteful, and professional in your attire. Avoid or be conservative in the use of perfume or cologne.

iii. Name tags are required. They should have your full name followed by "Student Physical Therapist" or "SPT". For your last clinical experience, your name tag should read “Physical Therapy Intern”.

E. Absences

i. Part-time Clinical:
   1. PT 582: The student may be excused for illness or injury, but is expected to make up the lost time before the end of the spring semester. The student should notify the Associate Director of Clinical Education and Clinical Instructor (CI) in advance of the absence so that activities can be rescheduled.
   2. PT 583/PT 584: Students are expected to attend all assigned clinic days. Students are allowed one excused absence during the semester. The supervising clinical instructor and the Associate Director of Clinical Education must approve an excused absence. If the absence is planned in advance, the student must make up the missed time in advance of the absence. If the absence is not planned (i.e. due to illness of emergency), the student must make up the missed clinic time within two weeks of the absence.

ii. Full-time Clinical:
   1. Excused Absences
      a. Students are provided a set number of days for illness, injury or emergencies for each full-time clinical experience. Students are expected to notify the CCCE and/or CI as soon as possible for these situations. Any absences in excess of the days allowed are required to be made up in a manner approved by the CCCE and/or CI. The assigned DCE/ADCE should be consulted if there are questions or differences in how the time should be made up. Number of days allowed for absence: PT 587 & 589 - 2 days each; PT 680 – 3 days.
      b. A student who has to wear a cast, use crutches or has another condition which does not allow the student to participate appropriately and carry out typical responsibilities must consult with the CCCE, CI, and DCE to make up an appropriate amount of clinical time. Reasonable accommodations will be made for the
student to continue their clinical experience, when possible.


d. Other emergencies and extenuating circumstances will be dealt with by the CCCE or the DCE/ADCE on an individual basis.

2. Unexcused Absences
   a. All unexcused absences require make-up time. This time will be determined jointly by the CCCE, CI and the student. There may be cause for immediate removal from the internship when a student is repeatedly absent or late for undue cause.

   b. Unexcused absences include:
      i. Any absence, other than illness, injury or emergency that does not have prior approval.

   c. Any unexcused absence due to illness or injury in excess of the stated amounts in B1a.

3. Instructions for Make-up Time
   a. The amount of make-up time will be an amount which is enough to allow the student to successfully fulfill all requirements of the clinical experience.

   b. Make-up time may be done on weekends, if supervision is adequate.

   c. Make-up time will be fulfilled at the facility where the time was missed, unless otherwise arranged by CCCE and DCE/ADCE.

F. Accidents
   i. In addition to complying with proper procedures for reporting accidents at each clinical center, all accidents involving students which require the filing of a written report must be reported to the DCE immediately.

G. Grading
   i. Satisfactory Clinical Performance
      1. A passing grade (Credit) will be given when the student shows satisfactory performance and expected progress in the learning objectives outlined for each specific clinical experience and when required professional behaviors are demonstrated as outlined elsewhere in the student handbook.

   ii. Unsatisfactory Clinical Performance
      1. When a problem is recognized which potentially could conflict with expected progress, the CCCE, CI and the student should attempt to resolve it.
2. If the problem cannot be resolved or is significant in nature, the CCCE or CI and the student should notify the DCE/ADCE.

3. The DCE/ADCE will contact all appropriate parties (CCCE, CI(s) and/or student) to get the opinions and facts from each party, and attempt to resolve the problem.

4. If necessary, the DCE/ADCE will arrange a meeting or telephone conference for the purpose of gathering information and taking action to solve the problem.

5. In certain circumstances, the CCCE, CI or DCE/ADCE may require a change in clinical instructors or have the student be removed from the clinical site. In the case of the need to remove the student from the clinical site due to unsatisfactory performance, the DCE/ADCE will review the case and in consultation with the Chair, make a determination for how to proceed. The DCE/ADCE may issue an NCR, I, or N grade at this time or reassign the student to a new site (timing and location as determined by the DCE/ADCE). The DCE/ADCE will provide a written report with recommendations regarding the student’s status in the program to the PARC.

iii. No Credit (NCR), Incomplete (I) or Work in Progress (N)

1. It is the DCE/ADCE’s responsibility to provide a grade for all clinical experiences. When a student earns a grade of No Credit (NCR) or Incomplete (I), the DCE/ADCE will have given the grade after reviewing the documentation from the CI, CCCE and any other appropriate source including the student’s entire academic record.

2. If the student’s deficits are judged by the DCE/ADCE to be significant, the DCE/ADCE will issue a grade of No Credit (NCR) and make recommendations to the PARC that may include dismissal of the student from the program. All available members of the PARC would then review the record and the recommendations of the DCE/ADCE and decide on a course of action.

3. A student may earn an NCR when his or her performance is judged to be unsatisfactory yet the deficits are not so severe to warrant a recommendation of dismissal from the program. The NCR grade will be given by the DCE/ADCE in consultation with the Chair and PARC when feasible. The student must repeat the internship at a time and location determined by the DCE. Other remedial requirements will be determined on a case by case basis by the PARC with recommendations from the DCE.

4. A student may receive an Incomplete (I) or Work in Progress (N) grade. Please consult with the University grading policy. When an I or N grade is given, and as appropriate for the circumstances, a specific number of clinical hours, location, and goals of the extended internship will be determined by the DCE/ADCE in consultation with the student, CI and CCCE.

5. A student must satisfactorily complete a given clinical internship before moving to the next internship unless other arrangements
have been made by the DCE/ADCE for special situations regarding a student’s health or as part of a remedial plan.

H. Requirements and expectations regarding feedback
   i. Feedback from Students
      1. Students will compete and share feedback at midterm and at final for each clinical experience using the forms accessed in Acadaware and share the feedback with the appropriate individuals; (Midterm and Final Experience Evaluation with CI and CCCE; Final clinical instruction to be completed and viewed by DCE/ADCE). The DCE and ADCE will access all evaluations through Acadaware and release the Experience evaluations (designated portions) to be available to other students in Acadaware (Site details).
      2. Students will complete evaluations of the DCE, ADCE and the Clinical Education Program, periodically and at the completion of their education.

   ii. Feedback to Students and Student Self-Assessment
      1. During each internship, students should receive verbal and written feedback from their CI(s), at minimum, midway and at the end of their assignment. The written feedback related to the student’s performance will be provided via the Student Assessment and Feedback Tool (SAF-T). Students will complete a self-evaluation using the SAF-T to facilitate CI feedback. It is expected that the student and the CI uses the SAF-T as it is designed. Comments should address the pertinent competency categories, identifying strengths and deficits, especially related to expectations for the particular clinical experience. There should be consistency with the comments provided and the marks given on the rating scale using the definitions for the various levels. The midway feedback should be primarily formative in nature, emphasizing the progress that has been made and identification of goals and strategies for the remainder of the clinical experience to reach expected outcomes. Under certain circumstances, weekly formal verbal and/or written feedback may be appropriate. A form is provided for this purpose. If there is concern at any time that a student’s performance is such that achievement of expected outcomes is in doubt, the DCE/ADCE should be notified.

      2. The academic faculty member assigned to the course (DCE or ADCE) will communicate with the student and CI during the experience, typically via email initially. A follow-up phone call or site visit may be scheduled based on the circumstances of the clinical experience. Cis/CCCEs and students are encouraged to initiate communication with the DCE/ADCE at any time when consultation, feedback and/or assistance is believed necessary.
If there is concern by the DCE/ADCE that a student’s performance is such that achievement of expected outcomes is in doubt, written notification will be provided to the student and a copy will be sent to the Chair or the PARC. Written notification will include a remedial plan with specific goals.

3. The DCE and ADCE will meet after each clinical experience to discuss student overall performance and progress. Even though a student may have met the minimal requirements for a “passing” grade, if the review shows that there are lingering concerns or deficits with a student’s performance the DCE and ADCE will provide the student with written communication outlining the findings and may also choose to meet with the student and share concerns verbally. The DCE and ADCE may also make appropriate recommendations to the student to prepare for future success. A written report will go in the student’s clinical education file, and a copy will go to the chair of the PARC.
VIII. Cl Qualifications and Effectiveness Policy
The Clinical Education Program makes every effort to ensure Clinical Instructors (CIs) are qualified and effective teachers. The below qualifications and method of assessment are outlined in the UMPT Affiliation Packet that is sent to all new clinical sites and is available on our website.

