

# **Clinical Education Manual**

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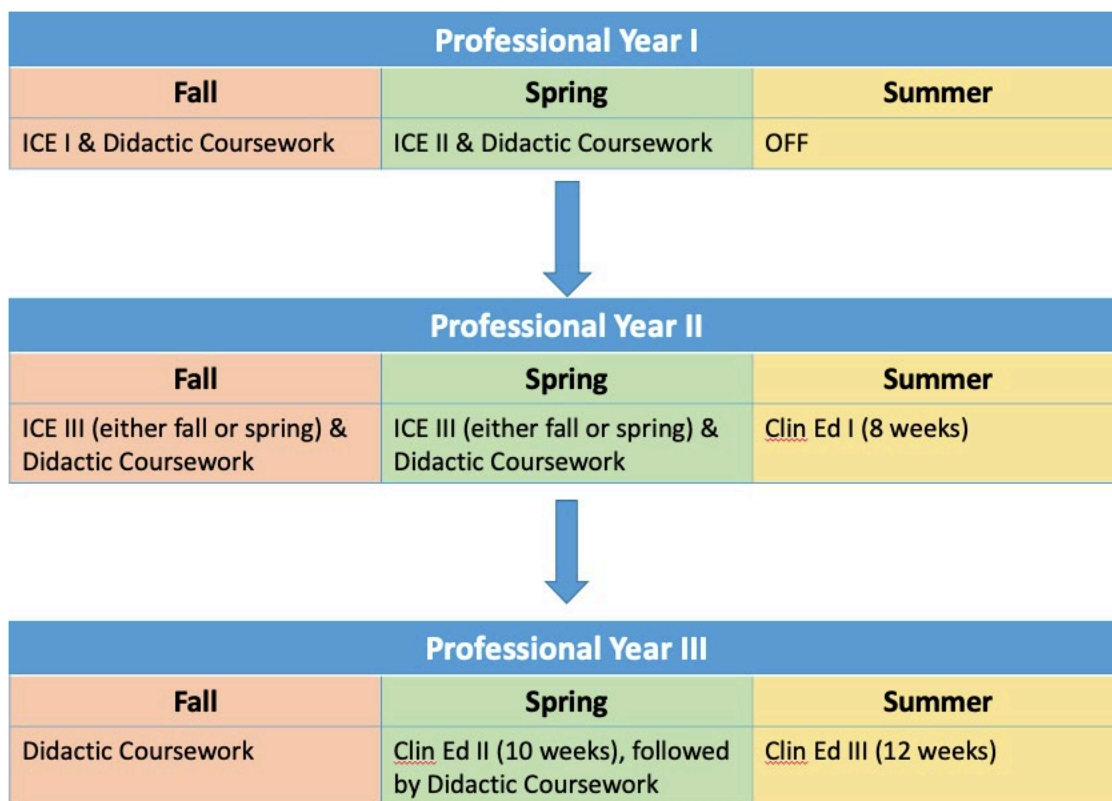
## **Introduction**

The purpose of the Ithaca College Clinical Education Manual is to provide students and clinical education faculty with an overview of the clinical education program and serve as a resource during clinical experiences. This document defines the roles and responsibilities of all contributors to the clinical education portion of the curriculum including Director of Clinical Education (DCE), Associate and Assistant Directors of Clinical Education (ADCE), Site Coordinators of Clinical Education (SCCE), and Clinical Instructors (CI) to ensure clarity of expectations of all members of the clinical education team. Prior to each clinical education experience, students and CIs should familiarize themselves with the information regarding requirements, grading, attendance, and other pertinent information. The manual is divided into three sections: the first with a general overview for both students and clinical education faculty, the second with resources for students, and the third with resources for CI/SCCEs.

## **DPT Curriculum**

The mission of Ithaca College's physical therapy (ICPT) department is to graduate physical therapists prepared for autonomous practice who provide compassionate, evidence-based, ethical, legal, and culturally competent care to maximize the function, health and wellness of their patients, clients, and society. Our program promotes American Physical Therapy Association Core Values and prepares graduates to become life-long learners.

The Ithaca College Doctor of Physical Therapy program is a six-year entry-level program. The curriculum provides students with comprehensive academic instruction and a thorough background in sciences related to physical therapy. Students take basic science courses, fulfill an integrative core curriculum requirement, and complete a minor in the first three years. Beginning in the fourth year, students enter the professional phase of the program and begin graduate level courses. Over the course of the final three years, students complete all physical therapy related course work, three part-time integrated clinical education experiences on campus, and three full-time clinical education experiences off campus. Students in the ICPT program complete a total of 30 weeks of full-time clinical education experiences. These experiences provide students with an opportunity to integrate didactic knowledge with clinical practice in a variety of settings, patient populations, and geographic areas. Students are required to participate in clinical experiences in both the inpatient and outpatient settings, as well as experiences working with patients throughout the lifespan.



## Essential Functions

All students in the physical therapy department must be able to perform the essential clinical, as well as academic requirements, as the overall curricular objectives are to prepare students to practice in their chosen field. These standards are applicable in the classroom, laboratories, simulated clinical settings and while on clinical education assignments. Physical therapists must have the capacity to observe and communicate; demonstrate sufficient gross and fine motor ability to perform physical diagnostic examinations and interventions; physical strength, dexterity, agility, and endurance; emotional stability to exercise good judgment and to work effectively in potentially stressful situations; and intellectual ability to synthesize data and solve problems. Refer to the Essential Functions document on the department website.

## **Policy on Special Accommodation**

In compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, reasonable accommodation will be provided to students with documented disabilities on a case-by-case basis. Students must register with Student Accessibility Services (SAS) and provide appropriate documentation to Ithaca College before any accommodation will be considered.

Upon receiving documentation from the Ithaca College Student Accessibility Services Office, the faculty member for the respective clinical education course will obtain permission from the student to share information with potential sites. The site may or may not agree to accept a student with their accommodation plan. The ICPT clinical education team cannot be held responsible for an inability to place a student with a need for accommodations. Clinical accommodation plans are separate from classroom plans and need to be discussed with the SAS office and the DCE/ADCE prior to the beginning of placements. A new accommodation plan will be required for each clinical education course.

# Part-Time Integrated Clinical Education (ICE) Experiences

## Summary of Requirements: Assessment of Clinical Performance

Successful completion of three Integrated Clinical Education (ICE) experiences will be required of all professional level PT students prior to participating in their first full-time, external clinical education experience. In order for students to have exposure to a variety of patient populations and diagnoses, students are required to complete each ICE experience with a different faculty mentor.

Faculty mentors will assess student performance utilizing the “Assessment of Clinical Performance”. Students in all levels of ICE are required to complete the “Assessment of Clinical Performance” at the completion of each ICE course. Students must achieve a minimum score of 3 in categories 1-4. Students who receive a score of less than 3 in safety will fail the ICE course. Students who receive a score of less than 3 in any two categories or a score of 1 in any category will not pass the ICE course.

**A satisfactory score in each of the applicable skills in Examination, Evaluation, and Intervention are also required to pass. Skill knowledge assessment should be based on student’s current level in the DPT program. Students are also required to provide written feedback to mentor.**

## **Failure of a Part-Time Clinical Education Experience**

A student who is unsuccessful in an ICE experience will be required to complete a remediation to address any deficiencies identified in the failed ICE experience, then repeat the ICE course with another faculty member in the same area of practice (orthopedics, neurology, etc.) The remediation plan will be written by the ICE Coordinator with input from both the faculty mentor and the student. The remediation plan will be agreed upon by the ICE mentor and student before implementation. A student who fails to meet any of the objectives of the remediation plan or fails to successfully complete the repeat ICE experience will be dismissed from the program. Students should refer to the physical therapy department's Academic Policies & Procedures for questions related to policy.

## **Roles and Responsibilities**

### **Roles and Responsibilities of the Student**

- Obtains **adult and infant/child CPR prior to the start of ICE and must be valid throughout the entire ICE experience. CPR may not be obtained online**
- Identifies a personal list of objectives and submits to faculty mentor in a timely manner
- Actively participates in clinical learning process
- Completes all assignments and submits in a timely manner
- Provides feedback to faculty mentor and ICE Coordinator as requested
- Communicates with faculty mentor and/or ICE Coordinator regarding own performance and any concerns
- **Demonstrates professional, ethical, and legal behavior in all situations**

### **Roles and Responsibilities of Faculty Mentor**

- Faculty mentor must be licensed to practice PT in the state of NY
- Provides ICE orientation specific to the faculty mentor's patient population
- Plans appropriate clinical learning experience based on ICE objectives
- Collaborates with the student to design and progress learning experiences consistent with the student's academic preparation
- Acts as a role model for ethical, legal, and professional behavior
- Communicates expectations, objectives, and assignments to student
- Observes and analyzes student performance on a regular basis, and provides opportunity to

- progress skills and student development
- Provides ongoing feedback to student regarding performance
- Provides adequate level of supervision for level of student
- Notifies ICE Coordinator of any student having significant difficulty in the areas of safety, professional behavior, clinical reasoning, or communication that has not improved with feedback from faculty mentor prior to the end of the ICE experience.
- May excuse or dismiss the student at any time due to unprofessional behavior or unsafe practice. ICE Coordinator must be notified immediately.
- Completes “Assessment of Clinical Performance” for each student at the completion of the ICE course.
- Determines the grade for the ICE experience based on clinical skills and “Assessment of Clinical Performance” tool.

### **Roles and Responsibilities of ICE Coordinator**

- Provides ICE orientation for faculty and students
- Ensures that academic regulations are upheld including PT policies and procedures
- In consultation with the faculty mentors in the Department of Physical Therapy, assesses student readiness for external, full-time clinical experiences
- Monitors and assesses student performance during ICE curriculum
- With the faculty mentor and student, determines solutions to clinical education issues and takes corrective action as needed.
- Addresses faculty mentor and student concerns and grievances in a timely manner.
- Provides individual student teaching and counseling regarding clinical practice issues.
- With the student and ICE faculty mentor, designs and implements a remediation plan, if appropriate, for students who are not successful in ICE experiences.
- Ensures that academic and clinical education policies are applied equitably for all students and complies with all documented procedures associated with such policies.
- Handles complaints or matters regarding student performance, such as complaints from public/patients. In such cases, the ICE Coordinator records the complaint, gathers objective information from all sources, and addresses the concern in writing.
- Has office hours consistent with student needs.

# **Full-Time Clinical Education Experiences**

In order for students to continue on to a full-time clinical experience, they must first demonstrate clinical readiness by successful completion of three part-time clinical experiences (ICE) and passing of the comprehensive practical at the end of the second professional year.

The American Physical Therapy Association's Physical Therapist Clinical Performance Instrument (CPI) is utilized for assessment on all full-time clinical education experiences. This tool is standardized and widely used by physical therapy programs throughout the nation.

## Summary of Clinical Requirements: The CPI

	CPI Items 1-5	CPI Items 6-18	Timing
Clinical I	<b>Adv. Intermediate (AI)</b>	<b>Intermediate</b>	<b>June-July</b>
Clinical II	<b>Entry level</b>	<b>Advanced Intermediate</b>	<b>Jan-March</b>
Clinical III	<b>Entry Level</b>	<b>Entry Level</b>	<b>May-Aug</b>

## Roles & Responsibilities

### Roles & Responsibilities of Student

- Provides DCE/ADCE with preferences for clinical education assignment.
- Engages with the DCE/ADCE and Ithaca College throughout the placement process and clinical education experiences by checking and responding to emails in a timely manner.
- Completes HIPAA, infant/child, adult CPR, and First Aid Training as required, in a timely manner; CPR must be obtained prior to ICE I and must be valid throughout all part-time and full-time clinical education experiences. CPR may not be obtained online.
- Budgets for, arranges, and has reliable transportation to site and housing during clinical experience.
- Assumes responsibility for all costs incurred including food, travel, and housing related to clinical education; finding housing is the responsibility of the student.
- Contacts facility in writing approximately 8 weeks prior to start date, in the form of a letter of introduction and submission of the Student Profile.
- Identifies a personal list of objectives specific to the type of care and level of clinical education.
- Fulfills all health certification requirements, background checks, and drug screens required by the site prior to start date.
- Actively participates in clinical learning process.
- Completes all assignments requested by the clinical education site and IC within timeframe given.
- Provides feedback to clinical instructor and DCE/ADCE about the clinical education environment and experience.
- Communicates with CI, SCCE and DCE/ADCE regarding own performance and any concerns.
- Demonstrates professional, ethical, and legal behavior in all situations.

## **Roles & Responsibilities of CI**

The Clinical Instructor (CI) is a physical therapist responsible for the supervision of a student in the clinical setting.

