



Clinical Education Faculty Handbook

**Doctor of Physical Therapy Program
The George Washington University
June 2018**

POLICIES AND PROCEDURES
SPECIFIC TO CLINICAL EDUCATION FACULTY

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CLINICAL EDUCATION FACULTY HANDBOOK

Welcome to the Doctor of Physical Therapy Program (“The Program”) at The George Washington University (GW)! We are pleased you have agreed to participate in the education of our students. We have compiled the following handbook to help familiarize you with the curriculum, clinical faculty responsibilities and expectations as well as some of the resources available to assist you in planning and implementing clinical education experiences with our students. We are prepared to assist you to make this an excellent experience for you as well as for our students. Again, thank you for being willing to share your expertise with the DPT students of GW.

THE GEORGE WASHINGTON UNIVERSITY

The George Washington University, an independent academic institution chartered by the Congress of the United States in 1821, dedicates itself to furthering human well-being. The University values a dynamic, student-focused community stimulated by cultural and intellectual diversity and built upon a foundation of integrity, creativity, and openness to the exploration of new ideas.

The George Washington University, centered in the national and international crossroads of Washington, DC, commits itself to excellence in the creation, dissemination, and application of knowledge.

To promote the process of lifelong learning from both global and integrative perspectives, the University provides a stimulating intellectual environment for its diverse students and faculty. By fostering excellence in teaching, the University offers outstanding learning experiences for full-time and part-time students in undergraduate, graduate, and professional programs in Washington, DC, the nation, and abroad. As a center for intellectual inquiry and research, the University emphasizes the linkage between basic and applied scholarship, insisting that the practical be grounded in knowledge and theory. The University acts as a catalyst for creativity in the arts, the sciences, and the professions by encouraging interaction among its students, faculty, staff, alumni, and the communities it serves.

The George Washington University draws upon the rich array of resources from the National Capital Area to enhance its educational endeavors. In return, the University, through its students, faculty, staff, and alumni, contributes talents and knowledge to improve the quality of life in metropolitan Washington, DC.

ACCREDITATION

The George Washington University is accredited by its regional accrediting agency, the Middle States Association of Colleges and Schools. The Doctor of Physical Therapy Program is accredited through the Commission on Accreditation of Physical Therapy Education (CAPTE). The Program faculty is responsible for ongoing reports to CAPTE and continuously maintaining compliance with CAPTE criteria.

To discover more information about the CAPTE process or to file a complaint, visit the American Physical Therapy Association (APTA) web site <http://www.capteonline.org/Complaints/> or contact: American Physical Therapy Association, Attention: Accreditation Department, 1111 North Fairfax Street, Alexandria, VA 22314-1488; Fax: 703/684-7343; or e-mailed to accreditation@apta.org.

THE SCHOOL OF MEDICINE AND HEALTH SCIENCES

The mission of The George Washington University School of Medicine and Health Sciences is to advance knowledge and to educate and train scientifically astute, highly competent and compassionate physicians, health care and public health professionals, and researchers for the 21st century. Our graduates will be esteemed

generalist as well as specialist practitioners, researchers, educators, and policy-makers, ready to lead in the development and implementation of new health care techniques and delivery systems, and to serve their patients and society. We will implement this mission by building on our history and heritage, remaining true to our core values, and responding to the changing context of contemporary medical education and health care delivery.

HEALTH SCIENCES

Health Sciences, under the direction of Senior Associate Dean, Dr. Joseph Bocchino, includes a number of graduate, undergraduate and certificate programs in health care sciences. These programs are housed in three departments: Physical Therapy and Health Care Sciences, Clinical Leadership and Research, and Physician Assistant Studies. Students are encouraged to become familiar with the Health Sciences programs at the website: healthsciences.gwu.edu.

THE DOCTOR OF PHYSICAL THERAPY PROGRAM

Vision

The GW DPT community will be a pre-eminent leader in fostering excellence and innovation in teaching, interprofessional collaboration, community service, advocacy, and research contributions to education and clinical practice.

Mission

The Mission of the GW Program in Physical Therapy is to prepare individuals to practice as highly skilled physical therapists who are able to practice in an, evidence-based, and ethical manner, respectful of patients and clients from all backgrounds, across the lifespan, throughout the continuum of care, and at all levels of wellness and health. Graduates will be respected practitioners who are able to meet the multi-faceted role of a physical therapist with a commitment to service to the profession and the community and dedicated to life-long learning and scholarly inquiry.

Philosophy

The faculty of the Program hold the following values and beliefs with respect to physical therapy professional education:

- Faculty values the development of generalist practitioners, prepared to engage in practice in a legal, ethical, moral, compassionate, and reflective manner, to meet the needs of patients and clients now and in the future.
- Faculty believes that experience and the reflective process are integral to learning. Active engagement and participation in problem solving activities are essential to the development of critical thinkers and effective problem solvers.
- Faculty believes that skills are best learned through application, reinforced by repetition and feedback. The curriculum is designed to build from simple to complex, allowing for integration of concepts within and across semesters.
- Faculty values the development of a professional identity, which requires assimilation of the core values of the profession including excellence in communication and interpersonal skills.