A. Clinical Instructor Qualifications
   i. All CIs must be licensed physical therapists with a minimum of one year post-licensure experience.
   ii. It is preferred that clinical instructors are credentialed through the APTA Credentialed Clinical Instructor Program.
   iii. CIs should be effective clinical teachers and role models.

B. Assessment of Cl Qualifications and Effectiveness.
   i. Clinical Instructors complete a staff profile page through the Acadaware website when assigned to a UMPT student that includes the number of years in practice, whether they are an APTA credentialed CI, and other details of their professional history.
   ii. Students also complete a Student Clinical Rotation Contact Information and Orientation Form the first week of their assigned clinical placement and one of the data points is how many years of clinical experience does their CI have.
   iii. At the completion of each clinical experience, students complete 2 surveys, which include questions that assess clinical competence and teaching effectiveness of their CI.
IX. Medicare Part B Policy and Student Participation

Below is information and references regarding Medicare Part B policy related to student participation. Please read thoroughly and contact the Academic Coordinator of Clinical Education if you have any questions. If a student is participating in the care of a patient covered by Medicare B insurance and the CI is directly present and not engaged in other activity as the memorandum instructs, it is advisable to document this in the chart.


Medicare Part B policy re: students

Therapy Students
Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under “line of sight” supervision of the therapist; however, the presence of the student “in the room” does not make the service unbillable. The direct (one-to-one) patient contact services of the physician or therapist provided to Medicare Part B patients are payable. Group therapy services performed by a therapist or physician may be billed when a student is also present “in the room.”

Examples:
- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician’s service, not for the student’s services).

Visit the APTA web site at this link for more information regarding Medicare policy on students including recommendations for students in the Skilled Nursing Facility environment. http://www.apta.org/Payment/Medicare/Supervision/
X. Student Supervision Guidelines

In situations where state and federal laws allow, the level of student supervision should be based on the professional judgment of the licensed physical therapist with consideration of the readiness of the student to perform the tasks assigned and with a consideration of the risks and benefits to all those involved.

Considerations for the determination of the type and level of supervision for students include:

- Willingness and comfort level of patient (or parent/guardian)
- Year of student
- Early, middle or final internship
- Student’s previous experience in the particular setting
- Student’s previous experience with particular diagnosis
- Complexity and context of the case
- Student’s previous experience with the types of interventions likely to be utilized
- Preparedness of student
- Confidence of student

Information gathered from the school and student prior to the start of the internship can help in determining the appropriate level of supervision. This may include course descriptions; student self-assessments of preparedness and supervision needs for particular tests and measures; interventions and patient categories; and description of student’s previous clinical experiences.

The following categories are adapted from APTA’s position statement regarding levels of supervision (HOD 06-00-15-26).

**General Supervision:** The supervising physical therapist is required to be on-site and generally available for direction and supervision, and must be available at least by telecommunications. The supervising physical therapist has consulted with the student on each patient and has approved the plan of care. (In general, this is most appropriate for third-year students when above criteria are satisfied.)

**Direct Supervision:** The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient during each visit. The supervising physical therapist has consulted with the student on each patient and has approved the plan of care. Telecommunications does not meet the requirement of direct supervision. (In general, this is mostly appropriate for second-year students when the above criteria are satisfied or for third-year students when the above criteria have not been satisfactorily met.)

**Direct Personal Supervision:** The physical therapist is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Telecommunications does not meet the requirement of direct personal supervision. (In general, applies to first-year students for most situations.)
XI. PT Student Evaluation of Clinical Experience Form  
A. (Completed by the student after the internship and to be shared with CI/CCCE)

Following the completion of your clinical experience, please fill out the following evaluation form. Your accurate assessment and feedback will help us further develop clinical sites and instructors and can be used to help improve the selection process and experiences of other students.

1. What describes your assessment of the Supervision and Guidance you typically received?

<table>
<thead>
<tr>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needed much more</td>
</tr>
<tr>
<td>Needed a little more</td>
</tr>
<tr>
<td>Just Right</td>
</tr>
<tr>
<td>Needed a little less</td>
</tr>
<tr>
<td>Needed a lot less</td>
</tr>
</tbody>
</table>

Please provide clarifying comments

2. What best describes your assessment of the Progression of Responsibility?

<table>
<thead>
<tr>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too slow</td>
</tr>
<tr>
<td>A little too slow</td>
</tr>
<tr>
<td>Just Right</td>
</tr>
<tr>
<td>A little too fast</td>
</tr>
<tr>
<td>Too fast</td>
</tr>
</tbody>
</table>

Please provide clarifying comments

3. Rate your assessment of the Frequency of Feedback and Discussion.

<table>
<thead>
<tr>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needed more</td>
</tr>
<tr>
<td>Needed a little more</td>
</tr>
<tr>
<td>Just Right</td>
</tr>
</tbody>
</table>

Please provide clarifying comments

4. What best represents your level of satisfaction with the overall type of feedback you received?

<table>
<thead>
<tr>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
</tr>
<tr>
<td>Satisfied</td>
</tr>
<tr>
<td>Slightly satisfied, needed some adjustments</td>
</tr>
<tr>
<td>Not satisfied</td>
</tr>
</tbody>
</table>
5. What best represents your level of satisfaction with the achievement of your goals for this internship?

- [ ] Very satisfied
- [ ] Satisfied
- [ ] Slightly satisfied, needed some adjustments
- [ ] Not satisfied

Please provide clarifying comments

6. What was most helpful for your learning during the second half of this internship?

7. What specific suggestions do you have for your instructors(s) to make the clinical instruction you received even better?

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

At some point during your experience you may be asked to complete a midterm evaluation for the experience. The following form can be completed and will count towards the completion of your midterm evaluation. Your accurate assessment will help your Clinical Instructor(s) to make adjustments to your experience and can help to improve any issues you may be having with your experience.

Your answers to the following questions will be shared with all Instructor(s) associated with this experience

1. What describes your assessment of the **Supervision and Guidance** you typically received?
   - o Needed much more
   - o Needed a little more
   - o Just Right
   - o Needed a little less
   - o Needed a lot less

   Comments:

2. What describes your assessment of the **Progression of Responsibility**:
   - o Too slow
   - o A little too slow
   - o Just Right
   - o A little too fast
   - o Too fast

   Comments:

3. Rate your assessment of the **Frequency of Feedback and Discussion**:
   - o Needed more
   - o Needed a little more
   - o Just Right

   Comments:

4. What best represents your level of satisfaction with the overall **type of feedback** you received
   - o Very satisfied
   - o Satisfied
   - o Slightly satisfied, needed some adjustments
   - o Not satisfied

   Comments:
5. What best represents your level of satisfaction with the achievement of your goals for this internship.
   - Very satisfied
   - Satisfied
   - Slightly satisfied, needed some adjustments
   - Not satisfied

Comments:

6. What was most helpful for your learning during the first half of this internship.

7. What specific suggestions do you have for your instructor(s) to make the clinical instruction you received even better.

Your answer to the following questions will be shared with your Academic Program only

☐ I would like to discuss this experience
   Please check this box if you would like to be contacted ASAP by a program administrators to discuss your internship

Please rate your internship experience so far

(on web site there is a drop down box with 10 – 1 and 10 = Excellent and 1 = Not going well at all)
XIII. Criteria for Completion of Clinical Internships

Based on years of student and CI feedback that a more efficient tool was needed for the assessment of students during their clinical experiences, we partnered with Acadaware and developed the Performance Assessment System (PAS). When initially assigned to a UMPT student, the CI will receive an email from Acadaware.com to create a user name and password to access the website where the PAS and the CI profile page are housed. Please review the PAS User’s Quick Guide that is provided in the Affiliation Packet, on our UMPT Clinical Education website and is accessible from the Acadaware/PAS website. The User’s Guide contains information on how the PAS is constructed to assess student performance and operationally defines terms and concepts. For the most up-to-date information on how to navigate the Acadaware website and PAS dashboard, a User’s Manual is accessible from the Acadaware website. You can also access the User’s Manual from the UMPT Clinical Education website. We recommend using Chrome web-browser to gain full use of the utilities within the PAS.

Students will share a pre-clinical self-evaluation to communicate their baseline assessment of how much monitoring they would need at the start of their clinical experience. Also before arriving, students should provide their CI with some general information about themselves plus goals and expectations for this clinical experience. We have asked our students to review the PAS process and other information at orientation with their CI.

Both the student and the CI complete the PAS separately at midterm and final and then review together. There is a function from the CI dashboard to pull view both student and CI assessments side by side for reviewing together.