- 1-year minimum of clinical experience.
- Plans appropriate clinical learning experiences with the student.
- Collaborates with the student to design and progress learning experiences consistent with the student's academic preparation.
- Acts as a role model for ethical, legal, and professional behavior.
- Communicates expectations, objectives, and assignments to student.
- Observes and analyzes student performance on a regular basis, and provides opportunity to progress skills and student development.
- Performs a thorough orientation to the facility, including, but not limited to: staff, general policies, emergency procedures, clinic operations, philosophy of the site, learning objectives, evacuation plan, and educational opportunities.
- Provides ongoing feedback to student regarding performance.
- Provides adequate level of supervision for level of student, insurance requirements, and site policy.
- May excuse or dismiss the student at any time if professional behavior or unsafe practice places anyone at risk. Call to DCE/ADCE immediately.
- Notifies patients of the right to refuse treatment, including their right to safety, dignity, and privacy.
- Offers curricular feedback via written or oral communication with DCE/ADCE.
- Calls the DCE/ADCE to identify any of the 5 "red flag" items in the CPI prior to midterm.
- Contacts the DCE/ADCE with unexcused student absence, or other excessive requests not consistent with positive learning environment (i.e. desire to leave early for the day).
- Returns the 2 or 3-week fax back form, completes midterm and final student CPI's, fills out the clinical education surveys for CI, site, DCE/ADCE.
- Completes midterm and final CPI assessments within the specified timeframe.
- Notifies DCE/ADCE of any incident reports and document as per site policy.
- Participates in CI development courses and relevant educational opportunities.
- Understands the CMS (Medicare/Medicaid) Regulations for physical therapy. Refer to CI/SCCE resources.
- Has the right to impose additional requirements prior to student placement, such as face-to-face or phone interview.
- Has the privilege of receiving continuing education credit based on hours served as a CI. May attend Ithaca College biennial continuing education program and may attend courses at Cayuga Medical Center at reduced cost.

## **Roles & Responsibilities of SCCE**

The Site Coordinator of Clinical Education (SCCE) is an individual appointed by the site, who is responsible for coordinating the assignment and activities of students at the clinical

education site.

- Performs administrative functions between the college and the site.
- Explains to student the site's policies on information other than protected health information (i.e. patient care protocols). Acts as liaison between CI and student when necessary.
- Coordinates center-specific activities related to student program, such as student-CI matching. Ensures that each CI will have a minimum of 1-year experience and have demonstrated clinical competence in the area of practice in which they will provide instruction. Evidence of clinical competence may include certifications, clinical experience, and/or continuing professional education.
- Develops site-specific activities related to the student program.
- Supervises the clinical performance assessment of students to ensure that supervision and feedback matches the level of the student.
- With the DCE/ADCE, CI and student, performs problem solving and assists in planning alternative, remedial, accommodative or challenging learning experiences as indicated with the individual student.
- Supervises education planning and acts as a resource to the CI/student.
- Identifies and informs the school in a timely manner of the health requirements, background checks, drug tests, or any other requirements the student must complete.
- Notifies DCE/ADCE in change of CI or in corporate structure of site.
- Conducts staff development activities to enhance clinical education.
- Implements a plan of program review and revision, advocates for clinical education and maintains necessary documentation.
- Acts as a role model for ethical, legal, and professional behavior.
- Notifies patients of the right to refuse treatment, including their right to safety, dignity, and privacy.
- Has the right to require additional requirements prior to student placement, such as face-to-face or phone interview.
- Has the right to excuse a student who is unsafe, unethical, or unprofessional.
- Has the privilege to attend Ithaca College biennial continuing education program and may attend courses at Cayuga Medical Center at reduced cost.

## **Roles & Responsibilities of DCE/ADCE**

The Director of Clinical Education (DCE), Associate Director of Clinical Education (ADCE), and Assistant Director of Clinical Education (ADCE) are academic faculty members of Ithaca College that represent the clinical education component of the physical therapy program. The DCE/ADCE is responsible for ensuring that each student is provided with a placement site for clinical education during each scheduled clinical education experience.

- Recruits, selects, retains, and develops clinical sites.
- Communicates between academic institution and clinical education sites.
- Ensures that academic regulations are upheld including PT policies and procedures (student handbook), and academic status meetings.
- Assigns students to clinical education placements.
- Establishes timing of communications for clinical education courses to core faculty and clinical sites.

- In consultation with the academic faculty of the Department of Physical Therapy, assesses student readiness for clinical setting, especially safe practices.
- Monitors and assesses student performance during clinical education curriculum; student performance is evaluated at the midterm and at the final of the clinical education experience utilizing the PT CPI Web.
- With the SCCE, CI, and student, determines solutions to clinical education issues and takes corrective action as needed.
- Addresses SCCE and CI concerns and grievances in a timely manner.
- Provides individual student teaching and counseling regarding clinical practice issues.
- Represents the academic institution in issues concerning student performance during clinical education curriculum.
- Determines the grade for clinical education experiences based on data from a variety of sources (course syllabi, CPI, feedback/fax forms, meetings, CI subjective, SCCE subjective, incident reports, visit notes, action plans, weekly assessment forms).
- With the student, CI, SCCE, and/or academic faculty, designs and implements an action plan, if appropriate, for students who are having difficulty in clinical education experiences.
- Identifies areas of need for clinical education faculty development.
  - Calls, survey questions, self-assessment, feedback form, and clinical education summary.
  - CI is asked to self-reflect on: communication skills, patient care, legal/ethical care, instructional skills and respond to these via a survey.
  - Follow up is conducted for ratings of “needs improvement.”
- Acts as a liaison between the clinical education site and the academic faculty/institution.
- Ensures that academic and clinical education policies are applied equitably for all students and complies with all documented procedures associated with such policies.
- Handles complaints or matters regarding student performance, such as complaints from clinical education sites (SCCE/CI) or the public/patients. In such cases, the DCE/ADCE records the complaint, gathers objective information from all sources, and addresses the concern in writing.
- Conducts ongoing evaluation of the clinical education curriculum by collecting data from an Advisory Council consisting of SCCEs, CIs, graduates, students, and other relevant members of the health care team and physical therapy community.
- Conducts Clinical Education Committee meetings, maintain minutes and act on items in a timely manner.
- Has office hours consistent with student needs.
- Assigns and submits final course grade for all full-time clinical education experiences.

## **Roles & Responsibilities of Academic Faculty**

- Assists in determination of student clinical readiness via academic status meetings, department meetings, and participation in part-time clinical experiences.
- Notifies DCE/ADCE of any student concerns related to clinical education that arise during didactic coursework.
- Notifies DCE/ADCE of any student concerns related to professional behaviors that

may impact clinical education.

- Offers practical exams or group work to address affective domain, cognitive domain, and psychomotor skills with feedback to identify deficits in performance, safety issues etc.
- Participates in regular discussion with DCE/ADCE in meetings throughout the semester.

# **Student Resources**

## **Integrated Clinical Experience Selection**

- Students will receive information about ICE courses and requirements during Professional Development I.
- Students will register for ICE courses on HOMER during registration at times assigned by the registrar. Students are responsible for choosing varied experiences when registering for ICE.
- Students must choose ICE courses with different faculty mentors for each of their ICE experiences in order to have diversity in these clinical experiences.
- The ICE coordinator reserves the right to change an ICE section if the student has already completed an ICE course with a specific faculty mentor.
- If a section of ICE is cancelled by the PT Department, students in that section will be notified by the ICE Coordinator and offered openings in another ICE section that has availability.

## **Full-Time Clinical Experience Site Selection Procedure**

Approximately one year prior to placement, at a voluntary time agreed upon by physical therapist education programs across the nation, clinical education sites indicate when they are able to accept students for clinical education. SCCEs at affiliated facilities provide Ithaca College information regarding the dates and types of placements that they have available for students. Students access the clinical education database via the Health Sciences and Human Performance (HSHP) Office of Experiential Learning to view clinical facilities with available slots for their specified clinical education experience. Students utilize this database and other online resources to establish preferences.

Students attend a group meeting to learn about the site selection process. Each student chooses a lottery number for the clinical education experience and students indicate their site preferences in the order of the lottery numbers. The student is responsible for researching the sites and discussing housing options with family, friends, and classmates. Students may request advising with the DCE/ADCE in order to establish preference lists. Once the student selects the site, the DCE/ADCE contacts the facility. Students are notified when a site has confirmed their placement. Students are subject to disciplinary action if they contact clinical education sites prior to receiving confirmation from the DCE/ADCE.

It is required that each student complete a clinical education experience in a variety of clinical settings. This requirement is based on physical therapy accreditation standards and includes patient populations that span a variety of ages and diagnoses, as well as settings that promote a multi-disciplinary approach to patient care. The clinical education department's goal is to have students complete an inpatient and outpatient experience during Clinical Education I and Clinical Education II. This is to provide the student the greatest exposure to both setting and patient population earlier in the program and to allow more specialized opportunities during the later clinical education experiences.

Due to this requirement of varied settings, it cannot be guaranteed that a student can be placed in a local facility or a site close to their home. All effort will be made to consider the personal situations of each student; however, the lottery system continues to be the standard used as the means for site selection.

In order to meet the breadth of clinical experiences students must complete clinical education experiences that include:

- Inpatient (including acute, subacute, skilled nursing facility (SNF), long term acute care (LTAC)) and outpatient settings. This is reviewed by diversity listings from our database. The DCE/ADCE reserve the right to use professional judgment to ensure that all students have a learning experience of high quality and diversity.
- Experiences representative of those commonly seen in practice and across the lifespan.
- Experiences representative of those in which physical therapists commonly practice.
- Experiences in which interactions with physical therapy role models whose practice is consistent with the philosophy of Ithaca College.
- Experiences that offer the opportunity for the involvement in inter-disciplinary care

## **Conflict of Interest**

Students are not allowed to complete clinical education experiences at placement settings:

1. Where any family member(s) is/are employed
2. Where any friend(s), roommate(s), or family friend(s) is/are employed
3. Where the student has previously volunteered or been employed
4. Owned by a family member, friend, or family friend.

Placements where there are identified pre-existing relationships with either the student or the student's family have the potential for grading bias. Failure to disclose this information may result in removal from the site and termination of the clinical education experience. This situation is considered unethical and unprofessional. Students who are unsure if a conflict exists should contact the DCE/ADCE to determine their eligibility for the clinical education site.

## **Clinical Education Site Cancellations**

While the voluntary commitment by the clinical education site is generally firm, it may become necessary for a facility or Ithaca College to cancel, extend, or reassign a clinical site placement. When the DCE/ADCE is made aware of the situation, the student is immediately notified. If a cancellation occurs, the student will work individually with the DCE/ADCE to secure an alternative placement site for the clinical education experience. If the DCE/ADCE is unable to secure a placement after contacting 10 sites on the student's behalf, the student will be provided a list of alternatives. If the student elects to decline these alternatives they may defer their clinical. Please refer to "Deferring Clinical Education" section for further information.

## Deferring Clinical Education

Students may elect to defer a clinical education experience due to medical leave or participation in collegiate athletics. Timing of the course will be determined by the DCE/ADCE and placement is dependent upon availability of clinical education sites. If you elect to defer the timing of your scheduled clinical placement from its normally scheduled time, you will incur additional expenses. Contact the Office of the Registrar to inquire about specific cost of additional expenses.

## Initiating a New Clinical Education Site

The purpose of clinical education as an integral component in the curriculum is to provide each student with the opportunity to practice patient skills in a realistic environment and with high quality clinical instructors. To assure that each student is exposed to a variety of high quality clinical settings, centers are identified by their responsiveness to student needs, consistent acceptance of students for clinical education experiences, staff expertise, regular and timely communication as requested by the DCE/ADCE, and provision of high quality patient care services. In addition, it is important to add clinical education sites in geographically appropriate areas when such additions will enhance student opportunities. It is therefore essential to add clinical education sites if they provide unique opportunities for students and/or increase the number of options available to students for practice in specialized areas.

All clinical education agreements are maintained by the Health Sciences and Human Performance (HSHP) contract specialist with regular collaboration and input from DCE/ADCE. Agreement negotiations can take 12 months and not all are successfully negotiated due to a variety of reasons.

*Note: No student or family member should contact a potential clinical facility in an attempt to arrange a clinical education experience to meet personal needs. Any student circumventing this process may be referred for disciplinary action.*

### Procedure:

1. Student will research potential clinical education site to determine unique specialties, equipment, opportunities available that are unique to this site.
2. Student will complete the “New Site Development Form” (Appendix A).
3. Submit form to DCE/ADCE
4. After careful review by the DCE/ADCE, the site is contacted to determine if affiliating will provide a positive contribution to the program. We reserve the right to deny the initiation of any request.
5. A site may or may not elect to sign our clinical education agreement. Legal counsel executes the negotiations, which can take up to 12 months.
6. If the site you submitted signs a contract with ICPT, then it is added to the database for all to see.
7. If a contract is successfully obtained with a site that you initiated and a slot is offered,

you are then committed to that site.

A student may submit no more than 5 New Site Development Forms to the DCE/ADCE during their time in the program. Once a contract is executed for a clinical education site that a student submitted, no further New Site Development Forms will be accepted from that student.