- Faculty values lifelong learning and the use of evidence-based, best practice as requisite to developing clinical expertise.
- Faculty values the power of the implicit curriculum and embraces its responsibilities to model respect for individual and cultural differences, and the core values and professional behaviors expected of a physical therapist, including service to the community and the profession.
- Faculty values the recruitment and retention of a diverse student body who have the potential to address health care inequities.
- Faculty is committed to the Triple Aim of: improving the patient/client experience of physical therapy care, improving the health and wellness of populations, and reducing the per capita costs of health care.

Goals and Objectives

General: The aim of the Doctor of Physical Therapy Program is to provide an environment that supports the professional development of students, faculty, and physical therapy practitioners. The Program serves as a vehicle for ongoing development of professional competence as practitioners, teachers, researchers, consultants, advocates, managers, and leaders. Below are the terminal objectives the Program will use to assess whether it has met its overall Mission. For more information regarding any of the goals and objectives, please contact the Program Director.

Goal #1: *The Program maintains an educational environment for learning that supports the professional development of students and faculty.*

Terminal Objectives (Expected Outcomes):

- A. The Program will provide sufficient resources to meet the mission, philosophy, goals and objectives established by the Program. The Program will maintain a fiscal plan that provides sufficient resources to meet the teaching, learning, and research needs of the Program students and faculty.
- B. The Program will maintain an ongoing plan of evaluation to ensure that the mission, goals, and objectives are being met. The Program maintains a comprehensive plan that is followed consistently, to evaluate its:
 - Mission, Philosophy, and Goals
 - Curriculum, including all aspects of clinical education
 - Resources
 - Policies and procedures
 - Student outcomes
 - Program outcomes
 - Faculty outcomes

Goal #2: *The Program has a commitment to creating an environment that encourages the professional development of its student body.*

Terminal Objectives (Expected Outcomes):

- A. The graduate will be a competent and reflective physical therapy practitioner who can function safely and effectively while adhering to legal, ethical and professional standards of practice in a multitude of physical therapy settings for patients and clients across the lifespan and along the continuum of care from wellness and prevention to rehabilitation of dysfunction.
- B. The graduate will utilize critical inquiry and evidence based practice to make clinical decisions essential for contemporary practice.
- C. The graduate will function as an active member of professional and community organizations. The graduate will be a service-oriented advocate dedicated to the promotion and improvement of community health.
- D. The graduate will demonstrate lifelong commitment to learning and professional development.

Goal #3: *The Program has a commitment to creating an environment in which the faculty will engage in activities that ensure that they continue to develop in the areas of teaching, service, practice, and scholarship.*

Terminal Objectives (Expected Outcomes):

- A. Each faculty member will contribute to the design, implementation, and assessment of the curriculum plan vis-à-vis the mission and philosophy of the Program and current practice guidelines.
- B. Each faculty member will effectively teach within his/her area of expertise.
- C. Each faculty member will provide evidence of a commitment to social responsibility and the profession's core values by providing service in a number of areas. (University, School Program, Profession and Community).
- D. Physical therapy faculty members will engage in scholarship, either independently or collaboratively, to enhance the knowledge base of the fields of physical therapy, education, and beyond.

CURRICULUM SEQUENCE (PT2019)

			# Cr.
I	Fall	Year I – 15 week semester + exams	
	PT8201	Functional Anatomy	5
	PT8311	Foundations of Examination	4
	PT8312	Foundations of Intervention	4
	PT8351	Professional Issues in Physical Therapy Health Care Management I	4
	PT8361	Clinical Conference I	1

		Total	18
II	Spring	15 week semester + exams	
	PT8202	Applied Physiology	4
	PT8313	Therapeutic Modalities	2
	PT8352	Teaching in Physical Therapy Practice	2
	PT8203	Neuroscience in Rehabilitation I	3
	PT8271	Research in Practice	3
	PT8362	Clinical Conference II	1
	PT8483	Integrated Clinical Experience I	1
	PT8204	Movement Science I	2
		Total	18
III	Summer	11 week semester + exams	
	PT8205	Movement Science II	3
	PT8206	Neuroscience in Rehabilitation II	2
	PT8207	Clinical Medicine and Pharmacology	4
	PT8363	Clinical Conference III	1
	PT8481	Interprofessional Community Practicum	1
		Total	11
IV	Fall	Year II – 15 week semester + exams	
	PT8315	Management of Musculoskeletal Dysfunction I	4
	PT8208	Medical Imaging	1
	PT8318	Management of Neuromotor Dysfunction	4