We hope the PAS will allow you to effectively and efficiently assess and provide feedback on student performance. At any time you have questions regarding the PAS, please do not hesitate to contact Jennifer Bell, Director of Clinical Education at 406-243-6827 or jennifer.bell@umontana.edu.
XIV. Rights, Responsibilities & Expectations of Clinical Faculty

Clinical Instructors (CIs) and Center Coordinators for Clinical Education (CCCEs) for The University of Montana School of Physical Therapy and Rehabilitation Science assume faculty affiliate status and in that role have certain responsibilities and rights. We expect our Clinical faculty to foster professional behaviors including compassion, ethical behaviors, life-long learning, evidence-based practice and cultural sensitivity in our students. We require that assigned primary CIs have at least one year’s clinical experience. We encourage CIs to engage in professional activities that develop their clinical and instructional abilities, in particular, we recommend that CIs take APTA’s Clinical Instructor Education and Credentialing Program. We also ask that clinical site administrators, CCCEs, and CIs use and abide by the APTA document, “Guidelines and Self-Assessments for Clinical Education,” and expect that clinical faculty abide by the APTA Code of Ethics and applicable state and federal laws. Additional information about specific rights, responsibilities and expectations can be found in the Affiliation Agreement (contract) between your organization and the School.

As an affiliate faculty member, pertinent and appropriate information, as allowed by Montana State law, regarding the individual students will be communicated by the DCE to the faculty affiliate acting as the Clinical Instructor. Clinical faculty members are required to maintain confidentiality requirements in their communications with other individuals not officially involved in the education of the student. For more information about privacy protections for students, please visit http://www.umt.edu/registrar/Privacy%20and%20Release%20of%20Student%20Education%20Records%20-%20FERPA.php.

Responsibilities and expectations of the CCCE include:

- Completing the Facility Information Form at the initiation of an affiliation agreement and providing annual updates or when major changes occur with regards to the site’s organizational operations and/or PT departmental staffing.
- Assisting in the process to have an affiliation agreement executed.
- Coordinating student assignments, student orientation and clinical instructor development.
- Ensuring the student has appropriate office space and supplies.
- Coordinating and distributing pertinent information between students, CIs and the School’s Clinical Education Program.
- Providing overall on-site supervision and support of students and CIs
- Ensuring assigned CIs are fulfilling expectations outlined below
- Acting as a resource for information to students, CIs and DCEs
- Helping to mediate any conflicts or problems that arise.

Responsibilities and expectations of the CI include:

- Have at least one year’s PT clinical experience to be a primary CI
• Be a licensed physical therapist in good standing in the state where the site is located
• Reviewing information provided on the student and School.
• Participating in orienting the student to the facility and planning the student experience.
• Providing supervision that is appropriate for the circumstances, educationally sound, and compliant with applicable state and federal laws.
• Providing the student frequent and balanced feedback that communicates the level of progress and expectations for performance of the student.
• Providing written feedback approximately midway and at the completion of a student’s clinical experience using the designated assessment tool.
• Providing the student with a safe, educational and supportive atmosphere.
• Being an appropriate professional role model that includes participating in professional development activities.
XV. PAS Users Guide

When using the PAS, the key considerations are how much monitoring and/or correction a student needs to perform a task to the level expected of a recently graduated, competent, newly licensed clinician.

You should refer to the descriptions of the different Levels (1 through 5+) to generally gauge where the student falls on the scale. Then using either the slide bar, or by entering a number in the box at the left of the scale, decide on the specific percentage of monitoring and/or correction needed for that particular category.

Level Descriptors:
Level 1 (Novice) = Student usually needs constant monitoring and/or correction, in general between 100 – 75 % of the time with substantial amounts of modeling/demonstration provided.

Level 2 (Developing) = Student needs frequent monitoring and/or correction, in general between 75 – 50% of the time with moderate amounts of modeling/demonstration provided.

Level 3 (Intermediate) = Student needs intermittent monitoring and/or correction, in general between 50 – 25% of the time with occasional modeling/demonstration provided.

Level 4 (Advanced) = Student needs occasional monitoring and/or correction, in general between 25 – 5% of the time, infrequently needs modeling/demonstration. Student frequently practices at a competent level.

Level 5 (Entry-level Competent) = Student rarely if ever needs correction and monitoring (Between 5 – 0%). Mentoring and/or demonstration is typically associated with the unusual, complex patient and/or situation; student appropriately consults for guidance. Performance is competent overall and is consistent with entry-level practice expectations of your facility. Student would be appropriate to practice as a new clinician colleague.

Level 5+ (Mature) = Student is competent and consistently performs beyond entry-level practice expectations. Student is capable of advising and providing consultation to others for some patients and situations. Student would be an asset as a colleague.

The level of student monitoring should be based on the professional judgment of the licensed physical therapist(s) supervising the student with consideration of the readiness of the student to perform the tasks assigned and with a consideration of the risks and benefits to all those involved. This should be based on student factors, including:

- Preparedness of student to handle the relative challenge of the task
• Safety concerns for patient and others
• Confidence of the student
• Student’s previous experience with the task, patient population and/or setting
• Year of student (1st, 2nd, or 3rd)
• Whether early, middle or final clinical experience for the student

External factors, such as supervision requirements dictated by state and federal laws, and organizational policies, willingness and comfort level of a patient (or parent/guardian), should not be a factor for rating a student on the SAF-T with regards to amount of monitoring provided.

**Correction** implies that the student is not on the right track and a change is needed in the student’s thinking and/or actions so as to rectify an error; or feedback is needed to improve effectiveness and/or efficiency to the level expected of a newly graduated, competent clinician. The CI needs to provide corrective feedback on technique, reasoning, strategy, etc. to improve outcome relative to quality and/or efficiency expected of a competent, entry-level clinician.

When assessing the % monitoring and correction a student needs, **a CI should not factor in when** the CI provides some guidance towards a more effective and/or efficient way to accomplish a task that is beyond entry-level expectations; or, when the feedback provided does not significantly impact effectiveness or efficiency but just provides an alternative way to accomplish a task.

**Comment sections** are available for each competency category at midterm and final. These are not required fields, but are there for the CI and/or student to provide clarifying remarks regarding the reason for and the type of monitoring and/or correction. Comment sections also exist at the end of the PAS to provide summative remarks at midterm and final. These are required fields. Comments should include the student’s strengths and aspects of performance needing improvements. Midterm comments should include priority goals for the second half of the experience.

**A. Sample Screen Shots**: Includes 2 screen shots to show how assessment and feedback are provided with one of the 10 competency categories and the global rating scales from Acadaware.com. The 10 competency categories are listed on the 2<sup>nd</sup> page.
### Student Evaluation Date
03/23/2017

**Experience being evaluated:** AVPT565290

**Student Information**
- **First name:** Pete
- **Last name:** Easy
- **School:** ACADEMIRE WEST - PT

**Number of days absent:** 0

---

### 1. Professionalism

Includes behaviors expected of a professional health care provider by society, those within the profession and by your organization. (Includes: commitment to core values, patient centered care, ethical practice, legal practice, punctuality, appearance/address, initiative, flexibility, etc.)

<table>
<thead>
<tr>
<th>Monitoring and/or correction</th>
<th>92%</th>
</tr>
</thead>
</table>

*Blue = Midterm; Red = Final*

<table>
<thead>
<tr>
<th>M</th>
<th>52%</th>
<th>92%</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>75%</td>
<td></td>
</tr>
</tbody>
</table>

---

### Midterm Comments
- Strengths and/or areas in need of improvement:

### Final Comments
- Strengths and/or areas in need of improvement:

---

### 2. Interpersonal Relations and Communications

---

### Global Ratings

1. Please assess the % of time the student needs monitoring and/or correction in general.

   - Global rating #1 will automatically average competencies 1-10. Check box if you want to manually determine the % monitoring and/or correction in general.

<table>
<thead>
<tr>
<th>Monitoring and/or correction</th>
<th>92%</th>
</tr>
</thead>
</table>

   *Blue = Midterm; Red = Final*

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</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>75%</td>
<td></td>
</tr>
</tbody>
</table>

2. Please rate the level of agreement with the following statement: In general, the student's performance is appropriate for his/her level of education.

   - **Strongly disagree**
   - **Disagree**
   - **Agree**
   - **Strongly agree**

#### Summative Midterm Comments
- Strengths and/or areas in need of improvement:

#### Summative Final Comments
- Great work

---

- Midterm has been reviewed with student.
- Final has been reviewed with student.
B. Performance Assessment System (PAS) Competency Categories

1. Professionalism: Includes behaviors expected of a professional health care provider by society, those within the profession and by your organization. (Includes: commitment to core values, patient centered care, ethical practice, legal practice, punctuality, appearance/dress, initiative, flexibility, etc.