It is the responsibility of the DCE/ADCE, not the student, to make the formal contact with the potential/new site. The following information is considered when contracting with new sites and continuing with existing site agreements:

- Appropriate accreditation by local, state, or federal organizations.
- Congruence with IC Mission and Educational Philosophy.
- Strong professional role modeling.
- Adequate staffing for the patient load and patient population encountered.
- Types and numbers of patients cared for are adequate to meet the needs of the students.
- Variety requirement is met: diversity in ages of patient populations, variety of diagnoses and settings, diversity in PT management and administrative approaches, interdisciplinary approach offered.
- Administration supports clinical education, and is cognizant of the time and effort required to provide a quality physical therapy student experience.
- Clinical education environment is conducive to learning as demonstrated through the availability of supervision, space, equipment, and educational resources.

## Referral for Profit

In support of the position of the American Physical Therapy Association, the Ithaca College Department of Physical Therapy does not participate in clinical education experiences with clinical sites that are physician owned physical therapy services (POPTS).

## Failure of a Full-Time Clinical Education Experience

A student who is unsuccessful in a clinical education experience should refer to the physical therapy department's Academic Policies & Procedures.

Remedial work will be required in the form of the course PDPT 62900, which requires a planned set of specific objectives designed by the student and DCE/ADCE to meet areas of deficiency. Students will be given only one opportunity to remediate a clinical education experience. Failure to pass PDPT 62900 will result in dismissal from the PT program.

Following successful completion of PDPT 62900, the DCE/ADCE will assign the student to a clinical placement similar in type and diversity of patients to the site where the student had been unsuccessful. Repeat clinical education placements will not follow the regular course schedule and sequence.

Current ICPT Graduate Policy states that a student who has been excused from a clinical education site must repeat the next time the course is offered. The student may appeal the

grade given for the course or the right to repeat sooner than the following year. If appeal is successful, there is no guarantee that a student will be placed in a repeat clinical education experience in a given time frame. **Additional fees for the remediation and for the repeat clinical will be issued.**

The following is a list of events that occur if a student is asked to leave a site or fails a clinical education experience:

- Student learns of failure, is excused from the site. DCE/ADCE is notified; gathers information from all sources.
- Course coordinator (DCE/ADCE) assigns student “U” and Department Chair informs student of rights and privileges.
- Student meets with DCE/ADCE to discuss issues identified on clinical education experience. Remediation plan is created and mutually agreed upon.
- PTDPT 62900 completed over length of semester.
- Once PTDPT 62900 is successfully completed, student is placed at clinical education site of similar size and type of rotation.
- Student completes repeat clinical education experience the next time the course is offered.
- Upon successful completion of repeat clinical, student resumes didactic coursework.

## Expectations of the Student

*As student, you are a guest at a clinical education site and represent ICPT.*

The Clinical Education courses are like any other academic course, in that they require in class (clinic) time and out of class preparation. Students are expected to be actively engaged in clinical learning. It is expected that students will devote time each day, outside of patient care hours to complete required tasks, prepare for subsequent session, and reflect on current skills and abilities. For this reason, the PT department discourages students from taking the national licensing exam during their terminal full-time clinical education experience, as doing so would detract a student’s attention from the clinical education experience.

Each clinical education site will have varied hours of operation. It is the student’s responsibility to adjust their schedule according to any CI that they are assigned. It is expected that a typical workweek is 37-45 hours. Anything outside of these parameters should be brought to the DCE/ADCE’s attention.

The student will be an active participant in the evaluation process through self- assessment. Additionally, more frequent informal feedback is considered an essential part of the learning process and may be communicated verbally or in writing during the clinical education experience.

There are essential functions that a physical therapist and physical therapy student must be able to perform in order to adequately perform their responsibilities. These include, but are not limited to, the capacity to observe and communicate; demonstrate sufficient gross and fine motor ability to perform physical diagnostic examinations and interventions; physical strength, dexterity, agility, and endurance; emotional stability to exercise good judgment and to work effectively in potentially stressful situations; and

intellectual ability to synthesize data and solve problems. Students are expected to be able to perform these functions, with or without accommodations, at all points during their clinical education experiences.

## **Professional Conduct**

Students are expected to conduct themselves in a professional manner at all times. Students must always identify themselves as physical therapy students and not imply that they are physical therapists. Students are expected to adhere to policies and procedures established by the clinical placement site and academic institution. Students are also expected to adhere to the APTA Guide for Professional Conduct & Code of Ethics. Patient confidentiality and HIPAA regulations are to be maintained at all times.

The following points serve as reminders for professional behavior:

- Students shall not engage in any sexual relationship with any of their patient/clients or clinical staff members. Student relationships with patients or clinical staff shall remain professional at all times.
- Be advised that patients have the right to refuse treatment, as well as the right to safety, dignity, and privacy.
- Students must wear their IC student name tag or facility supplied badge at all times.
- Work attire should be in accordance with site policy.
- No artificial fragrances.
- No artificial fingernails; fingernails should be trimmed  $\frac{1}{4}$  inch past the fingertip; appear clean; no polish.
- Students should cover tattoos, remove body piercings or other body adornments during clinical practice.
- Keep jewelry at a minimum; no long necklaces or dangle earrings.
- Tie hair back so as not to touch the patient; clean, washed, neatly worn.
- Use cell phones in accordance with facility policy; when in doubt ask your CI and SCCE.
- Do not chew gum.
- Arrive at least 10 minutes early at the start of the day.

## **Prior to Arrival**

1. Find and secure housing. Housing and travel are the student's responsibility. Plan ahead for housing and travel costs.
2. Meet all facility requirements (including criminal background check and drug screen if applicable).
  - a. The PT Department will provide students with information regarding a facility's requirements (health, criminal background check, drug screening, dress code etc.) through our database. Students are required to research their site requirements at least 12 weeks prior to the start date. It is the student's responsibility to clarify the requirements with the site (via their letter of introduction), meet these requirements, and submit documentation in a timely manner. Students must provide proof of fulfilling all immunization,

health, criminal background check, and other requirements. Students who have not satisfied site requirements will not be allowed to begin the clinical education experience.

- b. Clinical education sites have the right to not accept a PT student based on the findings. Students who are required to submit criminal background checks and/or drug screens are responsible for arranging, paying for, and submitting results to the clinical education site. Students who either decline to complete the requirement, or do not pass the requirement, may not attend the scheduled site and may not complete the clinical education experience in the originally scheduled time frame. A student who fails to meet site requirements will work with the DCE/ADCE in an effort to complete required clinical education experiences, however, these may fall outside the term schedule, which will delay graduation.
3. Maintain department requirements including: academic status, professional behavior, CPR certification.
4. Review course syllabus in detail.
5. Approximately 8 weeks prior to the start date the student will send the SCCE/CI a letter of introduction and their student profile.
6. Communicate directly with the SCCE or CI to determine the hours of the clinical education experience and where to meet on the first day. Students who have not successfully connected with the SCCE/CI **four weeks** prior to the start date should notify the DCE/ADCE for assistance.
7. Review material relevant to the site; practice skills relevant to the site.
8. Review the state Practice Act.

### **During the Clinical**

1. Request an orientation to the facility and department.
2. Begin a conversation with your CI about expectations and preferred feedback during your clinical.
3. Share your learning objectives.
4. Remember to request a call or call anytime with any concerns you may have.
5. Review course syllabus frequently to monitor your progress. This allows you to be prepared for the midterm CPI. Complete midterm CPI in a timely manner.
6. Plan, develop, and deliver your EBP in-service (refer to appendix for requirements).
7. Complete midterm & final CPI and all assignments.
8. Adhere to attendance policy
  - a. Student illness, family emergency, or severe weather are the only acceptable reasons for absence. Ithaca College does not allow time off for personal reasons or for employment interviews. If a student is unable to report to the clinical education site due to illness or family emergency, the student is responsible to notify the CI, or SCCE, and the Ithaca College DCE/ADCE *before* the start of the workday of the absence and offer a reason for the absence.
  - b. Absences of more than 3 days for medical reasons require that a ***physician note be submitted to the CI and DCE/ADCE and*** make up the time missed. Absences of more than 3 days for a family emergency or severe weather will also need to be made up. This is decided by the CI and

DCE/ADCE. Absences beyond 3 days may require termination or extension of the course.

- c. Bereavement: A student is allowed up to 3 days off for bereavement in the loss of an immediate family member. The CI and DCE/ADCE must be notified, and the need to make up the days will be determined based on individual circumstances.
- d. Holidays: The student is expected to follow the same schedule as the clinical instructor. No additional days off will be allowed for travel to/from holiday events.

### **After the Clinical**

1. Complete clinical education online surveys.
2. Facilitate CI completion of online surveys.

# **CI/SCCE Resources**

## Clinical Education I: PDPT-61200

**Clinical Goal:** In this first full-time, 8-week (4 credit) clinical education experience the student is assigned specific clinical tasks under the supervision of the CI. The student is expected to function with up to a 50% caseload; develop patient-client management skills, professional behaviors, and clinical decision making skills. Students should be exposed to more complex patient cases. CPI Goal: Items 1-5 Adv. Intermediate, Items 6-18 Intermediate.

### **Coursework Completed**

**Introduction to Physical Therapy:** An overview of the history of the physical therapy profession. Orientation to the responsibilities of a physical therapist and to the practice of physical therapy in a variety of environments, including musculoskeletal, neuromuscular, cardiovascular and pulmonary, integumentary, pediatric, and older adults will be discussed. Information regarding the representative professional association, clinical specialization, residency and fellowship will be presented.

**Clinical Physiology:** The study of human physiology from a clinical perspective. Addresses normal function in the primary physiologic systems and how physical therapy interventions influence system functions. Introduces pathophysiologic syndromes common to patients receiving physical therapy treatment. Describes physiologic responses in patients receiving specific physical therapy interventions.

**Pathology for PTs:** Examination of the components of the general processes of disease and injury, and some specific components of selected diseases likely to be encountered in physical therapy practice. General pathology topics described include: cell and tissue injury, inflammation, and the healing and repair process. Details on specific diseases include: musculoskeletal, cardiovascular, pulmonary, integument, and nerve systems. Emphasis will be placed on understanding the underlying mechanisms of structural and functional disruptions for adults, with secondary comparisons to pathology across the lifespan.

**Mobility Training:** Introduction to patient/client care techniques related to mobility training, including bed mobility, transfer training, gait training with a variety of assistive devices, and wheelchair mobility. Students are familiarized with the initial steps in the patient-therapist relationship including professional behaviors and oral communication. Review of cardiovascular systems is also included. The emphasis throughout the course is to develop the skills necessary to ensure the safety of both the patient/client and the student in the clinical environment.

**Professional Development I:** Introduction to professionalism including professional and ethical behavior, as well as our professional organization. Instruction to develop effective listening skills. Preparation to teach in a variety of settings and formats for academic, clinical, and professional purposes. Instruction will include teaching/learning theories and

styles, ability to adapt teaching for a variety of audiences, domains of learning, instructional objectives, teaching methods, instructional technology, and feedback.

**Documentation:** In-depth look at written documentation of physical therapy services using the APTA Patient/Client Management Model and the International Classification of Functioning, Disability, and Health Model. Topics include written documentation of initial examinations, progress notes, and discharges; legal guidelines; medical terminology; and electronic health record.

**Human Anatomy:** Study of the gross anatomical components of the human body through the use of lecture and cadaver dissection. Emphasis on the musculoskeletal and neurovascular systems found in the extremities, trunk, chest, abdominal walls, and in the head and neck.

**Musculoskeletal Examination and Evaluation:** Application of the patient/client management model related to the examination, evaluation, and diagnosis of musculoskeletal problems of the extremities. Emphasis is placed on the following skills: patient history, joint integrity and mobility, goniometry, range of motion, muscle performance testing, flexibility testing, ligament testing, special orthopedic tests, and posture as it relates to the extremities

**Soft Tissue Palpation & Examination:** Examines various methods of soft tissue examination and intervention. It is designed to expose the student to a broad spectrum of techniques, while teaching the skills of the most commonly used methods. This course develops the students' palpation skills including the examination and evaluation of soft tissue dysfunction.

**Applied Biomechanics:** Application of mechanical principles to human movement. Particular attention is directed towards studying the effect of forces in producing normal movement. Students are required to apply their knowledge of anatomy towards understanding individual joint function, as well as the integrated function of several joints during complex activities such as gait.

**Professional Development II:** Introduces students to the NYS Practice Act, roles of physical therapy professionals (PT, PTA, PT aide), professional and ethical behavior, and effective communication styles. OSHA and HIPAA training are both completed in this course.

**Medical Screening I:** This course covers the principles and interpretation of diagnostic testing. Students will become competent in understanding radiologic interpretations of X-rays, Computed Tomography, MRI, Nuclear, ultrasound imaging and nerve conduction testing. Radiographic anatomy, densities, views, and structural analysis are taught using digital imaging. Patient cases will be used to compare patho-structural diagnosis with actual symptoms and clinical presentation.