	PT8323	Prosthetics and Orthotics	2
	PT8364	Clinical Conference IV	1
	PT8272	Research Seminar	3
	PT8484	Integrated Clinical Experience II	1
		Total	16
V	Spring	15 week semester + exams	
	PT8316	Management of Musculoskeletal Dysfunction II	4
	PT8320	Management of the Pediatric Client	4
	PT8322	Management of the Aging Adult	2
	PT8314	Management of Cardiopulmonary Dysfunction	4
	PT8317	Management of Integumentary Dysfunction	1
	PT8365	Clinical Conference V	1
		Total	16
VI	Summer	3.5 week semester	
	PT8491	Clinical Internship I	5
	PT8366	Clinical Conference VI	1
	PT8321	Women's Health	1
		Total	7
VII	Fall	Year III - 18 week semester (12 week internship + 6 week didactics + exams)	
	PT8492	Clinical Internship II	8
	PT8355	Professional Issues in Physical Therapy Health Care Management II	3
	PT8357	Capstone Seminar	1

	PT8356	Health Promotion and Wellness	1
		Elective	1-3
		Total	14-16
VIII	Spring	14 week semester	
	PT8493	Clinical Internship III	9
		Total	9
		TOTAL	109

DPT COURSE CATALOG DESCRIPTIONS

5 credits **PT 8201** **Functional Anatomy**

Human gross anatomy with cadaveric dissection. Clinical correlations. Normal structure and functional relationships. Common pathologies and individual and age-related differences examined.

4 credits **PT 8311** **Foundations of Examination**

Examination within the patient/client management model of physical therapy. Development of proficiency in basic systems review, selection and administration of tests and measurements, and diagnostic classifications.

4 credits **PT 8312** **Foundations of Interventions**

Intervention within the patient/client management model of physical therapy. Development of proficiency in basic patient care skills and selection and administration of therapeutic exercise.

4 credits **PT 8351** **Professional Issues in Physical Therapy Health Care Management I**

Professional practice expectations including legal and regulatory boundaries. Interdisciplinary healthcare team examined and significance of effective communication. Ethical issues related to physical therapy within the context of professional core values. Patient management models introduced along with evidence based practice.

1 credit **PT 8361** **Clinical Conference I**

Case-based seminars serve as integrative units throughout the curriculum. Clinical decision-making models applied to cases covering all physical therapy diagnostic practice patterns. Best practice and evidence-based practice emphasized. Professional practice expectations and practice management issues.

4 credits	PT 8202	Applied Physiology	Normal function of major organ systems of the human body and related rehabilitation concepts. Exercise testing, prescription, progression and expected outcomes examined. Effects of exercise in healthy individuals across the lifespan and in special populations.
2 credits	PT 8313	Therapeutic Modalities	Administration of physical, thermal, mechanical, and electrical interventions consistent with patient diagnosis and prognosis. Critical appraisal of the literature to apply best evidence to practice and clinical decision making.
2 credits	PT 8352	Teaching in Physical Therapy Practice	Principles and strategies for effective teaching in academic and clinical environments. Patient/client, peer, and professional presentations.
3 credits	PT 8203	Neuroscience in Rehabilitation I	Normal structure and function of the nervous system across the life span. Injury to neural structures and response to injury examined. Application of principles of neuroplasticity to clinical practice. Clinical correlations.
3 credits	PT 8271	Research in Practice	Critical appraisal of the literature related to the validity of research methods and interpretation of statistical results. Application of evidence to clinical practice as it relates to physical therapy examination, diagnosis, intervention, and prognosis.
1 credit	PT 8362	Clinical Conference II	Case-based seminars serve as integrative units throughout the curriculum. Clinical decision-making models applied to cases covering all physical therapy diagnostic practice patterns. Best practice and evidence-based practice emphasized. Professional practice expectations and practice management issues.
1 credit	PT 8483	Integrated Clinical Experience I	

Part-time physical therapy clinical education experience in a range of clinical settings. Supervised integration and implementation of components of the patient/client management model and professional practice expectations.

2 credits	PT 8204	Movement Science I	Normal human movement, structure and function examined using biomechanics and kinesiology principles. Biomechanical function of musculoskeletal tissues explored with special emphasis on articular systems.
3 credits	PT 8205	Movement Science II	Kinematics and kinetics of movement. Normal and pathological mechanics of functional movement, including deficits in musculoskeletal system, posture, and gait. Examination of complex activities such as locomotion.
2 credits	PT 8206	Neuroscience in Rehabilitation II	Neurologic mechanisms of normal and impaired posture, mobility and extremity function examined. Application of motor learning and skill acquisition principles applied. Neurological examination using case studies and clinical correlates.
4 credits	PT 8207	Clinical Medicine and Pharmacology	Systems approach to diseases requiring physical therapy. Pharmacological principles and impacts of certain pharmacological agents on physical therapy intervention. Drug interactions, systems review, and “red flags” requiring physician referral addressed.
1 credit	PT 8363	Clinical Conference III	Case-based seminars serve as integrative units throughout the curriculum. Clinical decision-making models applied to cases covering all physical therapy diagnostic practice patterns. Best practice and evidence-based practice emphasized. Professional practice expectations and practice management issues.
1 credit	PT 8481	Interprofessional Community Practicum	Students explore the concepts of community health, health prevention/wellness, cultural competence, continuous quality improvement, and team building through active participation in a university community health service learning project.
4 credits	PT 8315	Management of Musculoskeletal Dysfunction I	

Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions. Selection and administration of outcome measures for patients/clients with musculoskeletal dysfunction related to the extremities.