2. Interpersonal Relations and Communications: Includes the ability to work collaboratively with people of diverse backgrounds; demonstration of appropriate verbal/non-verbal communication, constructive conflict management, and sensitivity/respectfulness, open-mindedness – lacking in defensiveness; able to adjust to the situation and individual needs of others (culturally aware).

3. Professional Development: Includes being intellectually curious, asking appropriate questions and self-directed in seeking new information and knowledge; open-minded to other possibilities and ideas; reflective and able to assess strengths and deficits; responsive to feedback; takes initiative and is an active, engaged adult learner.

4. Examination/Re-examination: Includes efficiently and accurately obtaining patient information/history via review of past medical records; patient interview; interview of others and conducting appropriate screening and specific tests and measures, all the while maintaining patient dignity and comfort; and use of appropriate outcomes data collection tools.

5. Evaluation/Clinical Reasoning: Includes making defensible, rational clinical judgments based on the information collected from the patient history, system review, tests and measures and other relevant sources, including outcomes data collection tools. Clinical judgments include the establishment of a diagnoses, prognoses, and plan of care. Able to recognize and manage biases (cognitive & affective) and other issues that can impact decision making. Applies principles of evidence-based practice.

6. Procedural Interventions: Able to effectively apply various procedural interventions that are within the scope of practice of a physical therapist.

7. Documentation: Able to provide documentation of services in the format required that is comprehensible, complete and accurate; done in an efficient manner; abides by legal requirements.

8. Teaching/Education: Includes being able to assess the learning needs of patients and other learners; delivering the needed information in the most appropriate format(s); and employing effective assessment strategies.

9. Safety: Includes providing a safe environment for patients, self and others. Abides by organizational safety policies and OSHA standards.

10. Administration and Management: Includes supervision and guidance of others; charging for services; time management, scheduling and productivity; marketing and promotional activities; equipment and supply management.
XVI. Northwest Intermountain Consortium (NIC) of Clinical Education Programs

The University of Montana School of Physical Therapy and Rehabilitation Science is a member of The Northwest Intermountain Consortium (NIC) of Clinical Education Programs. NIC members include DCEs/ACCEs, CIs and CCCEs associated with programs at Eastern Washington University, University of Washington, University of Puget Sound, Pacific University, Idaho State University, University of Utah, Regis University, University of Colorado Health Sciences, the University of New Mexico, George Fox University, Rocky Mountain University of Health Professions Northern Arizona University, University of Nevada Las Vegas, and AT Still University.

The mission of NIC is to maximize the collaborative efforts of individuals and programs in the region for the enhancement and promotion of quality clinical education.

The NIC participating programs host an annual conference in the fall that provides affordable educational programming in support of clinical education.
XVII. Faculty Affiliate Information and Application

There are several benefits to being a Center Coordinators of Clinical Education (CCCE) or Clinical Instructor (CI) for the University of Montana. CCCEs and CIs are eligible for reduced registration fees associated with continuing education programs sponsored by the University of Montana. In Montana and in some other states, time as a CI can count toward required CEU for state licensure. (In Montana, for the CI to get CEU credit, they have to have successfully completed the APTA CI credentialing course.)

CIs and/or CCCEs for The University of Montana School of Physical Therapy and Rehabilitation are also considered clinical faculty affiliates. As a new Clinical Site for our School, eligible Clinical Faculty can apply immediately for Faculty Affiliate benefits by accessing the link below and downloading the application form; or you can contact Caitlin Malinak at 406-243-4753 or caitlin.malinak@mso.umt.edu.

Benefits of Faculty Affiliates:
Faculty affiliate status allows you access to The University of Montana Mansfield Library and Instructional Media Services. This status enables you to access all services available to faculty, including Ingenta Gateway (part of which is the Alert Service which lets you know about new publications in your particular field of interest) and the Inter-Library Loan program.

With the purchase of a Griz card (one-time-only $15) you have the following benefits:
- UC Box Office
- UC computer lab
- Access to Campus Recreation facilities (including the Grizzly Pool) and programs for an additional fee
- Dining Services (with prepayment)
- UC game room discount

The following is the policy that guides the Faculty Affiliate process:

Faculty Affiliate Policy
Faculty Affiliates are not employed by the University, but are associated with an academic department of the University for the purposes of academic or research collaboration. Colleges, Schools, Departments, and Programs recommend these appointments annually for approval by the Provost.

Faculty Affiliate appointments are valid from October 1 through September 30 of each academic year.

New Faculty Affiliates can be approved at any time during the year by sending the fully completed Faculty Affiliate Recommendation Form to the Office of the Provost.
for approval. The Faculty Affiliate Recommendation Form is available online at http://www.umt.edu/provost or http://www.umt.edu/home/affiliateusers/.

All approved Affiliates are eligible to purchase Griz Cards as a benefit of their appointment. A description of Griz Card services can be found at http://life.umt.edu/gcc/default.php.

If a Faculty Affiliate will be on campus on a regular basis as a result of this appointment, the affiliate (and in some cases an affiliate’s spouse or dependent) is eligible to sign up and pay for membership with the campus recreation center.

If a Faculty Affiliate will interact with University faculty or students in an instructional, clinical, or research capacity, the affiliate is eligible for a UM email address and electronic access including portions of UM Online, Mansfield Library, and the wireless network.

Faculty Affiliate appointments may be renewed each year without the submission of a new application. Near the beginning of the academic year, each department/program shall receive from the Office of the Provost a list of its prior year Faculty Affiliate appointments. Each department will note renewals, corrections and/or deletions and return its list to the Office of the Provost.

In order to comply with the University policy regarding faculty affiliates, the following criteria apply:

1. Faculty Affiliate status is available for both Clinical Instructors and Center Coordinators for Clinical Education.
2. In order to qualify, CCCEs should offer at least one slot per year for student internships.
3. In order to qualify, CIs should volunteer to be a part of the pool of possible instructors for the slots offered each year. This is established by the CCCE, who distributes faculty affiliate application forms to the appropriate parties.

**Other Benefits**

A 5% rebate for tuition to the transitional DPT program at The University of Montana is also available for physical therapists that serve or offer to serve as Clinical Instructors for UMPT students. For a clinician to be eligible for this rebate we ask that they volunteer to take a UM student at some point just prior or during the time the clinician is enrolled in the t-DPT program. If a student doesn't opt for the internship slot you have offered, we would expect that you would continue offering a slot until we have matched a student with you. CCCEs that coordinate the placement of UMPT students to their facility are also eligible for this rebate.
First Year Students

Fall Classes Block I

- **P T 510 - Applied Clinical Anatomy**
  Credits: 5. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program or permission of instructor. Anatomy of the neuromusculoskeletal system and body cavities in relation to movement and function with clinical correlates. Course lab fee.

- **P T 523 - Clinical Medicine I: Intro to Med**
  Credits: 1. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program or permission of instructor. Introduction to medical screening within the patient/client management model.

- **P T 529 - Clinical Biomechanics**
  Credits: 5. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or permission of instructor. Principles of biomechanics and application to physical therapy.

Fall Classes Block II

- **P T 503 - PT and Health Care System**
  Credits: 4. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program or permission of instructor. An introduction to physical therapy and its relationship to the health care system. Topics include introduction to PT as a profession, medical terminology, medical records, teaching and learning, ethics, laws and professional issues in physical therapy.

- **P T 516 - Movement System Exam & Eval**
  Credits: 5. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program or permission of instructor. Principles of musculoskeletal examination and evaluation including posture, neurologic screen, palpation, measurement of ROM and muscle performance, assessment of muscle length, and joint play.

- **P T 524 – Clinical Medicine II**
  Credits: 2. Level: Graduate. Offered autumn. Enrolled in entry-level DPT program or permission of instructor. Introduction to pharmacology, medical management of selected orthopedic and hematological conditions.

- **P T 526 - Foundational Skills I**
  Credits: 2. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or permission of instructor. Basic skills of transfers, bed mobility, gait assistive device use, and soft tissue mobilization.
Spring Classes Block I

- **P T 519 - Musculoskeletal Management I**

- **P T 520 - Development Through the Life Span**
  Credits: 2. Level: Graduate. Offered spring. Prereq., Enrolled in entry-level DPT program or permission of instructor. Presentation of changes in adults they progress through the lifespan. Includes the functional changes associated with aging, assessing and managing fall risk, performance and interpretation of functional outcome measures.