**Integrated Clinical Experience (ICE) I:** This first clinical education experience provides students with an opportunity to work with patients under the supervision of a faculty member. Students will apply knowledge and skills and assume appropriate responsibilities in direct patient care.

**Research I:** Overview of how the research literature can guide clinical decision-making and form the basis for contemporary physical therapy practice. Emphasis on how evidence is used to answer clinical questions that affect the examination process, evaluation procedures, and interventions commonly used by physical therapists. The historical background for evidence-based practice is examined, as well as the fundamental components of evidence-based practice.

**ICE II:** This second clinical education experience provides students with an opportunity to work with patients under the supervision of a faculty member in a separate area. Students will apply knowledge and skills and assume appropriate responsibilities in direct patient care.

**Peripheral Joint Mobilization:** Prepares students to incorporate passive mobility testing into the patient/client examination. Students learn to use passive joint mobilization interventions for patient/client with peripheral joint pathologies.

**Therapeutic Exercise:** A comprehensive analysis of the scientific principles of exercises commonly used in physical therapy practice. Specific exercise programs that address muscle performance, endurance, mobility, and balance impairments, as well as adaptations to activity and immobilization.

**Acute Care:** This course will provide students with the knowledge related to and skills required in the acute care setting. Students will develop competency in acute care evaluations, interventions, and discharge planning. Both didactic and laboratory activities will be used to integrate curricular content to address the complex patient and dynamic environment encountered in acute care.

**Electrotherapeutic Modalities and Physical Agents:** The study of the biophysical, physiological, and clinical principles and procedures associated with the application of electromagnetic and acoustic energy in the treatment of pathological conditions.

**Medical Screening II:** Builds on the principles introduced in Medical Screening I allowing the students to integrate these principles into an efficient and effective patient examination. A systematic approach to evaluating a patient's history and performing a systems review allows students to identify risk factors, red flags, visceral pain patterns, and constitutional symptoms that warrant a medical referral. Decisions for recommending lab tests or imaging are based on specific medical conditions and current appropriateness criteria.

**Introduction to Health Care Systems:** Constructs of the U.S. health care system, with emphasis on how system components influence patient referrals, delivery of care, and reimbursement. The course focuses on the health care system's influence on rehabilitation services with emphasis on allied health.

**Wellness & Prevention:** Explores the role of physical therapy in wellness and prevention of common health concerns of individuals, groups, and communities.

Develops the awareness and expertise of the physical therapist in functioning in this capacity. Reinforces the physiological rationale behind designing comprehensive wellness programs. Emphasis on identifying risks, performing culturally appropriate health and wellness interventions, general concepts of program development and assessment, and integration for teaching/learning and motivation strategies. Also explores national agenda regarding health promotion and prevention of chronic disease.

**Neuroscience:** This course covers an in-depth study of the nervous system structure and function important to the practice of physical therapy. Topics include the physical and electrical properties of cells in the nervous system, sensory-motor integration, motor and postural control, clinical syndromes, plasticity and nervous system development.

**Spine Examination and Rehabilitation:** Examination and interventions for patients with neuro-musculoskeletal conditions affecting the spine. Students learn objective measurements of spinal posture, mobility, and function to differentiate among various spinal conditions.

**Neuromuscular Foundations:** Prepares students to perform a complete physical therapy neurological examination of patients with peripheral and central nervous system disorders. Students learn to perform specific tests that examine cognition, sensation, perception, tone, motor function, balance, gait, and function.

**Pharmacology:** Presents the basic drug classes and the physiological bases of their action. Special emphasis on drugs commonly used to treat disorders frequently seen in patients receiving physical therapy.

**Pathokinesiology:** Presents specific pathological conditions (primarily organized according to anatomical regions) that result in disorders of posture, movement, and locomotion; include neurological, neuro-motor, and musculoskeletal aspects with respect to the cause of dysfunction.

**EBP II:** Focuses on how research is used to guide clinical decision-making and form the basis of contemporary physical therapy practice. Students evaluate and categorize articles that illustrate various types and levels of evidence. Students explore specific clinical questions, access the scientific literature using computer databases, and plan interventions based on the strength of the available evidence.

**Motor Development Across the Lifespan:** Focus on normal developmental process from embryo to old age. Emphasis on theories of motor control, motor learning, and motor development.

**Cardiovascular and Pulmonary Testing and Management:** A review of normal cardiovascular and pulmonary physiology, and the response of these systems to exercise and disease. Cardiovascular and pulmonary pathologies include a review of the medical and surgical management of specific diseases. Study and practice of evaluation procedures

are performed in the laboratory to determine the status of cardiovascular and pulmonary function. Clinical management procedures used by all members of the rehabilitation team are reviewed, with emphasis on specific physical therapy procedures for people with cardiovascular and pulmonary problems.

**Neurological Rehabilitation I:** Focus primarily on specific movement-related impairments, functional limitations, and disabilities experienced by individuals as a result of acquired non-progressive disorders of the CNS. Students will synthesize this information to identify functional problems and their probable causes, establish a realistic prognosis, and begin execute appropriate interventions.

### **Clinical Education I Objectives**

#### **Objectives of the Clinical Education Experience:**

- Demonstrate professional appearance, behavior, communication, and skills.
- Demonstrate the ability to build a sound working relationship with CI.
- Demonstrate the ability to build patient/client rapport.
- Demonstrate verbal and written ability to collect data from patient/client interview and medical record.
- Participate in collecting objective data throughout the patient's examination and treatment.
- Participate in program planning, patient re-examination, and modification of the plan of care.
- Participate in generating short and long-term patient functional goals.
- Demonstrate the ability to explain and apply basic PT interventions.
- Document patient care accurately, concisely, and legibly.
- Demonstrate the ability to teach patients/families/caregivers.

#### **Performance Expectations:**

After the first clinical education experience, the PT student will be expected to perform the following with the supervision and assistance of a clinical instructor:

1. Examination skills including but not limited to goniometry, special tests, strength assessments, postural analysis, gait analysis, and sensory testing.
2. Documentation of patient examination and evaluation, progress and discharge written in a clear, concise, and legible manner.
3. Administration of skilled PT interventions appropriate to the patient's impairments and functional limitations.
4. Discuss and modify patient examination, plan of care, and interventions with the CI.
5. Demonstrate proper body mechanics and safety awareness at all times.
6. Demonstrate proper verbal and non-verbal communication with patient and all members of the healthcare team.
7. Participate in various educational experiences as assigned by the CI.
8. Exhibit self-directed learning skills.
9. Provide an evidence based educational in-service to staff.
10. Perform self-assessments on a daily, weekly, and cumulative basis.
11. Participate in clinical performance assessments with the CI(s) including completion of the CPI at midterm and final evaluations.

## 12. 100% patient safety.

*The following is a suggested guideline only. Each student will advance at his/her own pace as determined by the CI's assessment and student ability, building on skills from the previous week. The CI will evaluate the student through verbal communication, observation, and documentation, with input from other personnel. All duties will be under the direct supervision of the CI. The supervisory focus will be directed towards modeling independent professional behavior, examination, treatment, and problem solving while providing a constructive learning environment for the student to practice clinical skills. It is the student's responsibility to integrate all feedback and maximize the learning experience.*

### **Weeks 1-2:**

- Student attends orientation to the department and clinical area.
- Student demonstrates advanced levels of observation with questions that demonstrate depth of understanding of musculoskeletal impairments.
- Student begins to carry out treatment on patients from an established treatment plan.
- Student attends team meetings and patient rounds.
- Student participates in discussion of patient care under guidance of CI.
- Student gains familiarity with department policy and procedures.
- Student develops problem lists for patients examined by CI.
- Student writes measurable, functional goals based on the CI's examination.
- Student and CI return faxback/feedback form to gauge initial progress and report to DCE/ADCE.

### **Weeks 2-4**

- Student assists with multiple treatments under supervision/guidance of CI.
- Student begins to perform some sections of the patient examination with cues from CI.
- Student continues to assume patients from the CI's established caseload.
- Student initiates patient discussion to establish rapport.
- Student writes daily notes regarding patient treatment with feedback/revision.
- Student discusses/implements treatment plans of increasing depth and skill.
- Student assists CI with established caseload and begins to have their own caseload.
- Student initiates discussion with interdisciplinary team after discussion with CI.
- Student initiates discussion with CI regarding in-service topic.
- Student demonstrates research for continued learning (regarding current patient caseload).
- Student initiates patient and family education with assist/guidance from CI.
- Student prepares self mid-term evaluation.

### **Week 4: Student and CI complete CPI and mid-term phone call**

### **Week 5-8**

- Student works on research/preparation for in-service.
- Student assumes more of the patient examination with necessary demonstration, cues and guidance from CI.
- Student initiates discussion of therapy diagnosis, prognosis, POC.

- Student checks schedule and prepares treatment ideas for own patients after review of CI.
- Student documents and charges per patient caseload based on CI feedback.
- Student seeks out and collaborates with team members to establish treatment plan, goals setting, and discharge.
- Student completes discharge planning with CI assist.
- Student caseload builds to roughly 50% of CI's normal load of simple patients, and roughly 25-50% of complex patients.
- Student presents evidenced based in-service.
- Student prepares final CPI & discusses with CI.
- Student completes site evaluation.

## **Clinical Education II: PDPT-61900**

**Clinical Goal:** In this second full-time, 10-week (5 credits) clinical education experience the student is given the opportunity to apply more advanced theories and treatment procedures to a selected patient caseload with guidance from a CI. The student continues to develop professional behaviors while developing effectiveness in all aspects of the patient client management model. CPI Goals: Items 1-5 Entry level; Items 6-18 Advanced Intermediate

**Coursework completed- all coursework completed prior to Clinical Education I plus:**

**Clinical Science – Orthopedics:** Covers pathogenesis, clinical presentation, medical and surgical management, and rehabilitation of orthopedic disorders. Both physical therapist and physicians present information on their respective roles in providing evaluation and treatment.

**Clinical Administration in PT:** Students learn how to start and manage a physical therapy practice. Focuses on organizational structure, management, program development, facilities, staffing, information systems, reimbursement, marketing, and fiscal planning.

**Neurological Rehabilitation II:** Focuses on the movement-related impairments, functional limitations, and disabilities experienced by individuals as a result of acquired progressive or non-progressive disorders of the CNS and PNS. Students continue to apply

a systematic clinical decision-making approach as they integrate findings from a physical therapy examination to identify functional problems, establish a realistic prognosis, and execute interventions.

**Case Report I:** This course is focused on case report methodology to model evidence based practice. Students will identify a relevant case during Clinical Education I and use the information to base their project on. Weekly meetings will focus on the mechanics of case report writing with frequent individual meetings with a project mentor throughout the semester.

**Pediatric Rehabilitation:** The etiology, pathology, diagnosis; medical, surgical, and clinical examination, evaluation, and physical therapy management of pediatric disorders of the neuromuscular system. The physiological basis and therapeutic techniques of neuro-physiological approaches to intervention are examined.

**Orthotics & Prosthetics:** Addresses the principles and practices of orthotics and prosthetics as applied by a physical therapist. This includes a survey of the basic biomechanical principles used in applying orthotic and prosthetic appliances, as well as principles of patient application, training, and management of complications.

### **Clinical Education II Objectives**

#### **Objectives of the Clinical Education Experience:**

- Demonstrate professional appearance, behavior, and skills.
- Demonstrate the ability to build patient/client rapport.
- Demonstrate verbal and written ability to collect data from patient/client interview, medical record, and examination.
- Demonstrate ability to interpret objective data collected & select outcome measures accurately.
- Demonstrate ability to develop a plan of care, perform patient re-examinations, and modify the plan of care accordingly.
- Generate short and long term functional and measurable patient goals.
- Demonstrate the ability to explain & apply rationale for all interventions.
- Document patient care accurately, concisely, and legibly.
- Demonstrate the ability to conduct skilled patients/families/caregivers education.
- Demonstrate efficient time management skills.

#### **Performance Expectations:**

For the third clinical education experience, the PT student will be expected to perform the following with the supervision and assistance of a clinical instructor:

1. Musculoskeletal, neurological, pediatric, cardio-pulmonary, and integumentary examination skills including but not limited to vital signs, goniometry, strength assessments, postural analysis, gait analysis, mobility assessment, functional assessment, sensory testing, neurological testing, and outcome measures.
2. Develop and implement a plan of care based on examination and evaluation findings.
3. Document patient examination, evaluation, progress, and discharge written in a

- clear, and legible manner.
4. Administer skilled PT interventions appropriate for the patient's impairments and functional limitations.
  5. Provide rationale for intervention choice, approach, and goals.
  6. Exhibit self-directed learning skills.
  7. Discuss & modify patient examination, plan of care, and interventions with CI feedback.
  8. Demonstrate proper body mechanics and safety awareness at all times.
  9. Demonstrate proper verbal and non-verbal communication with patient, family/caregivers, staff, health professionals and other students.
  10. Participate in various educational experiences as assigned by the CI.
  11. Perform administrative skills including scheduling, billing, and participation in staff meetings.
  12. Perform an educational in-service to staff.
  13. Perform self-assessments on a daily, weekly, and cumulative basis.
  14. Participate in clinical performance assessments with the CI(s) including completion of the CPI at midterm and final evaluations.
  15. 100% safe with patients.