1 credit **PT 8208**

Medical Imaging

Principles of medical imaging related to physical therapy management, including diagnosis and intervention planning.

4 credits **PT 8318**

Management of Neuromotor Dysfunction

Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions. Selection and administration of outcome measures for adults with neuromotor impairments and functional limitations.

2 credits **PT 8323**

Prosthetics & Orthotics

Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions. Selection and administration of outcome measures for persons with functional limitations in need of assistive technology that enhances functional capacity of persons with functional limitations. Prescription, fabrication, and fitting of prosthetic and orthotic devices.

1 credit **PT 8364**

Clinical Conference IV

Case-based seminars serve as integrative units throughout the curriculum. Clinical decision-making models applied to cases covering all physical therapy diagnostic practice patterns. Best practice and evidence-based practice emphasized. Professional practice expectations and practice management issues.

3 credits **PT 8272**

Research Seminar

Evidence based analysis of physical therapy literature with application of principles of research design, data analysis and synthesis to evaluate outcomes within the context of patient management. Ethical considerations are addressed.

1 credit **PT 8484**

Integrated Clinical Experience II

Part-time physical therapy clinical education experience in a range of clinical settings. Supervised integration and implementation of components of the patient/client management model and professional practice expectations in preparation for full-time clinical education.

4 credits

PT 8316

Management of Musculoskeletal Dysfunction II

Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions. Selection and administration of outcome measures for patients/clients with musculoskeletal dysfunction related to spinal dysfunction. Ergonomic principles used to address industrial health related issues.

4 credits

PT 8320

Management of the Pediatric Client

Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions for the pediatric client. Selection and administration of outcome measures for children with neuromuscular and musculoskeletal dysfunction. Psychosocial, ethical and legal factors specific to the pediatric client.

2 credits

PT 8322

Management of the Aging Adult

Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions. Selection and administration of outcome measures for the geriatric population. Typical age-related changes in function. Outcome measures for neuromotor, musculoskeletal, and cardiopulmonary dysfunction in the aging population. Comorbidities, psychosocial, ethical, and legal factors.

4 credits

PT 8314

Management of Cardiopulmonary Dysfunction

Physiology and pathophysiology of the cardiopulmonary system as basis for management of the patient/client with cardiopulmonary dysfunction. Examination, evaluation, diagnosis, prognosis and implementation of evidence-based interventions in all care settings. Focus on health promotion and wellness.

1 credit

PT 8317

Management of Integumentary Dysfunction

Examination, evaluation, diagnosis, prognosis, and implementation of evidence-based interventions. Selection and administration of outcome measures for patients/clients with integumentary impairments and functional limitations as well as peripheral vascular, metabolic, and immune system impairments.

1 credit

PT 8365

Clinical Conference V

Case-based seminars serve as integrative units throughout the curriculum. Clinical decision-making models applied to cases covering all physical therapy diagnostic practice patterns. Best practice and evidence-based practice emphasized. Professional practice expectations and practice management issues.

5 credits **PT 8491**

Clinical Internship I

First full-time physical therapy clinical education experience in a range of clinical settings. Integration and implementation of all aspects of patient/client management, professional practice expectations, and professional management expectations. Progress from advanced beginner to entry-level performance in the management of patients with non-complex and complex problems across the life span.

1 credit **PT 8366**

Clinical Conference VI

Case-based seminars serve as integrative units throughout the curriculum. Clinical decision-making models applied to cases covering all physical therapy diagnostic practice patterns. Best practice and evidence-based practice emphasized. Professional practice expectations and practice management issues.

1 credit **PT 8321**

Women's Health

Physical therapy for issues related to women's health within the patient/client management model.

8 credits **PT 8492**

Clinical Internship II

Intermediate full-time physical therapy clinical education experience in a range of clinical settings. Integration and implementation of all aspects of patient/client management, professional practice expectations, and professional management expectations. Progress from advanced beginner to entry-level performance in the management of patients with non-complex and complex problems across the life span.

3 credits **PT 8355**

Professional Issues in Physical Therapy Health Care Management II

Administration and practice management, including marketing, fiscal management, billing, reimbursement, and administrative procedures related to physical therapy practice. Introduction to health care policy as related to the profession of physical therapy. Policy development, macro and micro health policy and patient advocacy.

1 credit **PT 8357**

Capstone Seminar

Exploration of professional practice issues, including lifelong learning. Professional electronic portfolios presented. Assessment of educational experiences focusing on quality improvement and professional development.

1 credit **PT 8356** **Health Promotion and Wellness**

The role of the physical therapist in health promotion and disease prevention across the life span. Focus on screening, client education, and traditional and nontraditional strategies for the promotion of healthy lifestyles.