- **P T 530 - Clinically Applied Ex Physiology**
  Credits: 4. Level: Graduate. Offered spring. Enrolled in entry-level DPT program and passed all previous DPT courses or permission of instructor. Principles and applications of the physiological adaptations to acute and chronic exercise stresses, exercise assessment/testing, prescription and progression of the exercise program, and the adaptations of exercise interventions in the clinical environment. Basic principles and application of Proprioceptive Neuromuscular Facilitation (PNF).

- **P T 582 - Clinical Clerkship**
  Credits: 1. Level: Graduate. Offered spring. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. A mix of classroom and clinical experiences to introduce students to the expectations of professional practice. CR/NCR grading.

Spring Semester Block II

- **P T 527 - Physical & Electrophysical Agents**
  Credits: 3. Level: Graduate. Offered spring. Enrolled in entry-level DPT program and passed all previous DPT courses or permission of instructor. Physiology, indications, contraindications, and application of electrotherapy and physical agents. Theory and application of electrodiagnostic and electrotherapeutic procedures.

- **P T 530 - Clinically Applied Exercise Physiology** (Continued from Block 1)

- **PT 532 – Foundational Skill II**
  Credits: 1. Level: Graduate. Offered spring. Prereq., enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Principles of soft tissue mobilization. Techniques covered include: superficial, petrissage, kneading, neuromuscular, friction massage and trigger point techniques. Instruction regarding indications, precautions, contraindications, draping, position, and primacy issues included.

- **P T 536 - Neurosciences**
  Credits: 5. Level: Graduate. Offered spring. Enrolled in entry-level DPT program and passed all previous DPT courses or permission of instructor. Anatomy of the head and neck, and
neuroanatomy of the human nervous system with emphasis on evaluation of central nervous system lesions and pathological conditions, clinical applications to physical therapy.

- **P T 560 - Clinical Reasoning I**
  Credits: 1. Level: Graduate. Offered spring. Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Introduction to the clinical reasoning process in physical therapy, faculty research and scholarship options, and laboratory orientation.

- **P T 587 - Clinical Internship I**
  Credits: 6. Level: Graduate. Offered summer. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Eight weeks of full-time clinical experience with emphasis on developing patient evaluation and treatment skills. Only CR/NCR grading.

**Summer**

- **P T 525 - Clinical Medicine III**
  Credits: 3. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or permission of instructor. Pathophysiology, medical and pharmacological management of hepatic, oncological, immunological diseases and organ transplantation.

- **P T 563 - Cardiopulmonary PT**
  Credits: 4. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Cardiovascular and pulmonary pathology, pharmacology, and differential diagnosis. Physical therapy assessment and interventions for patients with cardiovascular and/or pulmonary disease.

- **P T 567 - Neurorehabilitation I**
  Credits: 3. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Neurologic physical therapy assessment and intervention of adults. Principles of neuroplasticity, motor control, motor learning and application to physical therapy neurorehabilitation. Includes wheelchair seating and mobility assessment and prescription.

**Second Year Students**

- **Fall Classes Block I**

- **P T 525 - Clinical Medicine III**
  Credits: 3. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or permission of instructor. Pathophysiology, medical and pharmacological management of hepatic, oncological, immunological diseases and organ transplantation.

- **P T 569 - Musculoskeletal Mgt II**
  Credits: 6. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Eight weeks of full-time clinical experience with emphasis on learning about administrative issues, problem solving,
time management, and communication skills. Continuation of development of patient
treatment and evaluation skills. CR/NCR grading.

- **P T 576 - Clinical Reasoning II**
  Credits: 2. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. This course will build on the foundations established in Clinical Reasoning I. Issues related to clinical and research ethics will be discussed. The principles of evidence based practice (EBP), including the application of evidence and the creation of evidence, will be part of the discussion. Limitations of EBP and its role in the changing health care environment, critical appraisal of the literature, statistical knowledge, and weighing evidence for clinical decision making will be presented. A writing assignment, application of debate/persuasive argument techniques, and collaborative group exercise will be a part of this course.

  **Spring Classes Block I**

- **P T 572 - Practice & Administration**
  Credits: 3. Level: Graduate. Offered spring. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Practice management and operations explored with emphasis on strategic planning, human resource management, regulatory compliance/risk management, quality improvement and coding payment.

- **P T 578 - PT for Select Populations**
  Credits: 6. Level: Graduate. Offered spring. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Physical therapy assessment and interventions are addressed in the areas of occupational health, pregnancy and pelvic floor dysfunction, wound management and prosthetic management. This course also addresses the needs and concerns of special populations including recreational and sporting opportunities.

- **P T 583 Integrated Clinical Experience I**
  Credits: 2. Level Graduate. Offered spring. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. An integrated, part-time clinical experience with emphasis on patient evaluation, treatment and professional development. Only CR/NCR grading.

  **Spring Semester Block II**

- **P T 565 - PT for Children**
  Credits: 2. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Normal development throughout childhood. Physical therapy examination, evaluation and intervention of children with neuromotor and musculoskeletal dysfunction including physical therapy for children in school systems.

- **P T 568 - Neurorehab II**
  Credits: 3. Level: Graduate. Offered spring. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Neurologic physical therapy assessment and intervention of adults. Principles of neuroplasticity, motor control, motor
learning and application to physical therapy neurorehabilitation. Includes assessment and treatment of vestibular system and conditions.

- **P T 573 - Musculoskeletal Mgt III**
  Credits: 6. Level: Graduate. Offered spring. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Principles of musculoskeletal examination, evaluation, and intervention for the shoulder, elbow, wrist, hand, temporomandibular joint (TMJ), thoracic and cervical spine.

- **PT 583 Integrated Clinical Experience I - Con't from block I**

  **Summer**

- **P T 589 - Clinical Internship II**
  Credits: 6. Level: Graduate. Offered summer. Prereq., successful completion of all prior clinical experiences, and previous DPT coursework. Eight weeks of full-time clinical experience with emphasis on learning about administrative issues, problem solving, time management, and communication skills. Continuation of development of patient treatment and evaluation skills. Only CR/NCR grading.

**Third Year Students**

**Fall Classes Block I**

- **P T 626 - Clin Med IV**
  Credits: 2. Level: Graduate. Offered autumn. Prereqs., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Course will focus on the role of the physical therapist in a Direct Access environment. Pathology, differential screening, pharmacotherapeutics, evaluation and management of integumentary, gastrointestinal, endocrine/metabolic and urogenital disease. Course will address abdominal and dermatological screening.

- **P T 627 - Prevention & Wellness**
  Credits: 3. Level: Graduate. Offered autumn. Prereqs., Enrolled in entry-level DPT program and completion of all previous DPT courses or consent of instructor. Nutrition, health promotion, patient and support network education, exercise/fitness, disease and injury prevention, life span emphasis.

- **P T 676 - Clinical Reasoning III**
  Credits: 3. Level: Graduate. Offered autumn. Prereqs., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Course addresses elements of clinical mastery, professional development, career options, ethics and patient advocacy. Each student develops and presents a case report and provides peer review and feedback.

- **P T 679 - Trends & Scholarly Act.**
  Credits: 1 TO 6. Level: Graduate. (R-6) Offered autumn and spring. Prereqs., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Students are required to complete at least 6 credits during their 2nd and 3rd years. Seminar sections that focus on advanced clinical topics in physical therapy and/or engagement in
research with an individual faculty advisor. Traditional or CR/NCR grading as determined by instructor.

- **PT 584 Integrated Clinical Experience II**  
  Credits: 2. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. An integrated, part-time clinical experience with emphasis on patient evaluation, treatment and professional development. CR/NCR grading.

  **Fall Classes Block II**

- **P T 570 - Psych of Illness & Disability**  
  Credits: 2. Level: Graduate. Offered autumn. Prereq., Enrolled in entry-level DPT program and passed all previous courses or consent of instructor. Psychosocial response to illness and disability to include patient motivation and patient/professional interaction for persons with disability throughout the lifespan.

- **P T 676 - Clinical Reasoning III - Con’t from block I**

- **P T 679 - Trends & Scholarly Act.**  
  Credits: 1 TO 6. Level: Graduate. (R-6) Offered autumn and spring. Prereqs., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Students are required to complete at least 6 credits during their 2nd and 3rd years. Seminar sections that focus on advanced clinical topics in physical therapy and/or engagement in research with an individual faculty advisor. Traditional or CR/NCR grading as determined by instructor.