*The following is a suggested guideline only. Each student will advance at his/her own pace as determined by the CI's assessment and student ability, building on skills from the previous week. The CI will evaluate the student through verbal communication, observation, and documentation, with input from other personnel. All duties will be under the supervision of the CI. The supervisory focus will be directed towards modeling independent professional behavior, examination, treatment, and problem solving while providing a constructive learning environment for the student to practice clinical skills. It is the student's responsibility to integrate all feedback and maximize the learning experience.*

#### **Weeks 1-2:**

- Student attends orientation to the department and clinical area.
- Student demonstrates advanced levels of observation with questions that demonstrate depth of understanding of musculoskeletal, neurological, and cardiopulmonary impairments.
- Student begins to carry out treatment on patients from an established treatment plan.
- Student attends team meetings and patient rounds.
- Student participates in discussion of patient care under guidance of CI.
- Student gains familiarity with department policy and procedures.
- Student develops problem lists for patients examined by CI.
- Student writes measurable, functional goals based on the CI's examination.
- Student & CI return faxback/feedback form to gauge initial progress and report to DCE/ADCE.
- Student begins to assume caseload from CI with greater independence with simple patients.

#### **Weeks 2-4**

- Student assists with multiple evaluations and interventions under supervision/guidance of CI and assumes a greater percentage of the caseload.

- Student performs most sections of the patient examination with cues from CI.
- Student continues to assume patients from the CI's established caseload with confidence.
- Student initiates patient discussion to establish rapport.
- Student writes daily notes regarding patient treatment with decreasing feedback/revision.
- Student discusses/implements treatment plans of increasing depth and skill.
- Student assists CI with established caseload and begins to have their own caseload.
- Student initiates discussion with interdisciplinary team after discussion with CI.
- Student initiates discussion with CI regarding in-service topic.
- Student demonstrates research for continued learning (regarding current patient caseload).
- Student initiates patient and family education after discussion with CI.
- Student completes mid-term CPI.

#### **Week 4: Student and CI complete CPI and mid-term phone call**

#### **Weeks 5-final evaluation**

- Student works on research/preparation for in-service.
- Student assumes 75-90% of patient examination with guidance from CI as needed.
- Student initiates discussion of therapy diagnosis, prognosis, POC.
- Student checks schedule and prepares interventions for own patients after review with CI.
- Student documents and charges per patient caseload accurately.
- Student seeks out and collaborates with team members to establish treatment plan, goals setting, and discharge.
- Student completes discharge planning with decreasing CI assist.
- Student caseload builds to roughly 75% of CI's normal load, depending upon complexity of patients.
- Student presents evidenced based in-service.
- Student completes final CPI & discusses with CI.
- Student completes site evaluation.

## **Clinical Education III: PDPT-62400**

**Clinical Goal:** In this terminal full-time, 12-week (6 credit) clinical education experience, students have the opportunity to apply knowledge and skills in managing a caseload with minimal guidance from a clinical instructor. The student should synthesize skills in order to examine patients, evaluate findings, design appropriate interventions, and progress patient care plans, perform clinical problem solving, display professional judgment, and participate in discharge planning and development of home exercise plans as an effective member of the healthcare team. The student's level of responsibility should increase progressively throughout the experience to that of an *entry-level physical therapist*. CI supervision should progress from direct to collaborative in nature. CPI Goals: Items 1-18 Entry Level.

**Coursework completed – All coursework completed prior to Clinical Education I and II plus:**

**Psychosocial Aspects of Patient Care:** A review of psychological and social issues affecting patients and therapists in the clinic, home and community environments. Addresses special topics such as terminal illness, sexuality and illness or disability, psychosomatic illness, and selected psychiatric disorders.

**Advanced Clinical Management:** This course focuses on the clinical reasoning process to manage complex cases and the interaction with other healthcare specialists. Students will be required to integrate concepts from previous coursework as they consider reasoning strategies for cases with multisystem disease. This case-based course will require students to work through diagnosis, prognosis, and interventions, including treatment progression and consideration of the need for referral of multi-disciplinary management.

**Case Report II:** This course is a continuation of Case Report I that is focused on case report methodology to model evidence based practice. Frequent meetings with a project mentor occurs throughout the semester while the student writes their final paper and prepares for presentation

**Professional Development III:** A continuation of the professional development series, this course advances the students' understanding and application of their role as a professional. Prepares students for participation in clinical education coursework and clinical practice. Strategies for adaptability and time management in the clinical setting are presented. Analyses of clinical situations facilitate student exploration of ethical decision-making, patient advocacy, cultural diversity, leadership, and application of professionalism.

### **Clinical Education III Objectives**

#### **Objectives of the Clinical Education Experience:**

- Continue to build upon all previous clinical education experience objectives, while further improving upon time management and delegation skills
- Demonstrate the ability to practice at an entry level by the completion of the experience

#### **Performance Expectations:**

For the terminal clinical education experience, the PT student will be expected to perform the following with the supervision of a clinical instructor, with fading assist/support in the final 6 weeks:

1. Musculoskeletal, Neurological, Pediatric, Cardio-pulmonary, and Integumentary examination skills including but not limited to goniometry, strength assessments, postural analysis, gait analysis, mobility assessment, sensory testing, neurological testing, outcome measures, etc.
2. Perform patient examinations and evaluation, and implement plan of care for patients.
3. Documentation of patient examination, evaluation, progress, and discharge written in a clear, concise and legible manner.
4. Administration of skilled PT interventions appropriate to the patient's

impairments and functional limitations.

5. Provide sound, evidence based rationale for intervention choice, approach, and goals.
6. Exhibit self-directed learning skills.
7. Modify patient examination, plan of care, and interventions in real time.
8. Demonstrate proper body mechanics and safety awareness at all times.
9. Demonstrate proper verbal and non-verbal communication with patient, family/caregivers, staff, health professionals and other students.
10. Participate in various educational experiences as assigned by the CI.
11. Perform administrative skills including scheduling, billing and participation in staff meetings.
12. Perform an educational in-service to staff including lab/active learning component.
13. Perform self-assessments on a daily, weekly, and cumulative basis.
14. Participate in clinical performance assessments with the CI(s) including completion of the CPI at midterm and final evaluations.
15. 100% safe with patients.

*The following is a suggested guideline only. Each student will advance at his/her own pace as determined by the CI's assessment and student ability, building on skills from the previous week. The CI will evaluate the student through verbal communication, observation, and documentation, with input from other personnel. All duties will be under the supervision of the CI. The supervisory focus will be directed towards modeling independent professional behavior, examination, treatment, and problem solving while providing a constructive learning environment for the student to practice clinical skills. It is the student's responsibility to integrate all feedback and maximize the learning experience.*

### **Week 1-2**

- Student attends orientation to the department and clinical area.
- Student demonstrates active levels of observation and assist and forms high level questions for CI.
- Student begins to carry out simple interventions on most patients from an established treatment plan; prioritizes patient/site needs well
- Student attends team meetings and patient rounds.
- Student participates in discussion of patient care under guidance of CI.
- Student becomes familiar with department policy and procedures.
- Student completes 50-75% of patient-client management with CI feedback/supervision with simple patients and 25-75% with complex patients.
- Student writes measurable, functional goals based on examination findings.
- Student assumes 50% of CI caseload.

### **Week 2-3**

- Student continues to ask meaningful questions and offer rationale for all interventions.
- Student requires decreasing cues from CI for simple patients and assumes 75% of simple caseload; 50-75% of complex caseload.

- Student assumes simple patients from the CI's established caseload.
- Student initiates patient teaching with supervision and feedback from CI.
- Student writes simple daily notes regarding patient treatment.
- Student discusses/implements intervention plans for simple and complex patients.
- Student initiates discussion with CI regarding in-service topic.
- Student begins to initiate discussion with interdisciplinary team after discussion with CI.
- Student demonstrates independent research for continual EBP.
- Student initiates skilled patient and family education.
- Student practices professional communication with all members of healthcare team.
- Student and CI return faxback/feedback form to gauge initial progress and report to DCE/ADCE.

### **Week 3 through Week 6**

- Student assumes increasing depth and skill of patient-client management while integrating and self-correcting after feedback.
- Student initiates discussion of therapy diagnosis, prognosis, POC and asks questions of CI regarding prognosis and POC/ d/c planning.
- Student checks schedule and prepares treatment ideas for own patients.
- Student initiates discussion of intervention plans of increasing complexity with CI.
- Student assumes responsibility for documentation and charges of student caseload.
- Student independently seeks out and collaborates with team members to establish treatment plan, goals and discharge.
- Student works on research/preparation for in-service.
- Student prepares self mid-term evaluation.
- Student caseload builds to >75% of typical CI caseload with regular feedback and supervision.
- Student begins to work with increasingly complex patients.

### **Week 6 Midterm: Student and CI meet to discuss CPI**

#### **Week 7-9:**

- Student continues to observe unique or novel interventions and examinations of CI.
- Student assumes 75 – 90% of CI's typical caseload within workday parameters.
- Student performs patient examination, evaluation, diagnosis, prognosis, POC, d/c planning with decreasing cues from CI.
- Student delegates tasks to support personnel, including CI.
- Student asks CI for assistance when needed & asks questions of solid depth and breadth.
- Student monitors and adjusts patient schedule based on patient/site needs.
- Student able to discharge patient with supporting documentation with decreasing assist of CI.
- Student requires minimal correction/revision of patient documentation.
- Student needs no reminders for schedule, documentation, and deadlines.

- Student gains evidence for in-service, considers lab component, continues preparation.
- Student communication matches that of CI for simple and complex patients after feedback/discussion.

### **Week 10-12**

- Student assumes 90-100% of CI's typical caseload within workplace parameters.
- Student performs simple and complex patient-client management with minimal need for cues.
- Student establishes PT diagnosis, prognosis, POC, d/c planning with increasing confidence.
- Student delegates tasks to support personnel, including CI.
- Student asks CI for assistance when needed.
- Student monitors and adjusts patient schedule based on patient /site needs.
- Student independent with patient documentation, including initial evaluation, progress notes, and discharge summary.
- Student needs no reminders for schedule, documentation, and deadlines.
- Student schedules and finalizes evidence-based in-service.
- Student communication matches that of CI for simple and complex patients.
- Student prepares final CPI & discusses with CI.
- Student completes site evaluation.

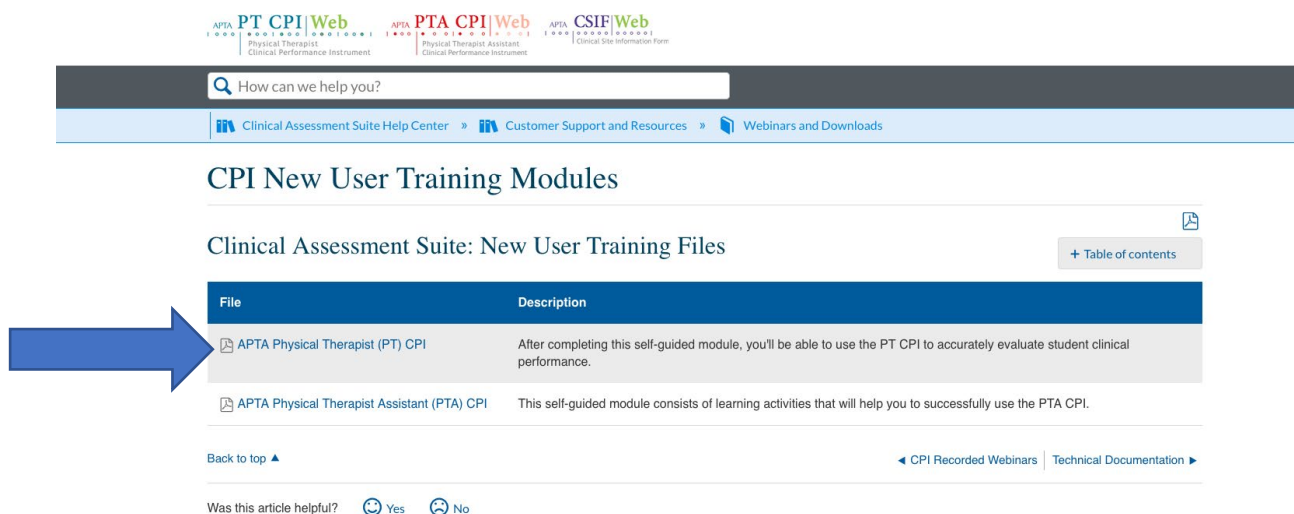
## **The PT CPI Web: Access for CIs**

If you have not used the CPI as a clinical instructor, you will need to complete training prior to utilizing the CPI.