9 credits **PT 8493** **Clinical Internship III**

Terminal full-time physical therapy clinical experience in a range of clinical settings. Integration and implementation of all aspects of patient/client management, professional practice expectations, and professional management expectations. Progress from advanced beginner to entry-level performance in the management of patients with non-complex and complex problems across the life span.

DEGREE REQUIREMENTS

The DPT Program is an eight-semester sequence taken on a full-time basis only. Students must satisfactorily complete a total of 109 credit hours of course work as outlined in the program of study described in this Handbook as well as the University Bulletin.

DOCTOR OF PHYSICAL THERAPY CLINICAL EDUCATION CURRICULUM

Clinical education is an essential component of the physical therapy education curriculum. The clinical education curriculum at GW includes a series of courses that are integrated throughout the curriculum plan. The sequence is designed to prepare students to enter the profession of physical therapy. At GW, the goals of clinical education serve the mission of the DPT curriculum. The Program is committed to graduating practitioners prepared to assume the multifaceted role of the physical therapist today and in the future. (See “Program Mission, Goals and Terminal Objectives section in this handbook for further details).

Goals of the GW PT Clinical Education Curriculum

The GW PT Program’s clinical education experiences are designed to prepare graduates for entry-level practice. (Refer to the Program mission for details). To this end, clinical education experiences are designed to:

Provide students with opportunities to develop professional practice that models:

- the delivery of legal, ethical, and moral practice of physical therapy.
- safe and effective autonomous practice that follows contemporary regulatory requirements.
- the full spectrum of duties and responsibilities of physical therapist as represented by the patient-client management model.
- the broader responsibilities of the PT profession including roles as a health care team member, advocate, consultant, teacher, researcher, manager and leader.

- reflective practice, clinical reasoning, critical thinking, and evidence-based practice.
- life-long learning and personal professional development.

Develop clinical proficiency in managing patient/clients with disease and conditions representative of those commonly seen in practice across the lifespan and the continuum of care including:

- participation in clinical education experiences in venues consistent with the range of contemporary practice which provide opportunities for patient-client management across the continuum of health through wellness and prevention, illness, and rehabilitation ranging from clients with simple to complex conditions.
- professional interactions with persons across the lifespan including, at the minimum, the elderly, adult and adolescent populations.
- professional interactions with persons from different cultural and socioeconomic backgrounds.

Structure of the GW PT Clinical Education Curriculum

The GW PT clinical education curriculum includes integrated and terminal clinical education experiences designed to meet the mission and goals of the Doctor of Physical Therapy Program. The clinical education experiences are designed to allow students frequent opportunities to integrate skills learned in their didactic course work at GW beginning in the second semester. By the completion of the final semester's Internship III, students are required to consistently demonstrate entry-level competence as represented by the patient-client management model across the lifespan and practice patterns.

The following indicates the sequence of courses that must be completed by the student in order meet graduation expectations. The sequence and brief descriptions included here in conjunction with the specific syllabi for each of the clinical education courses found in the appendix will assist clinical education faculty in identifying appropriate expectations for students at the time of the assigned clinical education experience(s).

Integrated Clinical Experience I and Integrated Clinical Experience II

Integrated Clinical Experience (ICE) I and II are part-time clinical education experiences that occur concurrently with classroom work. These experiences occur once every other week at clinical education sites throughout the Baltimore/District of Columbia/Northern Virginia metropolitan area. Prior to ICE I and II, students demonstrate beginning competence in performing basic physical therapy examinations and interventions in the classroom and laboratory settings. ICE I and II provide the students an opportunity to use these newly acquired skills. As they progress in ICE I and II, they are expected to become increasingly engaged in clinical decision-making and aspects of clinical care under close supervision. Students use this time to practice basic components of examination, evaluation, and intervention skills learned during their didactic curriculum. At the conclusion of the 4th semester, students have approximately 80 hours of supervised clinical practice.

Clinical Internships I-III

The capstone internships of 8, 12, and 14 weeks provide students with both depth and breadth of clinical experiences. The selected Internships require students to participate in the delivery of safe, effective and professional clinical care in a variety of settings. The students should work with clients and caregivers throughout the lifespan and from a variety of cultural backgrounds. Students must demonstrate competence in addressing clinical issues along a full continuum from wellness and prevention through rehabilitation. In addition to developing increasing competence with clinical decision making and direct patient care, the full-time clinical education experiences facilitate the development of entry-level competence in the broader roles and

responsibilities of physical therapists, including that of a patient care team member, advocate, consultant, teacher, researcher, manager and leader. At the conclusion of Internship III, students will have approximately 1440 hours of supervised clinical education experience.

Definitions of Clinical Education Site Venues

Health care delivery models are evolving and the nomenclature used to describe various settings are used differently by policy makers, payers, and academic institutions. In large urban areas with tertiary care facilities, it is not uncommon for multiple levels of care to be delivered under one roof. The lines of separation between the traditional levels of care are increasingly blurred and continuing to change. For the purpose of clinical education in this Program, the following categories are considered when assigning student placement but the actual opportunities that are afforded to a student reflect multiple levels of care or an acuity that is not traditionally thought of as included in that setting.