- **PT 584 - Integrated Clinical Experience II – Con’t from block I**

  **Spring Classes Block I & II**

- **PT 680 - Clinical Internship**  
  Credits: 11. Level: Graduate. Prereq., Enrolled in entry-level DPT program and passed all previous DPT courses or consent of instructor. Final summative experience is a 15 week clinical internship. Includes writing and presentation of case study or special project. CR/NCR grading.
XIX. Clinical Education Program Course Requirements &
Generic Objectives

PT 587 Clinical Site Objectives

These objectives are meant to provide generic guidance. Actual progression will be dependent on the judgment of the Clinical Instructor in consideration of student abilities and patients served.

Week 1: Student should initially participate as an active observer, initiating questions and offering rationales. Student should gradually progress to incrementally assist the CI in examination, evaluation and intervention typically involving non-complicated patients; Student would typically need constant monitoring and guidance for all patient care activities; and receive corrective feedback as needed.

The student should:

1. Complete orientation to the facility (risk management, safety, tour, etc.).
   a) Review goals and expectations with CI regarding teaching, learning, supervision and feedback.
   b) Be introduced to rest of the team.
2. Shadow CI to learn clinic routines and documentation procedures.
   a) Review CI’s previous documentation to become familiar with facility’s format.
3. On non-complicated patients, begin to assist the CI in components of initial or re-examinations, with close monitoring from CI as needed for general examination activities, including:
   a) Subjective interview
   b) Screenings - including vital signs
   c) Bed mobility, transfers and gait.
   d) Measure and characterize pain.
   e) ROM, MMT/mm performance, posture, etc.
   f) See pre-clinical placement student self-assessment for specific information on student experience and need for supervision.
4. Discuss with CI the rationale for patient assessment findings (diagnosis, treatment plan, etc.).
5. Observe and then begin to actively participate in basic interventions with non-complicated patients, with close monitoring and correction as needed. Procedural interventions students should be able to participate in include:
   a) Basic gait training with assistive devices
   b) Transfer and bed mobility
   c) Therapeutic exercise
   d) Modalities – heat, cold and electric
   e) Soft tissue mobilization
   f) See pre-clinical placement student self-assessment for specific information on student experience and need for supervision.
6. Contribute to daily notes on select, non-complicated patients with CI.
7. Perform correct body mechanics with monitoring and guidance from CI.
8. Provide feedback to CI regarding level of monitoring and correction, teaching methods, etc.
9. If required by the facility, receive information on required projects/in-services.
10. Look for possible patients to use for completion of a case study assignment.
**Week 2:** The student begins to take more initiative and actively engages in responsibilities; increasing efficiency and confidence with basic tasks and non-complicated patients; is eager to attempt to problem solve and engage in clinical reasoning. Close monitoring is still expected with most patient care activities. Student may need significant corrective feedback.

**The student should:**

1. Perform designated components of an initial examination and begin to formulate evaluations on a non-complicated patient.
   a) Discuss with CI the rationale of various data collection/outcomes tools that may be appropriate.
   b) Collaborate with CI to synthesize available data on a patient/client with a simple diagnosis to include impairments, activity limitations, and participation restrictions.
   c) Integrate the examination findings to classify the problem and identify an appropriate ICD-10 code(s) and discuss with CI.
   d) Attempt to prioritize impairments to determine which interventions are appropriate - with guidance from CI.
   e) Discuss selection and prioritization of the essential interventions and plans that are safe and meet the specific functional goals/outcomes in the plan of care with assistance from CI.

2. Begins to implement and assess effectiveness of treatment interventions on a non-complicated patient with close monitoring from CI.

3. Document 1-3 initial evaluations and/or 4-5 daily notes on non-complicated patients in a suitable time frame for a student and with guidance and corrective feedback from CI. Write measurable functional goals that are time referenced with substantial assistance from CI.

4. Implement interventions with close monitoring and guidance.

A sample of other activities a student may engage in includes:

5. Participating in determining patient scheduling.
7. Participate in discharge planning, including ordering of patient equipment.
8. Attend patient conferences with CI.
9. Work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.

**Week 3-4:** The student is developing confidence and some independence with basic tasks and patient care; and should participate in full examinations or re-exams on non-complicated patients. Student would still need considerable direct monitoring, but performance should need less correction in tasks and patient care responsibilities that they have been exposed to previously.

**Sample activities include:**

2. Continue to complete examinations on non-complicated patients with decreasing guidance and correction from CI.
   a) Offer reasonable suggestions for intervention or discharge planning on new non-complex patients.
   b) Increase participation in the examination and evaluation of more complicated patients.
3. Begin to select, administer and evaluate valid and reliable outcome measures to assess patient function.
4. Begin to identify the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions.
   a) Student should have chosen a case for his or her project, written an answerable clinical question and be searching the appropriate databases.
5. Implement and assess effectiveness of interventions addressing impairments, activity limitations and specific patient goals. Begin to take the lead on providing interventions on returning non-complex patients.
6. Document progress notes and initial evaluations with increasing efficiency.
7. Write measurable, functional goals that are time referenced, but with increased efficiency.
8. Ensure patient safety including demonstrating awareness of contraindications/precautions of simple patient interventions.
   a) Demonstrate appropriate universal precautions and sterile technique.
9. Begins to instruct familiar patients on their condition and intervention. Student ensures understanding and effectiveness of the plan of care and tailors interventions with consideration of patient’s situation.
11. Collaborate with CI regarding patient’s suitability for discharge and may begin to differentiate between discharge and discontinuation of service.
12. Actively participate in patient conferencing and discharge planning.

MIDTERM
1. Student and CI will individually complete the PAS and review assessments together.
   a) In general, the Student should typically require monitoring, and/or correction no more than 85 - 90% of the time from CI on non-complicated patients. Student should be given some opportunity to collaborate with CI on patients with complex diagnoses but still may require constant monitoring.
   b) Student should propose specific short term goals and collaborate with CI in order to remedy any instances where he or she has not met expectations.
   c) Student should perform a self-evaluation of Generic Abilities and discuss with CI (or DCE if appropriate) if any problems are noted in performance.
2. Student will complete the mid-term portion of the STUDENT EVAL OF CLINICAL EXPERIENCE FORM found on Acadaware and share with the CI feedback regarding level of supervision, teaching methods, etc.

Week 5-6: Student continues to become more confident and independent with non-complex patients, requiring incrementally less monitoring and/or correction with activities previously exposed to. Student would need substantial amounts of modeling/demonstration, but begin to be more actively engaged with CI in the management of more complex patients and other tasks. Complex scenarios may require up to 100% monitoring from CI.

Sample activities include:
1. Perform approximately 25-50% of the interventions for on-going, familiar patients and significantly participated in examinations on several patients with close monitoring.
2. On non-complicated patients, fully complete initial examinations in a reasonable time frame for a student.
   a) Measure and characterize pain nearly independently.
   b) Select and perform familiar examination measures.
c) Synthesize available data on a patient/client to include impairment, functional limitation, and disability participation restrictions.

d) Integrate the examination findings to classify the problem into a practice pattern and ICD-10 code.

e) Continue to prioritize impairments to determine which interventions are appropriate.

f) On a non-complicated patient, select and prioritize the essential treatment interventions or plans that are safe and meet the specific functional goals/outcomes in the plan of care.

3. Be able to identify the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions with assistance.

4. Participate in patient conferencing.

5. Beginning to implement and assess effectiveness of treatment interventions and collaborate with CI regarding these clinical decisions.

6. Document all progress notes and initial evaluations within a reasonable time frame for a student.

   a) Write measurable functional goals that are time referenced.

7. Engage in discharge planning including appropriate suggestions for patient equipment.

8. If required by the facility, provide required projects/in-services. (Professional Development)

9. If appropriate, meet/observe other disciplines, surgery, specialty areas, etc.

**Week 7-8:** Student should be increases their involvement in the management of more complex patients, but would still typically require significant levels of monitoring and guidance. Students should need no more than moderate levels of monitoring and/or correction for familiar, less complicated patients. Student should concentrate on developing skills not exposed to in previously. By the end of week 8 in general, the student requires monitoring and/or correction no more than 75% of the time with patients and activities.

Student should be engaging in activities represented in all 10 competency categories as appropriate for the clinical setting.

**Final Evaluation:**

1. Student should be able to accurately self-assess using the PAS and receive constructive feedback from CI (Professional Development).

2. Student should share constructive feedback on their experience with CI using the Acadaware Final experience assessment form on supervision, teaching methods etc. (Communication)
PT 589 Clinical Site Objectives

These objectives are meant to provide generic guidance. Actual progression will be dependent on the judgment of the Clinical Instructor in consideration of state and federal laws, student abilities and patients served.