**Step 1:** To access the training modules, go to the following website:

[https://help.liaisonedu.com/Clinical\\_Assessment\\_Suite\\_Help\\_Center/Customer\\_Support\\_and\\_Resources/Webinars\\_and\\_Downloads/CPI\\_Training\\_Files](https://help.liaisonedu.com/Clinical_Assessment_Suite_Help_Center/Customer_Support_and_Resources/Webinars_and_Downloads/CPI_Training_Files)

**Step 2:** Click on “APTA Physical Therapist (PT) CPI”



APTA PT CPI Web Physical Therapist Clinical Performance Instrument

APTA PTA CPI Web Physical Therapist Assistant Clinical Performance Instrument

APTA CSIF Web Clinical Use Information Form



How can we help you?

Clinical Assessment Suite Help Center » Customer Support and Resources » Webinars and Downloads

### CPI New User Training Modules



#### Clinical Assessment Suite: New User Training Files

+ Table of contents

File	Description
 APTA Physical Therapist (PT) CPI	After completing this self-guided module, you'll be able to use the PT CPI to accurately evaluate student clinical performance.
 APTA Physical Therapist Assistant (PTA) CPI	This self-guided module consists of learning activities that will help you to successfully use the PTA CPI.

Back to top ▲


◀ CPI Recorded Webinars | Technical Documentation ▶

Was this article helpful?  Yes  No

**Step 3:** Review all 5 modules in the PowerPoint and on the final slide click on “Course Evaluation Final Assessment”

Please proceed to the [course evaluation final assessment](#) to satisfactorily complete this course and earn CEUs.

Thank you!



PT-CPI

**Step 4:** The link will take you to the APTA Learning Center. Click on “Start” under “Enrollment” in the upper right corner.

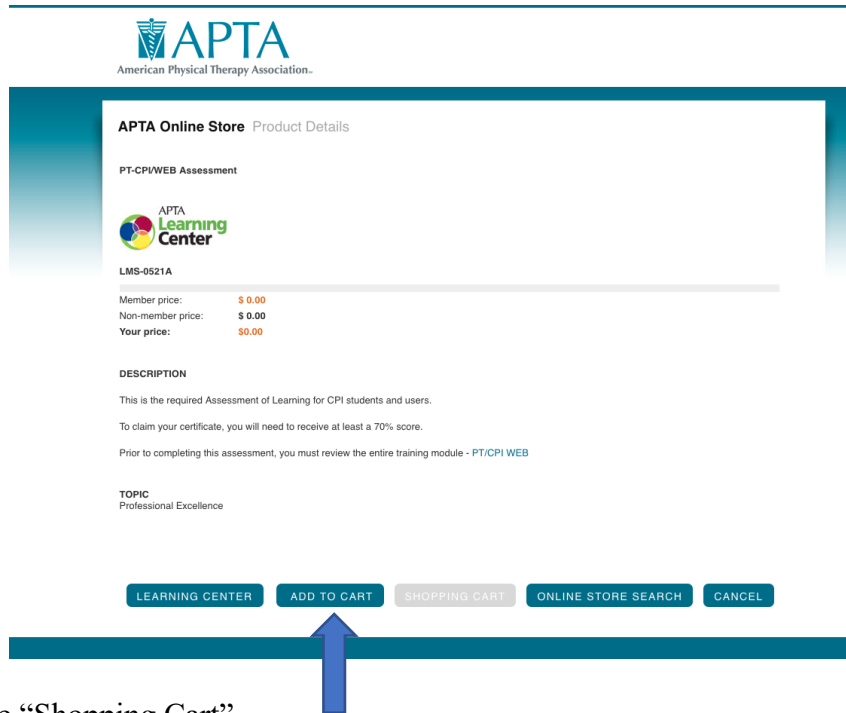
The screenshot shows the APTA Learning Center interface. The top navigation bar includes links like Catalog, Learning Paths and Bundles, My Learning Activities, My Transcript, CEU Info, Partners, Passport to Learning, Presenter/Speaker Resources, and Help. The main content area is titled 'PT-CPI/WEB Assessment' and provides details about the assessment, including the course code (LMS-0521A), instructor (Nora Francis, PT, DHS, OTR), and completion instructions. On the right side, there is an 'Enrollment' section with a 'Start' button, which is highlighted by a blue arrow. Below this is an 'Overview' section with details about the course type (E-Learning Course), credits (0.2 CEUs), and CEU approval information.

**Step 5:** This will take you to the log-in screen for the APTA’s Learning Center. If already have an account, simply log-in. If you do not have a Learning Center account, then you will need to create one. This is free to all members and non-members of the APTA.

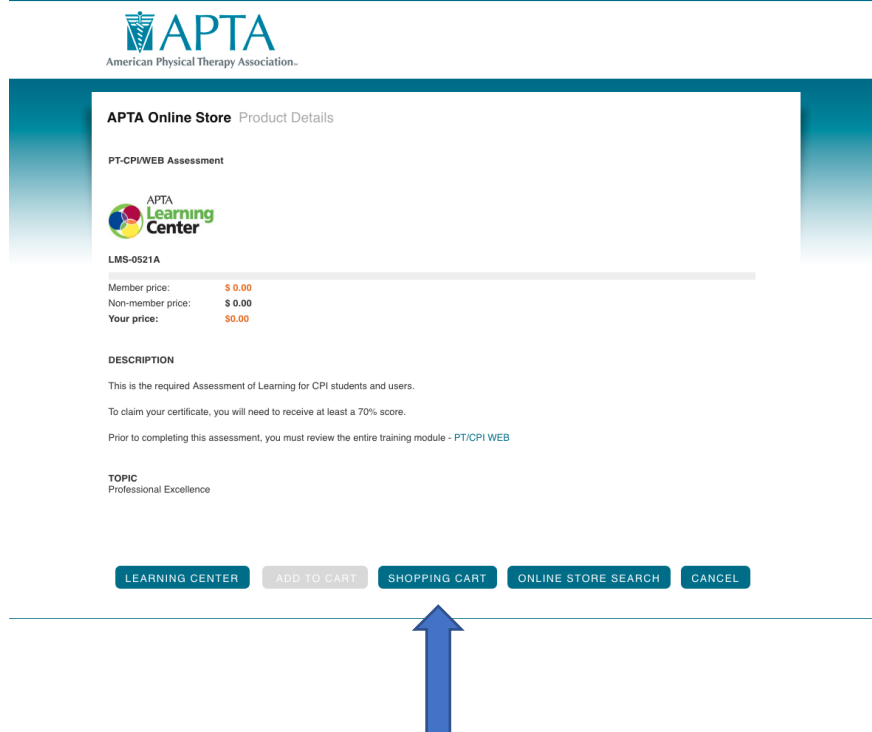
The screenshot shows the APTA website's login page. The top navigation bar includes links like About Us, Careers & Education, Practice & Patient Care, Payment, Advocacy, News & Publications, and For the Public. The main content area is titled 'Login' and features a login form for 'APTA Members and Registered Users'. The form includes fields for 'Member Number, E-Mail or User ID' and 'Password', along with a 'Remember Me' checkbox and a 'Login' button. To the right of the login form is a section titled 'Not a Member? New User?' with a 'Join Now' button and a 'Create an Account' button. A blue arrow points to the 'Create an Account' button. Below the login form, there is a 'Forgot your password?' link. At the bottom of the page, there is a 'Questions' section with contact information for APTA's Member Services department.

Step 6: Once logged-in, you will again click on “Start” under “Enrollment.”


Step 7: Choose “Add to Cart”



Step 8: Choose “Shopping Cart”



## Step 9: Click on “Proceed”

  
American Physical Therapy Association..

**Check-out**

\*Click Proceed to complete registration or product purchase, including free items.

**Shopping Cart**

\*Note for Product Orders: Click the "Edit Shipping Address" button to specify the shipping address.  
\*A \$10 fee will be charged for changing the shipping address after the order has been placed.

Bill To Address      Ship To Address      [EDIT SHIPPING ADDRESS](#)


[Redacted Address]

Remove	Item #	Type	Description	Qty	Unit Price
<input type="checkbox"/>	LMS-0521A	SALES	<a href="#">PT-CPI Assessment</a>	<input type="text" value="1"/>	\$0.00


[Select Shipping Options](#)

Subtotal: \$0.00  
Shipping(UPS): \$0.00  
Total before tax: \$0.00  
Estimated tax: \$0.00  
Order Total: \$0.00

[CLEAR CART](#)   [UPDATE CART](#)   [PRINT](#)

[ENTER VOUCHERS](#)   [CONTINUE SHOPPING](#)   [PROCEED](#)   

## Step 10: Click “OK

  
American Physical Therapy Association..

**Purchase Confirmation**

**Purchase Information**


[Redacted Information]

**Detail**

Code	Type	Description	Order Ref.	Qty	Unit Price	Total
LMS-0521A	SALES	PT-CPI Assessment	O1356461	1	\$0.00	\$0.00

This course is accessible via the [My Courses](#) page on the APTA Learning Center.

Tax: \$0.00  
Shipping Method(UPS): \$0.00  
Total: \$0.00

 [OK](#)   [PRINT](#)

## Step 11: Complete the PT-CPI/WEB Assessment

After completing the assessment, you will be “paired” within the CPI system with your student by Ithaca College’s Administrative Assistant. Please ensure that you have completed the PT-CPI/WEB Assessment several days before the midterm to allow time for our staff to complete this pairing and for you to perform your assessment of the student on the CPI.

## Frequently Asked Questions regarding the CPI

***How do I access the student on the CPI web?*** You need to send your email address to Robyn Schmitt at [rschmitt@ithaca.edu](mailto:rschmitt@ithaca.edu)

***What is my username and password?*** Your username is the email address you used when you completed the CPI training. You will set your own password.

***I forgot my password, or never set one up!*** If you forget your password, log in with your username, then click “I forgot or do not have a password”. Note that the password to access the APTA website is not the same as the password to enter the PT CPI Web.

***What happens if I change my email address?*** If you change your email, please login using your old username/password, go to EDIT to update your personal information. Then let us know the new email address ASAP.

# Evaluation of Student Performance

## Grading of a Clinical Education Experience

Performance is evaluated throughout the clinical education experience but formally assessed at midterm and during the final week of the clinical education course. The APTA PT CPI Web<sup>©</sup> provided by Ithaca College requires the student to be an active participant in the evaluation process through self-assessment. Additionally, more frequent informal feedback is considered an essential part of the learning process and may be communicated verbally or in writing during the clinical education experience. Failure to comply with the course syllabus and policies within this handbook is grounds for failure of a clinical education experience.

***The DCE/ADCE will determine the grade for the course*** based upon data gathered from a variety of sources. This may include the PT CPI Web<sup>©</sup> (CI and student), call/visit contacts, written action plans, critical incident report(s) and other forms of feedback.

Marks on the PT CPI Web<sup>©</sup> and written comments are considered when determining a satisfactory or unsatisfactory grade for clinical education experiences. Minimal acceptable levels of performance at the final assessment for the course are summarized below.

### **Satisfactory “S” Performance:**

A grade of “S” (satisfactory) in a clinical education experience will be awarded when:

1. Student’s performance meets minimum level acceptable performance for the current level of education (please see syllabus).
2. No concerns are articulated in criterion 1-4 and 7 (red flag areas).
3. Documented progression of performance from midterm to final.
4. Any areas of significant concerns identified during the clinical education experience need to meet course expectations by the final assessment (which may be met by successful completion of an Action Plan).
5. CI’s comments on the criteria match the rating scale mark.
6. All required paperwork has been submitted to the DCE/ADCE.

### **Unsatisfactory “U” Performance:**

A student who is unsuccessful in a clinical education experience should refer to the Graduate Catalog sections on Physical Therapy academic warning/dismissal for appropriate policies. The student should work closely with the DCE/ADCE to design and implement a plan to address performance issues.

A grade of “U” (unsatisfactory) will be given when:

1. Student performance is below minimum level of acceptable performance.
2. CI comments with examples support low performance quality.
3. CI comments articulate deficient performance regardless of the marking.
4. The student has not met criteria established in an Action Plan.
5. The site documents safety concerns regarding patient care.
6. The site asks the student to terminate the placement before the expected end date of the course due to performance deficits.
7. The student fails to submit all required paperwork to the DCE/ADCE.

**Incomplete Performance:**

Students who receive a grade of Incomplete (“I”) are responsible for program completion within 4 years of the start of the professional portion of the program. The student should work closely with the DCE/ADCE to design and implement a plan to meet requirements for graduation.

**Termination of a Clinical Education Experience:**

Clinical Education faculty have the right to request that a student be removed from a clinical education placement at any time. Additionally, Ithaca College reserves the right to terminate the placement at any time. The termination of a student during a placement is **NOT** considered a cancellation or Incomplete. Based on the student’s self-assessment, the CI/SCCE discussion of student performance and written assessments from clinical instructors, the DCE/ADCE will determine the grade for the course at the time of removal.