Inpatient

The inpatient setting provides services to patients throughout the lifespan with medical conditions that may result from acute disease, change in chronic disease, injury or surgery. Patients admitted into an inpatient setting receive 24 hour/day highly skilled medical services from physicians, nurses and a range of health professionals including but not limited to: physical therapists, occupational therapists, speech-language pathologists, registered dietitians, and social workers. These facilities may house emergency rooms, medical/surgical care units, multiple varieties of intensive care units and surgical suites. Physical therapists in this environment work very closely with the entire health care team to diminish the impact of illness and active disease on physiological processes and functional independence. Physical therapists functioning in an inpatient environment also play a vital role in discharge planning making recommendations regarding the client's need for further rehabilitation, additional support or assistive technology. Examples of inpatient settings are:

Acute Care Hospital:

An acute care hospital focuses on treatment of brief but severe illness or sequelae of trauma or surgery. Specialized personnel and equipment facilitate the care. Physical therapists provide skilled care and recommendations for future rehabilitation services beyond the acute care hospital to ensure safety and maximize function. Patients may be in specialized units for emergency care, intensive care, post-surgical care, or observation beds.

Long-Term Care Hospital:

A long-term care hospital (LTCH) is certified as an acute care hospital, but a LTCH focuses on patients who, on average, stay more than 25 days. Many of the patients are transferred to a LTCH from an intensive or critical care unit. Patients typically receive services like comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management to address one or more critical health conditions.

Inpatient Rehabilitation Facility:

Patients in this setting require intense physical, occupational and/or speech therapies to maximize functional outcomes for conditions such as stroke, traumatic brain injury, spinal cord injury, complicated post-surgical/medical conditions or other neurological disease processes. These patients require 24-hour nursing care, a minimum of weekly physician visits, and must be able to participate in at least three hours of skilled therapy including physical, occupational and/or speech therapy per day.

Skilled Nursing Facility:

A skilled nursing facility provides inpatient care to patients that require medical and/or a less-intensive level of rehabilitation services in order to maximize functional outcomes. Patients in a skilled nursing facility require supervised living conditions and have a skilled need which may include rehabilitation services but also other needs such as but not limited to wound care, advanced care for diabetic management, nursing care for IV medications, and pulmonary treatment. Patients seen in this setting may be recuperating from a variety of diagnostic categories including recovery from post-operative/medical conditions.

Long-Term Care Facility:

A long-term care facility provides varying levels of supervised living arrangements for patients who are unable to safely manage independent living. Physical therapists interact with these patients to provide skilled intervention if a change in functional status occurs and it has the potential for improvement.

Outpatient

Patients treated in the outpatient setting may be treated in a variety of ambulatory care environments such as a hospital, clinic, home, school, workplace or hospice center. Outpatient care offers treatment to patients throughout the lifespan for a broad range of clinical problems. Physical therapists in an outpatient setting utilize varying levels of problem-solving and clinical reasoning to provide effective patient-centered care.

Outpatient ambulatory care environments may include the following specialty areas: work hardening; hand therapy; women's health; pediatric rehabilitation; sports therapy; neurologic rehabilitation; cardiopulmonary care; oncology; spine centers; wound care; prosthetics and orthotics; military; and manual therapy. In order to insure a successful experience, these sites may require a more extensive vetting process of the potential student so there is a good match between the student and facility. A student that is interested in a specialized clinical education experience must be motivated to increase depth of knowledge and skills in the specialty area of practice at the facility.

Day rehabilitation centers provide intensive rehabilitation services to clients who do not require 24-hour medical care in a hospital or skilled nursing setting. Clients receive physical therapy as an outpatient and often are seen at a higher frequency than traditional outpatient physical therapy care. Other rehabilitation specialists such as occupational therapists and speech therapists will often be on site as well which provides the client with increased access to comprehensive rehabilitation services.

Home health refers to rehabilitation services delivered in the home setting. Patients are medically stable or sufficiently stable to be discharged from an inpatient facility but are unable to travel out of the home to receive services in an ambulatory care environment. Patients receiving home health care have a broad range of clinical problems.

In order to ensure that students are prepared to sufficiently manage patients across the continuum of care each student will be required, at minimum, to have clinical education experiences in an inpatient and outpatient setting. Clinical placements will also take into consideration student opportunities to work with diverse patient populations.