Week 1-2: Emphasis in on orientation, and establishing a positive, productive relationships and accurate and appropriate expectations for the internship. **Student initially would require close monitoring for most patient care activities; student is primarily relying on being an active observer, initiating questions and discussing clinical rationales.**

The student should:

1. Meet with CCCE and/or CI
   a) Review objectives, and other information; share past experience, expectations, etc.
   b) Be introduced to rest of the team.
2. Complete orientation to the facility and policy and procedures (documentation, risk management, safety, tour, etc.).
3. Shadow CI to become familiar with the patients and procedures.
   a) Share your ideas on assessment of patients (diagnosis, treatment plan, etc.).
   b) Request to participate in interventions with non-complicated patients and close monitoring and correction provided by CI.
4. As time period progresses - with non-complicated patients and with close monitoring provided by CI:
   a) Begin to assist the CI in examination procedures including patient interview and test and measures.
5. Demonstrate safety (pt and self), professional communications and demeanor with some monitoring from CI.
6. Complete daily notes on select, non-complicated patients with monitoring as needed from CI.
7. During the second week, complete an initial examination/evaluation on non-complicated patients with close monitoring and correction as needed from the CI.
   a) Synthesize available data on a patient/client with a simple diagnosis to include impairments, activity limitations, and participation restrictions.
   b) Integrate the examination findings to diagnostically classify the pt and discuss with CI.
   c) Prioritize impairments to determine a specific dysfunction towards which the intervention will be directed.
8. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with assistance from CI.
9. Review your performance for the week and exchange feedback with CI regarding level of monitoring, teaching methods, plan for next week, etc. (This is on-going for the entire duration of the internship)
10. At the end of 2nd week, in general:
    a) Require monitoring and/or correction no more than 75% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions.
    b) Demonstrate consistency with basic tasks (e.g., medical record review, goniometry, muscle testing, and basic interventions).

Week 3-4: **The student should be familiar with facility, general policies and procedures and personnel. It is expected that student is becoming more efficient and consistent at basic tasks and eager to share their own clinical reasoning. Student is consistently requesting and assuming patient care responsibilities with non-complicated patients and routine**
administrative tasks and beginning to participate in more complex patient management activities.

The student should:

1. Schedule PAS mid-term review for end of 4th week.
2. Continue to conduct initial examinations/evaluations on non-complicated patients with monitoring from the CI. Less correction needed for accuracy and completeness; plus efficiency is improving.
3. Increase participation in the examination and evaluation of more complicated patients.
4. Assess effectiveness and make adjustments with interventions concerning on-going, non-complicated patients with some assistance from CI.
5. Document initial evaluations and progress notes on patients with simple diagnoses in a suitable time frame for a student and with assistance from CI.
6. Actively seek feedback with and demonstrate safety (pt and self), professional communications and demeanor with little monitoring needed from CI.
7. Write measurable, functional goals that are time referenced with assistance from CI.
8. Prepare for patient conferencing and or/progress report writing with assistance from CI.
9. Share evidence they are researching that supports clinical decision making.
10. Take initiative with patient scheduling and other administrative responsibilities with considerable assistance from CI.
11. If appropriate, work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.
12. Complete mid-term review at end of 4th week
   a) Student should be able to accurately self-assess using the PAS and receive constructive feedback from CI.
   b) Student should share constructive feedback with CI on their experience (monitoring, correction, teaching methods, etc.) using the Acadaware mid-term experience evaluation form.
   c) Readjust clinical internship goals based on mid-term review, paying particular attention to any performance criteria that the student had no learning/assessment opportunities.
13. At the end of 4th week, in general:
   a) Require monitoring and/or correction no more than 50% of the time managing patients with simple conditions, and no more than 75% of the time managing patients and tasks with complex conditions.
   b) Demonstrate more consistency with proficiency of basic tasks (e.g., medical record review, goniometry, muscle testing, and basic interventions) and is demonstrating capacity to manage more complex patient and administrative responsibilities.
   c) Be capable of managing approximately 25% of a full-time, entry-level PT case load.

Week 5-6: The student should be demonstrating more confidence, taking initiative in identifying appropriate learning activities and consistently self-assessing.

The student should:

1. Continue to complete evaluations on non-complicated patients with minimal assistance from CI.
2. Select, administer and evaluate valid and reliable outcome measures to assess patient function.
3. More consistently cite the evidence to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals with less feedback from CI.
5. Consistently demonstrate safe behaviors; professional communications and demeanor and requires little to no monitoring from CI.
6. Document progress notes and initial evaluations with increasing efficiency and decreasing need of feedback from CI.
7. Instruct patients on their condition and intervention ensure understanding and effectiveness of their ongoing program and tailor interventions with consideration of patient’s situation with some monitoring from CI.
8. Student to collaborate with CI regarding patient’s suitability for discharge and may begin to differentiate between discharge and discontinuation of service and transfer of care.
9. Present patient during care conference or writes up progress reports with diminishing feedback needed from CI.
10. Take initiative with patient scheduling and other administrative responsibilities with infrequent assistance from CI.
11. At the end of 6th week, in general:
   a) Require monitoring and/or correction 50% of the time managing the patient population.
   b) Demonstrate more consistency with proficiency of basic tasks (eg, medical record review, goniometry, muscle testing, and basic interventions) and is demonstrating capacity to manage more complex patient and administrative responsibilities.
   c) Be capable of managing approximately 50% of a full-time, entry-level PT case load.

**Week 6-8: Student is efficient and skilled with basic tasks and requires only occasional monitoring for performing skilled examinations, interventions and clinical reasoning.**

**The student should:**

1. Continue to complete evaluations on non-complicated patients with little assistance from CI.
2. Select, administer and evaluate valid and reliable outcome measures to assess patient function.
3. Consistently cite the evidence and other plausible rationales to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals with minimal feedback from CI.
5. Consistently demonstrate safe behaviors; professional communications and demeanor and requires little to no correction from CI.
6. Document progress notes and initial evaluations with good efficiency and minimal feedback from CI.
7. Instruct patients on their condition and intervention ensure understanding and effectiveness of their ongoing program and tailor interventions with consideration of patient’s situation with little monitoring from CI.
8. Student to take the lead with patient discharge responsibilities.
9. Present patient during care conference or writes up progress reports with little feedback needed from CI.
10. Take initiative with patient scheduling and other administrative responsibilities with infrequent errors or needed monitoring from CI.
11. At the end of 8th week, in general:
   d) Require clinical monitoring and/or correction 25% of the time managing the patient population.
   e) Be capable of managing 75% of a full-time, entry-level PT case load.
12. Complete PAS self-assessment and Student Experience Evaluation form found on Acadaware and review with CI.
PT 680 Clinical Site Objectives

**Week 1-2:** Emphasis in on orientation, and establishing a positive, productive relationships and accurate and appropriate expectations for the internship. *The first several days the student would typically require close supervision for most patient care activities; the student is primarily relying on being an active observer, initiating questions and discussing clinical rationales.*

**The student should:**

1. Meet with CCCE and/or CI
   a) Review objectives, and other information; share past experience, expectations, etc.
   b) Be introduced to rest of the team.
2. Complete orientation to the facility and policy and procedures (documentation, risk management, safety, tour, etc.).
3. Shadow CI to become familiar with the patients and procedures.
   a) Share your ideas on assessments (diagnosis, treatment plan, etc.) and interventions.
4. As time period progresses, with close monitoring and guidance as needed provided by CI:
   a) Begin to assist the CI with interventions and examination procedures including patient interview and test and measures; typically working with less complicated patients to begin with.
5. Demonstrate safe practice (pt and self), professional communications and demeanor with minimal guidance from CI.
6. Complete daily notes on select patients and with minimal to moderate guidance and correction from CI.
7. During the second week, complete an initial examination/evaluation on appropriate patients with close monitoring, guidance and correction as needed from the CI.
   a) Synthesize available data on a patient/client with a non-complicated diagnosis to include impairments, activity limitations, and participation restrictions.
   b) Integrate the examination findings to diagnostically classify the pt and discuss with CI.
   c) Prioritize impairments to determine a specific dysfunction towards which the intervention will be directed.
8. Select and prioritize the essential treatment interventions that are safe and meet the specific functional goals/outcomes in the plan of care with assistance from CI.
9. Review performance for the time period and discuss with CI - level of monitoring, feedback methods, plan for next week, etc. (This is on-going for the entire duration of the internship)
10. At the end of 2nd week it would be generally expected that the student:
    a) Requires monitoring and/or correction between 75%-100% of the time, depending on the familiarity and complexity of the patients/tasks.