**Repeating a Failed Clinical Education Experience:**

When a student is terminated from a placement, a “U” is assigned and the student is placed on Academic Warning. An unsatisfactory grade in two clinical education experiences and/or inability to bring an ‘Unsatisfactory’ to a ‘Satisfactory’ in any one course will result in dismissal from the program.

**Petition:**

Students may appeal decision of grade, policy, or dismissal from the program. Students should refer to the Graduate Policy and/or meet with the Department Chair and faculty advisor.

**Hints for CI Evaluation of Student Performance**

- Be Honest. You do not “fail” or “pass” a student. When in doubt, call anytime. We are here to support and guide you.
- If you are concerned about CPI items 1-5 at any point, you may submit an “incident report” which goes directly to the student’s DCE/ADCE.
- Consider cognitive, psychomotor and affective domain skills.
- Focus on the goals: were they set high enough, too high, too low? Modified as appropriate?
- Use Appendix C to determine level of performance based upon caseload and the 5 Performance Dimensions.
- Compare initial and final performance.
- Establish open communication regarding expectations and progress with the students.
- Use the weekly planning form to guide your efforts.
- Consider credentialing (Level One or Level Two). Please see [www.APTA.org](http://www.APTA.org)

## Additional Information

### Attendance during Clinical Experience

Student illness, family emergency, or severe weather are the only acceptable reasons for absence. Ithaca College does not allow time off for personal reasons or for employment interviews. If a student is unable to report to the clinical education site due to illness or family emergency, the student is responsible to notify the CI, or SCCE, and the Ithaca College DCE/ADCE *before* the start of the workday of the absence and offer a reason for the absence.

Absences of more than 3 days for medical reasons require that a ***physician note be submitted to the CI and DCE/ADCE and*** make up the time missed. Absences of more than 3 days for a family emergency or severe weather will also need to be made up. This is decided by the CI and DCE/ADCE. Absences beyond 3 days may require termination or extension of the course.

**Bereavement:** A student is allowed up to 3 days off for bereavement in the loss of an immediate family member. The CI and DCE/ADCE must be notified, and the need to make up the days will be determined based on individual circumstances.

**Holidays:** The student is expected to follow the same schedule as the clinical instructor. No additional days off will be allowed for travel to/from holiday events.

### FERPA

FERPA (Family Educational Rights and Privacy Act) requires that SCCEs and CIs do not release or reveal any personal or identifiable information to any parties about the student without the student's written permission. Students have the right to: inspect and review their educational records; privacy of their educational records; challenge the accuracy of their educational records; report violations of FERPA to the Department of Education.

### HIPAA

Formalized student HIPAA training occurs prior to the first clinical education experience. After completion of HIPAA training, each student receives a verification letter, which documents evidence of compliance. As part of this training, it is made clear that no student or faculty member will use identifying (non-PHI) patient/client information outside of the clinical setting.

### OSHA

All IC students have completed OSHA/Blood Borne Pathogens training. Students and/or CI/SCCE must report and formally evaluate exposure to blood/body fluids and communicable diseases. Significant exposures include sharps/needle injuries, non-intact skin and mucous membrane exposures to blood/body fluids, or exposure to airborne communicable diseases. DCE/ADCE must be contacted immediately and site policies/procedures followed.

## **CPR**

All IC students are certified in infant, child, and adult CPR. While first aid and AED are not required, it is recommended for all students.

## **Complaints**

Complaints or concerns regarding the clinical education curriculum should first be addressed directly to DCE or ADCE. If the concern is not addressed to your satisfaction, you have the option to proceed with the steps outlined in the following policy:

Complaints regarding the Physical Therapy Department, the academic program, or any of its members that have not been resolved by informal discussions may be submitted in writing to the Chair of the Department. Complaints may be submitted by persons affiliated with the department (students, faculty, administrators or staff) or persons in the public sector who have no formal association with the program or the college. If the complaint is associated with the Department Chair, the written description of the concern should be submitted to the Associate Dean of Graduate and Professional Studies of the School of Health Sciences and Human Performance. The written expression of a complaint should include the name and contact information of the person(s) filing the concern or grievance. The written statement should clearly describe the issue(s) of concern. The Department Chair (or Associate Dean) may initiate an investigation into the matter of concern through dialogue with the parties of interest, the department faculty or programmatic administrators. Following an examination of allegations the Chair (or Associate Dean) may a) offer recommendations or actions to resolve the complaint or b) may find the complaint to be without sufficient merit and take no action. Individuals submitting a complaint that is not satisfactorily resolved at the department or school level may choose to submit the matter for further consideration to the Office of the Provost. Complaints that are not resolved to the satisfaction of the persons filing the complaint (s) may be submitted to a) the New York State Education Department (NYSED) and/or b) the Commission on Accreditation in Physical Therapy Education (CAPTE).

Information regarding filing a complaint with NYSED may be found online at <http://www.highered.nysed.gov/ocue/spr/COMPLAINTFORMINFO.html>.

Information regarding filing a complaint with CAPTE may be found online at <http://www.capteonline.org/Complaints/>.

**To obtain the materials necessary for submitting a complaint, contact the APTA Accreditation Department at 703/706-3245 or at [accreditation@apta.org](mailto:accreditation@apta.org).** Records of the complaints submitted by any party are maintained in secure files within the Office of the Department Chair for ten years from the date of submission.

## **Medicare Policies & Procedures**

**2011 CMS regulations affecting student supervision with Medicare A/B recipients.**

*These changes as well as other changes regarding MDS 3.0 took effect October 1, 2011. If you have questions regarding this provision or other provisions*

*within MDS 3.0, please contact the APTA at [advocacy@apta.org](mailto:advocacy@apta.org) or at 800.999.2782 ext. 8533.*

### **Medicare Part A: Skilled Nursing Facilities**

- Therapy students **are not required to be in line-of-sight** of the professional supervising therapist/assistant (**Federal Register**, August 8, 2011).
- Within individual facilities, **supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision.**
- Additionally, all state and professional practice guidelines for student supervision must be followed. **Time may be coded on the MDS when the therapist provides skilled services and direction to a student** who is participating in the provision of therapy.
- All time that the student spends with patients should be documented

**Individual Therapy:** (1: 1) In order to record minutes of therapy provided to residents as Individual minutes, **ONLY ONE** patient can be treated by the student/CI team at one time. The supervising CI cannot be doing any other patient directed care during the billed minutes. The student is an extension of the CI, and services are billed as if the student/CI are one person.

**Concurrent Therapy:** (2 residents) When a therapy student is involved with the treatment, and one of the following occurs, the minutes must be coded as concurrent therapy:

- The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, regardless of payer source, and both residents are in line of sight of the therapist/assistant and student providing their therapy; **or**
- The therapy student is treating two residents, regardless of payer source, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; **or**
- The therapy student is not treating any residents and the supervising therapist/assistant is treating two residents at the same time, regardless of payer source, both of whom are in line-of-sight.

**Group Therapy:** (4 residents)

- When a therapy student is involved with group therapy treatment, and **one** of the following occurs, the minutes must be coded as group therapy:
- The therapy student is providing the group treatment and the supervising therapist/assistant is **not** treating any residents and is **not** supervising other individuals (students or residents); **or**
- The supervising therapist/assistant is providing the group treatment and the therapy student is observing the group session.

### **Recommended Skilled Nursing Facility Therapy Student Supervision Guidelines (Medicare Part A)**

- The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence and

- Students who have been approved by the supervising therapist or assistant to practice independently in selected patient/client situations can perform those selected patient/client services specified by the supervising therapist/assistant and
- The supervising therapist/assistant must be physically present in the facility and immediately available to provide observation, guidance, and feedback as needed when the student is providing services and
- When the supervising therapist /assistant has cleared the student to perform medically necessary patient/client services and the student provides the appropriate level of services, the services will be counted on the MDS as skilled therapy minutes and
- The supervising therapist/assistant is required to review and co-sign all students' patient/client documentation for all levels of clinical experience and retains full responsibility for the care of the patient/client and
- Therapist assistants can provide instruction and supervision to therapy assistant students so long as the therapist assistant is properly supervised by the therapist.
- **Documentation:** APTA recommends that the physical therapist co-sign the note of the physical therapist student and state the level of supervision that the PT determined was appropriate for the student and how/if the therapist was involved in the patient's care.

## **Medicare Part A: Hospital or Inpatient Rehabilitation**

This is not specifically addressed in the regulations, therefore, please defer to state law and standards of professional practice. Additionally, the Part A hospital diagnosis related group (DRG) and inpatient rehab (IRF) payment system is similar to that of a skilled nursing facility (SNF) and Medicare has indicated very limited and restrictive requirements as described above. Note: Each facility needs to make its own determination as to how to supervise students in their setting.

### **Sample Strategies for addressing supervision of students when patient/client services are covered by Medicare Part A**

- The physical therapist can do paperwork or other non-direct patient care if they have determined that the student is qualified to treat patients without direct supervision.
- The physical therapist must be accessible to the student at all times.

Use alternative means of clinical education that do not involve patient care such as solving evidenced based patient problems or interacting with other disciplines

## **Medicare Part B: Skilled Nursing Facility**

The following criteria must be met in order for services provided by a student to be billed by the long-term care facility:

- The **qualified professional 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 practitioner is **not** engaged in treating another patient or doing other tasks at the same time.
- The **qualified professional is the person responsible for the services and, as such, signs all documentation**. (A student may also sign but it is not necessary because the Part B payment is for the clinician's service, not for the student's services.)

### **Medicare Part B: SNF – Group Therapy**

The treatment of two or more individuals simultaneously, regardless of payer source, who may or may not be performing the same activity is considered group therapy. When a therapy student is involved with group therapy treatment, and one of the following occurs, the minutes must be coded as group therapy:

- The therapy student is providing group treatment and the supervising therapist/assistant is not engaged in any other activity or treatment; or
- The supervising therapist/assistant is providing group treatment and the therapy student is not providing treatment to any resident.
- Group therapy services performed by a therapist or physician may be billed when a student is also present "in the room".

### **Strategies for student learning when services are not covered (non-billable)**

experiences. Examples:

- Comprehensive chart audits/reviews with analysis and reflection.
- Practice documentation and receive feedback from the CI regarding quality/clarity.
- Conduct/analyze patient satisfaction interviews or surveys.
- Prepare and deliver case study(s) or evidence based in-service presentations.
- Develop comprehensive home exercise programs or a given patient group.
- Create patient education materials.
- Create an orientation manual for future students.
- Provide prevention/screening/education for specific patient populations or employee groups.
- CI might encourage the student to provide the CI feedback on treatment session rendered.
- Develop skills in peer review, quality assurance, understanding administrative management, billing procedures, etc.
- Involve the student in observational experiences with other members of the health care team. During observational experiences, require the student to record observations, analyze patient/client movement, hypothesize diagnosis, suggest interventions, ways to provide efficient care, evidence-based literature in support of interventions etc.

- Consider how to enrich the clinical learning experience to include observation of clinicians performing components of the patient management model at varied levels of clinical experience/expertise.
- Have the student break down interventions in terms of the patient client management model: provide rationale for moving through the model.
- Provide opportunities for students to strengthen their clinical reasoning abilities by seeking evidence to justify care delivered; compare observational learning experiences of similar patient diagnoses, and to develop a systematic approach to patient examination.

## **Medicare Part B: Outpatient Facility**

- Services of therapy students are NOT COVERED under Medicare, **however**, services of a qualified professional are covered, even when the student **IS PARTICIPATING** in care.
- The supervising therapist (billing entity) *cannot be attending to any other patient or task* while student is participating in the care.

**Example:** The CI is present in the room throughout the student's treatment session and participating in making skilled judgments in care, progression, or other. The CI is responsible for all that occurs in the room. Therefore, the CI signs (or co-signs) all documentation.

## **Clinical Education FAQs**

**How many absences are allowed and does the student need to make up days missed?**

*Student illness or family emergency are the only reasons for absence from a clinical. Students are given up to 2 days for an 8-week clinical and 3 days for a 12-week clinical. A student sick for 3 or more days must have documentation from a health care professional prior to returning to the site. Making up days is decided by the CI, SCCE, DCE/ADCE based on student progress.*

**What is the best way to notify the DCE/ADCE if a student is doing poorly or if a critical incident has occurred?**

*Please call the cell number listed on the information sheet. Leave a detailed message. You may also send an email. Let us know the best time to call and leave a number! A 'Critical Incident Report' can be completed on the PT CPI Web. Once completed, an automatic email is instantly sent to the DCE/ADCE, SCCE and student.*

**The clinical education experience dates include holidays. Do the students need to work on these days?**

*The student is expected to work the same schedule as the CI including weekends, early/late hours or holidays. Should the student have off for a holiday they may not have additional days off for travel.*

**Is the student expected to be entry level at the end of CE I, II, or III?**

*No. Please refer to “Summary of Clinical Education Requirements” table on p. 4.*

**Is the student expected to be entry level at the end of CE IV?**

*Yes. The student should steadily progress throughout their time at your facility, typically beginning at the intermediate to advanced intermediate mark, with entry-level marks in all areas by completion. Please remember that “entry-level” does not mean independent with all tasks, but rather where you would expect a new graduate to function in your setting and facility.*

**Can a PTA supervise a PT student?**

*A PTA cannot supervise a PT student or sign the PT student’s notes. A PT student may observe a PTA to better understand the relationship between the two and their roles in the interdisciplinary team. If a student assists a PTA with a patient requiring two sets of hands, either the CI signs the student’s note or the PTA would document the treatment session, but the PTA cannot co-sign the student’s note.*

## **Departmental Assessment of the Clinical Education Curriculum**

The Ithaca College Physical Therapy Department is committed to ongoing formative and summative assessment of our clinical education curriculum. Core faculty members provide input for course goals and objectives, are involved in midterm contacts and consider curricular feedback comments from our students and clinical education faculty. In addition, the Clinical Education Committee regularly gathers data, reviews input and designs and implements strategies to address concerns/needs raised by the students or clinical education faculty. A summary of the methods utilized to assess our clinical education program components follows.