Faculty Expectations Relative to Clinical Education

Roles of the GW DPT Core Faculty

To ensure continuity between the didactic and clinical education curriculums in the Program, the core faculty holds the following responsibilities:

- Assure that only students who meet academic and other professional expectations are referred to a clinical education site.
- Require all students to comply with bylaws, rules and regulations, and policies/procedures of the clinical education site in addition to the relevant state practice act for Physical Therapy, as well as The Joint Commission, HIPAA, and OSHA regulations for health care workers.
- Communicate to the student any additional placement requirements of a clinical education site such as providing a curriculum vitae/resume, scheduling and attending an interview with site staff or other such procedures specific to an individual site.
- Instruct students in and require students to maintain confidentiality of all patient information/interactions.
- Support the clinical education site's decision to dismiss a student from the facility for lack of professional behavior or poor clinical performance, if such dismissal is warranted due to illegal, unsafe, unprofessional and/or unethical behavior.
- Determine expectations for professional development, skill acquisition, and clinical competence for each clinical education experience.
- Assess student performance during academic preparation and make recommendations for improvement.

The Director of Clinical Education (DCE) is the core faculty member at GW primarily responsible for supervising the implementation and ongoing evaluation of the clinical education process. The DCE is responsible to communicate with clinical education faculty all information needed to facilitate planning and supervision of a student's clinical education experience at the clinical education site. The DCE also assists clinical education faculty in management of any issues that arise during the course of a clinical education experience that may impede successful completion of the experience.

To meet these expectations, a clinical education team is in place at GW. The clinical education team is comprised of the ***DCE, Assistant Director of Clinical Education (ADCE)***, and a ***Clinical Education Specialist***. The team collaborates with clinical education faculty members to plan, conduct, coordinate, and evaluate all clinical education processes and activities at GW.

The GW Doctor of Physical Therapy Program Clinical Education Team is expected to:

- Serve as a liaison between GW and the clinical education site.
- Maintain current clinical education agreements.
- Assess clinical education sites to ensure quality in education provided to students.
- Provide development activities for clinical education faculty based on an ongoing needs assessment.
- Solicit and maintain a list of current clinical education sites.
- Assure current University coverage for general and professional liability insurance.
- Assign physical therapy students to appropriate clinical education sites based on an optimal match between student educational needs and clinical education site availability.
- Make periodic visits and/or telephone calls to the clinical education site and make suitable recommendations regarding training, supervision, and overall clinical education experience of the student.

- Serve as a liaison to clinical education faculty in order to problem-solve strategies and activities to maximize the clinical education experience for a student.
- Provide advisement to students before, during, and after clinical education experiences as needed.
- Evaluate student achievements and submit grades for clinical courses.
- Notify clinical education sites of clinical development and training offerings available.
- Collect and summarize clinical education curriculum outcome data.
- Provide formal feedback and recommendations to the Program Director and core faculty about curricular needs identified by trends in the clinical education data that is collected and analyzed.

Roles of the GW PT Clinical Education Faculty

The clinical education faculty for the Program is comprised of respected members of the professional community who collaborate with the academic program in the delivery of the clinical education program. Clinical education faculty members include the Site Coordinator of Clinical Education (SCCE) and Clinical Instructors (CI). Clinical education faculty members provide direct development, supervision and mentoring to student physical therapists and may contribute to the design, implementation, and assessment of the curriculum plan, mission, and philosophy of the Program through formal and informal feedback processes.

Site Coordinator for Clinical Education (SCCE) is the individual at the clinical site who administers, manages, and coordinates the assignment of CIs to incoming physical therapy students. The SCCE also develops the clinical education program for the clinical site including designing and coordinating learning activities available at the clinical education site, determining the readiness of site-based physical therapists to serve as CIs, and developing the instructional skills of the CIs. The SCCE works with the Program's clinical education team to execute a clinical education agreement. The SCCE is the focal point for communication between the clinical education site and the academic program including sharing clinical site information with the Program e.g. completing/updating the clinical site information form (CSIF), completing Program survey instruments, and providing oversight to the student's clinical education experience. In some sites, the SCCE acts as a neutral third party in negotiating conflicts between the CI and the student.

Clinical Instructor (CI) is the licensed physical therapist at the clinical education site that directly supervises and instructs the student during the clinical education experience. Minimum requirements for an individual to serve as a CI for a student physical therapist include:

- licensed physical therapist in the jurisdiction in which they practice.
- minimum of one year of experience in clinical practice (for CIs supervising a student 160 hours or greater within an academic year).
- possess clinical competence (determined by the SCCE or clinic supervisor) in area of practice in which they will be providing clinical instruction.

Preferred qualifications for a clinical instructor also include:

- APTA CI credentialing.
- ABPTS clinical specialist certification.
- Expressed interest in working with physical therapy students.

In order to serve as effective mentors and educators, it is expected that the CI and SCCE will:

- Maintain current licensure within their jurisdiction while supervising a student.
- Have sufficient experience and professional development to manage the student clinical education program and/or manage an individual student's clinical education experience.