**Week 3-4:** *The student should be familiar with facility, general policies and procedures and personnel. It is expected that student is becoming more efficient and consistent at basic tasks and eager to share their own clinical reasoning. Student is consistently requesting and assuming patient care responsibilities with less-complicated patients and administrative tasks and beginning to participate in more complex patient management activities.*

**The student should:**

1. Assume more responsibilities for initial examinations/evaluations on non-complicated patients with monitoring from the CI, but with less correction needed for accuracy, and completeness. Efficiency is improving.
2. Increase participation in the examination and evaluation of more complicated patients.
3. Assess effectiveness and make adjustments with interventions concerning on-going, non-complicated patients with some monitoring and correction from CI as needed.
4. Document initial evaluations and progress notes on patients in a suitable time frame for a student and with less correction from CI.
5. Actively seek feedback with and demonstrate safe practice (pt and self), professional communications and demeanor with little correction needed from CI.
6. Write measurable functional goals that are time referenced with minimal correction from CI.
7. Prepare for patient conferencing and/or progress report writing with moderate monitoring and correction from CI.
8. Share relevant and appropriate evidence from the literature that supports clinical decision making.
9. Take initiative with patient scheduling and other administrative responsibilities with minimal monitoring and correction from CI.
10. As available, begin to supervise and delegate responsibilities to support staff.
11. If appropriate, work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.
12. At the end of 4th week it would be generally expected that the student:
   a) Requires consistently less monitoring, and/or correction overall, ~50-75% of the time, depending on the familiarity and complexity of the patients/tasks.
   b) Be capable of minimally managing 10-20% of a full-time PT case load expected of a new clinician for the clinical site.

**Week 5-6:** The student should be demonstrating more confidence, taking initiative in identifying appropriate learning activities and consistently self-assessing.

**The student should:**
1. Continue to assume more responsibility for completing examinations, evaluations and applying interventions.
2. Select, administer and evaluate valid and reliable outcome measures to assess patient function.
3. More consistently and appropriately uses evidence to support clinical decisions.
4. Implement and assess effectiveness of treatment interventions addressing impairments, activity limitations and specific patient goals.
5. Consistently demonstrate safe behaviors; professional communications and demeanor and requires little to no correction from CI.
6. Document progress notes and initial evaluations with increasing efficiency and decreasing need of correction from CI.
7. Effectively instructs patients on their condition and interventions with less need for monitoring and/or correction.
8. Begins to take responsibility for discharge planning.
9. Present patient during care conference and/or completes progress reports minimal correction needed from CI.
10. Take initiative with patient scheduling and other administrative responsibilities with very little correction needed from CI.
11. At the end of 6th week it would be generally expected that the student:
   a) Requires consistently less monitoring and/or correction overall, ~25-50% of the time, depending on the familiarity and complexity of the patients/tasks.
   b) Be capable of minimally managing 20-40% of a full-time PT case load expected of a new clinician for the clinical site.

**Week 6-8:** Student becomes efficient and skilled requiring infrequent monitoring and/or corrections with basic familiar tasks. Student should be taking more initiative with more challenging and less familiar responsibilities. Confidence is growing.
The student should:
1. Be able to apply interventions and complete examination/evaluations for familiar, less complicated patients with minimal monitoring, guidance and/or correction from CI.
2. Be capable of taking the lead with patient discharge responsibilities.
3. Continue to make progress on all responsibilities previously exposed to with regard to the need for monitoring, guidance and/or correction.
4. At the end of 8th week it would be generally expected that the student:
   a) Requires consistently less monitoring and/or correction overall, ~10-25% of the time managing less complicated and/or familiar patients and other tasks.
   b) Be capable of minimally managing 40-60% of a full-time PT case load expected of a new clinician for the clinical site.
5. Complete midterm self-assessment of performance and review and compare with CI
6. Complete midterm assessment of experience (Acadaware) and review with CI.
7. Review goals for last half of internship with CI.

Week 9 – 13: The student refines performance with familiar patient presentations and administrative tasks, including improving efficiency. Student seeks specific patients and other tasks and activities to compete midterm goals. Each week, the student effectively demonstrates a capability of managing a greater % of the responsibilities expected of an entry-level PT for that clinic.

The student should:
1. Emphasize development of clinical reasoning skills.
2. Work towards independence with managing new patients and patients with more complex conditions. Consultation with CI and others in a more collegial manner and appropriate for new and/or challenging patients.
3. Identify challenging patient management/treatment issues where you can co-treat and/or observe CI or other clinicians.
4. As available, be able to initiate supervisory and delegation responsibilities of support staff.
5. Take on other non-patient care responsibilities associated with being a PT at the clinical internship site.
6. When clinical skills are near or at entry-level, engage in broader professional learning activities, such as shadowing other disciplines, mentoring first or second year PT students, marketing, program development, management and administration duties, etc.
7. At the end of 13th week it would be generally expected that the student:
   a) Requires minimal monitoring and/or correction overall for managing most patients and other tasks. May require some guidance for appropriately complex and unfamiliar patients and situations. CI is mainly providing guidance towards more effective and/or efficient way to accomplish a task that is beyond entry-level expectations; or, provides an alternative way to accomplish a task.
   b) Be capable of managing 90-100% of a full-time PT case load expected of a new clinician for the clinical site.

Week 14 -15: For a student that is practicing at entry-level, the remaining time can be spent participating in alternative learning experiences not engaged in previously; refining high-level skills; completing special project(s), and shadowing other types of providers, etc.

The student should:
1. Rarely if ever need correction and monitoring (Between 5 – 0%). Mentoring and/or demonstration is typically associated with the unusual, complex patient and/or situation; student appropriately consults for guidance. Performance is competent overall and is
consistent with entry-level practice expectations of the facility. Student would be appropriate to practice as a new clinician colleague.

2. Follow-through with patient-discharges that are pending.
3. Complete the final self-assessment of performance and review and compare with CI assessment.
4. Complete Acadaware final CI and Site evaluation and share with CI/CCCE.
5. Celebrate a job well done.
XX. Student Information Form (completed before the arrival of the student and shared with CI/CCCE)

This information is collected to help your affiliation site plan for your affiliation. Please fill it out as best you can. It should be updated after each affiliation experience.

I. Personal Data

Name: Age: Gender:

Year in Program:

Mailing Address:

Current Phone Number:

Hometown:

Medical Insurance Co:
Policy#

Liability Insurance Co:
Policy #:

In case of emergency contact:
Address:

Phone Number:

Relationship:

Housing situation (check the appropriate line):
___ Yes, I would appreciate assistance in finding housing.
___ No, I do not need assistance with housing. The address and phone # where I will be staying is:

Relevant medical and/or learning issues:
II. Personal/Professional Overview

Educational Background/Degrees Awarded (include dates):

P.T. Clinical Experience (include dates):

Other Related Work Experience:

PT School Research/Special Topics Project:

Hobbies and Interests:

Special Areas of Interest in P.T.

Self-Assessed Clinical Strengths:

Self Assessed Clinical Weaknesses:

I learn best...

I prefer feedback that...

Special Request(s)

Goals:

Other:
XXI. Case Summary Report Form
Case Report Outline

**Hx Summary:** Key background information including pt demographics, referral, PMH, pt identified problems (PIPs), etc.

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**Key Examination Findings**
- *Health conditions:*
- *Body structure & function impairments:*
- *Activity limitations:*
- *Participation restrictions:*

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**Key Personal Factors:**
Facilitators:
Barriers:

**Key Environmental Factors:**
Facilitators:
Barriers:

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**Prognosis/Plan – Includes frequency & duration:** List of goals (emphasis on activities and participation) with associated interventions.

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**Evaluation Statement:** Summarize the key elements of the case – addressing pt potential and linking key hx, exam findings, impairments with associated activities and participation deficits.

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**Outcomes:** (use objective measures comparing initial and final measures.)

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**Discussion/Reflection:** (Identify important learning points of the case by considering these & other questions)
- What information from the hx and/or exam was most helpful for you in understanding and managing this case?
- What explains any gaps between outcome and initial goals?
- What was the key intervention for making progress with this case?
- Were there any errors in reasoning?
  - Overemphasis of some data
  - Misinterpretation of data
  - Ignoring data
  - To what extent do my prejudices, attitudes, or experiences bias my judgment?
- To what extent did personal and environmental factors play a role in how this case developed?
- If you could change anything about how this case played out, what would you change?
- What would you do over, and why, if you were to start this case again?