### **Assessment of Clinical Sites**

New clinical sites are reviewed by the DCE/ADCE to determine if the addition of the facility will enrich our clinical education curriculum. In making this determination several factors, such as geographic location, type and diversity of clientele served, experience of clinical instructors and available learning opportunities are considered.

The Office of Experiential Learning (OEL) in the School of Health Sciences and Human Performance (HS&HP) negotiates clinical education agreements with our clinical partners to determine if a health care facility and Ithaca College can together provide meaningful clinical education opportunities. Legal issues, background checks and health requirements and diversity (type, age, geographical) are some issues considered when making this decision.

Information is regularly gathered and reviewed on current sites and input is considered in modifying and enhancing our clinical education commitments.

- Clinical Instructor and Clinical Experience Feedback: Completed by each student enrolled in clinical education experiences, reviewed by DCE/ADCE. Pertinent information is shared with future students and faculty.
- Midterm Contacts: DCE/ADCE and other academic faculty members will complete phone calls with CIs/students at midterm, and visit CIs/students based on request, location, number of students in a given location, sites that have not had a visit, and individual student need.
- When areas of concern are identified regarding the quality of learning opportunities available at a site, the DCE/ADCE respond to the identified concern directly. They may contact the CI or SCCE as needed to address the issue. They may seek trends in feedback and work to resolve the issue over time. They may design new procedures or development opportunities (in-services, continuing education, and online modules) to address the issue.

When consistent issues are not resolved and it is determined that the site does not meet the needs of the Ithaca College Clinical Education curriculum, the relationship with that site may be terminated.

### **Assessment of SCCE/CI**

The SCCEs and CIs are key partners in clinical education. The DCE/ADCE engage in regular communications with these partners to deliver effective clinical education. The following tools are utilized to assess the performance of our clinical education faculty.

- Clinical Instructor and Clinical Experience Feedback: Completed by each student via an online survey at the completion of the clinical education experience. This is reviewed by DCE/ADCE. Clinical Instructor data is recorded based on information received from the online surveys. This allows us to track the credentials, experience and student ratings for the CIs ability to mentor, teach, and model quality patient care.
- Midterm Communication: DCE/ADCE and core faculty members conduct midterm visits and/or phone calls to affiliating sites while students are enrolled in clinical education experiences. Forms are completed to record impressions of the CIs effectiveness as a clinical teacher and learning opportunities presented to the student. DCE/ADCE reviews all forms.
- Clinical Education Survey: This online survey provides the CI and SCCE the opportunity to rate their own effectiveness as a clinical.
- Clinical Performance Instrument: The DCE/ADCE reviews each CPI for each student at midterm and final. In addition to determining the appropriate grade for the student, the DCE/ADCE gathers information regarding the CIs ability to accurately assess student performance and articulate student progress towards goals.

When areas of need are identified, the DCE/ADCE respond to the identified concern directly. We may contact the CI or SCCE as needed to address the issue. We may seek trends in feedback and work to resolve the need by designing new procedures or development opportunities (in-services, continuing education, online modules) to address the area of need and reassessing to determine if a change as occurred.

## **Assessment of DCE/ADCE**

The DCE and ADCE value formative and summative feedback from students, peers, and administrators. Several formal and informal methods are utilized to gather relevant data.

- Ongoing communications via email and telephone with our clinical partners nationwide.
- Participation in regional and national forums to benchmark our roles in clinical education.
- Clinical Education Assessment Form: This online survey provides the CI and SCCE the opportunity to provide input regarding the strengths and needs of the DCE/ADCE in open ended items and on criteria in the categories of Teaching, and Administration related to clinical education.
- DCE/ADCE Review of Performance Form: Completed by students and reviewed by the DCE/ADCE, items are available to provide feedback on the strengths and needs of the DCE/ADCE in open-ended items and on criteria in the categories of Teaching, Administration, and Service. The input from these forms is compiled and serves as the equivalent of traditional course evaluation forms that are distributed to all core faculty and the IC PT Department Chair. The DCE/ADCE review all input and may utilize in annual professional development planning.
- DCE/ADCE Review of Performance is completed by the Program Director on an annual basis. This includes Teaching, Administration, Scholarship, and Service.

Feedback from a variety of methods is utilized for ongoing assessment of the program, as stated above. Additionally, the Clinical Education Committee meets four times each year to review policies, procedures, needs, changes, issues, and requirements of the clinical education curriculum. As needed, changes to our curriculum are recommended to the core faculty, department chair and curriculum committee per departmental policies and procedures. Collaboration also occurs with the Regional NY/NJ Clinical Education Consortium participants, Education Leadership Conference participants, and National APTA conference participants.

## Appendix A

### New Site Development Form

If you are interested in Ithaca College obtaining a new contract with a clinical education site, then you must complete this form and submit to Dr. Hotchkiss, [mhotchkiss@ithaca.edu](mailto:mhotchkiss@ithaca.edu), or Dr. Plumeau, [kplumeau@ithaca.edu](mailto:kplumeau@ithaca.edu), a minimum of 12-months prior to your anticipated clinical dates. Students are not permitted to contact clinical education sites for their own placements. You may contact the site to inquire if they accept physical therapy students for clinical experiences and to obtain the name and contact information of the appropriate person at the facility. The DCE/ADCE will assess the site to ensure that it meets IC's standards and initiate the contract process. Please be aware that contracts can take up to 18 months to execute and sometimes are not executed at all due to an inability for IC and the site to agree to mutual terms. If a contract is executed with the below site and a slot is offered during the requested timeframe, then you are committed to accepting this placement.

A student may submit no more than 5 New Site Development Forms to the IC Clinical Education Faculty during their time in the program. Once a contract is executed for a clinical education site that a student submitted, no further New Site Development Forms will be accepted from that student.

#### Site Information

Site Name:

Site Address:

Site Website:

#### Contact Information

Name:

Email:

Phone:

Requesting for ☐ Clin Ed 1      ☐ Clin Ed 2      ☐ Clin Ed 3

Do you have a previous relationship with this site or its employees?

Please comment on how this site will expand the opportunities available for Ithaca College DPT students:

## Appendix B

### 2 -Week Communication

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

Dear CI~

We hope this finds you enjoying your ICPT student!

Are there any concerns regarding your student's level of professionalism, safety, initiative, and communication?

Does your student apply the feedback you offer?

Do you have enough time to meet to discuss strengths and needs?

We would like to take this opportunity to thank you for your time and expertise.

**If there are any concerns and you would like a phone call prior to midterm**, please let us know a good time to reach you, and please include a preferred phone number.

Dear Student Clinician,

We hope you are enjoying your clinical site!

Do you feel you are receiving adequate feedback, mentoring, and teaching during your first 2 weeks?

Is there enough time to meet with your CI?

Have there been any concerns in regard to your safety or communication skills?

If you would like to speak with your DCE/ADCE, please reply with a good time to call and a preferred number to contact you.

**Dr. Megan Hotchkiss**  
607-274-1385  
Fax: 1-888-811-4833  
[mhotchkiss@ithaca.edu](mailto:mhotchkiss@ithaca.edu)

**Dr. Kayleigh Plumeau**  
(607)-274-5820  
Fax: 1-888-811-4833  
[kplumeau@ithaca.edu](mailto:kplumeau@ithaca.edu)

## Appendix C

### Student Weekly Assessment

Name: \_\_\_\_\_ Week #: \_\_\_\_\_

Please note average number of patients seen each day this week: \_\_\_\_\_

Of the patients you worked with this week select the most challenging patient and complete the following:

<i>Diagnosis</i>	<i>Impairments</i>	<i>Functional Limitations</i>	<i>Interventions</i>	<i>Rationale for Intervention</i>

**How has your performance improved?** (*Consider: quality of care, guidance required, consistency of performance, complexity of tasks, and efficiency of performance*)

**What areas are you looking to improve upon and focus on in the coming week?**  
Include any areas needing more experience, exposure, or direct guidance from your CI.

**List concerns of any kind with respect to your learning:**

**Give an example of your CI's feedback, including how you incorporated that feedback into your patient care:**

**List 2 measurable goals for next week:** 1.

2.

**VIII. CI Comments (optional):**

Clinical Instructor signature: \_\_\_\_\_

## Appendix D

### Inservice Assignment

Your inservice is an *evidence-based* presentation or project that is based upon a mutually agreed topic of interest. Some examples of this topic of interest may be: a patient with a diagnosis that interests you or is new to you, an intervention that may be beneficial to the patient population you are treating, or an outcome measure unfamiliar to you. The inservice could also be an assignment that is assigned to you by your site, such as a quality improvement project. Your inservice should not only further your knowledge, but should also benefit the staff that you are presenting to.

When preparing your inservice, here are some things to consider:

- Choose your presentation format.
- List your references in AMA format.
- Ask ahead about Power Point projection capabilities.
- Consider handouts, active participation etc.
- Find out how much time you will have to present your inservice. Please leave at least 5 minutes for a Q&A session.
- Make as many copies as needed of the Inservice Feedback Form. Ask all participants to provide you with *honest, constructive feedback*.

Following your inservice, complete the reflection assignment below.

By the deadline date turn in your reflection assignment and a copy of your inservice/handouts via Sakai.

#### **Clinical Education Reflection:**

*Choose one of the following questions to answer in a one-page reflection:*

1. How have your interpersonal and communication skills grown over the past eight weeks?
2. How have your previous part- and full-time clinical experiences prepared you for this experience and how have you been able to build on the things you learned during those experiences?
3. What were your strengths and weaknesses as a student physical therapist as identified during this clinical education experience? How do you plan to improve upon your weaknesses and build on your strengths in future coursework and clinical experiences?
4. Looking back, what advice would you give to yourself on your first day of this clinical experience? Why?
5. What has this clinical experience taught you about being a physical therapist or about the profession as a whole?

## Appendix E



### INSERVICE FEEDBACK FORM

*This form was developed to collect feedback from you as an attendee at an inservice provided by the Ithaca College physical therapy student as part of their clinical education coursework. Your comments will benefit the student in preparing future professional presentations. Thank you for your feedback. Please return the completed form to the student.*

Name (optional): \_\_\_\_\_ Position: ☐ CI ☐ CCCE ☐ Staff ☐ Student

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

Topic: \_\_\_\_\_ Length of presentation: \_\_\_\_\_

#### Content

	5 Strongly agree	4 Agree	3 No opinion	2 Disagree	1 Strongly disagree
1. The <u>amount</u> of content was adequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The content presented was of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The inservice was relevant for this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. This inservice included evidence-based practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### Format

1. The visual aids were helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The handouts were helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The format was interactive and kept my attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The inservice was well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### Presenter

1. The presenter had knowledge of the subject.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. There is clear evidence that the presenter prepared in advance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The presenter was able to maintain eye contact with the audience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The pace of the presentation was adequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The presenter was able to answer questions/clarify when asked.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### General impression of the inservice and other comments/suggestions

Comments:

This presentation could be improved upon by:

## Appendix F

### Deficits in Student Performance: The Action Plan

Student Name:

Clinical Education Experience:

Date:

The following learning objectives reflect needs identified during XXX placement at \_\_\_\_\_ and clarifies the expectations for performance during this Clinical Education experience. These objectives will be reviewed on \_\_\_\_\_ and progressed as warranted.

By \_\_\_\_\_, student will:

- 1.
- 2.
- 3.

We have read the above plan and agree to comply. We understand that successful completion of these objectives by the dates indicated is necessary to continue in the clinical placement. In addition, these objectives and those listed in the course syllabus and all grading criteria for this course must be met by the final Clinical Performance Instrument evaluation to earn a grade of Satisfactory. Failure to do so will result in a grade of Unsatisfactory for this clinical education experience and Ithaca College graduate policies will apply.

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Clinical Instructor Date

\_\_\_\_\_  
DCE/ADCE Date

\_\_\_\_\_  
SCCE Date