- Be familiar with the Program's curriculum in order to understand the Program's expectations for student performance during and upon completion of a given clinical experience.
- Provide new students with appropriate orientation to site policies/procedures.
- Implement clinical education objectives established by the Program.
- Discuss and provide objectives for each student's learning experience.
- Implement teaching methods that are conducive to the individual student's learning needs.
- Alter learning experiences based on the student's level of competence and developmental needs or interests.
- Provide critical feedback on a regular basis in order to enhance the student's current level of competence.
- Assess student achievement with formative and summative tools provided by the school for the clinical education experience.
- Inform students of all pertinent policies and procedures specific to the site to ensure compliance.
- Provide students with an appropriate level of supervision to ensure patient safety and high quality care.
- Ensure that all student assignments, paperwork, and documentation assigned by the site and Program are complete prior to the conclusion of the student's clinical experience.
- Maintain open lines of communication with the Program.
- Communicate any incidents or concerns to the DCE as soon as the problems are identified.
- Provide formative and summative evaluations of the student's performance to the Program.
- Provide feedback to the Program regarding trends in student performance relative to demands of contemporary professional practice.

RIGHTS AND PRIVILEGES OF CLINICAL EDUCATION FACULTY

Mentorship

The Program supports the development of clinical education faculty member's role as teachers and student mentors in the clinical setting. The DCE, ADCE, and other members of the core faculty are available to serve as consultants for clinical education faculty as needed. Individual training/mentorship may also be provided by the clinical education faculty or core faculty during an interaction with GW DPT students at any point during a clinical education experience to assist a CI and student in creating a successful learning experience. The Program also offers CI training classes in the form of the APTA's Credentialed Clinical Instructor Program and continuing education on relevant topics at the Program's annual clinical educator training session and focus group.

Collaboration

The Program supports clinical education faculty professional development with opportunities to engage in collaborative projects, such as clinically relevant research and publication/dissemination of case studies, posters, and articles. Please contact the DCE for information on ways to become involved.

GW is a proud member of the Mid-Atlantic Consortium of Physical Therapy Clinical Education (MAC). This group supports physical therapy clinical education in the District of Columbia, Maryland, and Virginia through scholarship and continuing education for clinical faculty. The MAC facilitates communication between academic partners and clinical faculty in the region.

Continuing Education Credits

Some states recognize the mentorship of student physical therapists as professional development. These jurisdictions may accept documentation from the Program to fulfill continuing education requirements

necessary for license renewal. Please refer to your state's practice act and contact the DCE for documentation to aid in this process when applicable.

Continuing Education Discounts

The Program hosts a variety of continuing education courses including but not limited to Maitland Australian Physiotherapy Seminars (MAPS) and other DC and VA approved continuing education courses during the year. Information on MD approved courses will be listed in promotional materials. All clinical education faculty members mentoring at least one student in the last 12 months qualify for significant discounts on these courses. Please contact the DCE for an upcoming schedule of courses and further information on discounts.

Voluntary Faculty Appointment

In addition to mentorship, collaboration and educational opportunities, clinical education faculty members that mentor at least one student per year are eligible for recommendation to the Dean for a GW preceptor faculty appointment. Clinical education faculty interested in this benefit should contact the DCE or the Clinical Education Specialist to initiate the formal process. GW preceptor faculty appointments must be approved by the Program Director and submitted to the Dean. Specific responsibilities, title and privileges are delineated in a letter from the Dean to each GW preceptor faculty member. Benefits of GW preceptor faculty appointment at GWU include:

- Access to Himmelfarb Library's online collections which include 100+ databases, 800+ online textbooks, and 3,300 full-text online journals
- GW email account
- Eligibility for participation in meetings/conferences/programs presented by the Office of
- Continuing Education in the Health Professions
- Eligibility for participation in faculty development workshops presented by the George Washington University School of Medicine and Health Sciences
- GW bookstore discounts (with possession of GWorld card)

ADDITIONAL REQUIREMENTS OF CLINICAL EDUCATION SITES

Clinical Education Agreements

Clinical education facilities are required to have a fully executed clinical education agreement in effect between the site and the University in order for student placement to occur.

Clinical education agreements specify the duties and responsibilities of all parties in the clinical education process. This includes GW, the clinical education site, and the students. All agreements specify that the student is appropriately prepared for the clinical education experience. Because the clinical education site is ultimately responsible for the care rendered to patients in their site, the site has the right to terminate a student clinical education experience in the event of illegal, unsafe, unethical or unprofessional behaviors of the student.

The clinical education team is the primary point of contact with clinical education sites for the purpose of negotiating clinical education agreements, assignment of students, and the ongoing information exchange occurring between the Program and the clinical education site. The DCE/ADCE or Clinical Education Specialist will generally contact the SCCE or other designated individual (e.g., clinical instructor, contract services manager). Students are not allowed to engage in communication with clinical education sites to negotiate clinical education agreements, specific clinical education experiences, or time off during a scheduled clinical education experience. All communication should go through the clinical education team.

Equal Employment Opportunity/Affirmative Action (EEO/AA)

The University is an Equal Employment Opportunity/Affirmative Action (EEO/AA) employer committed to maintaining a non-discriminatory, diverse work environment. The University does not unlawfully discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity or expression, or on any other basis prohibited by applicable law in any of its programs or activities.

Access to Emergency Care

As stated in each clinical education agreement, all clinical education sites are required to have access to emergency care. This care does not have to be on premises. Students are responsible for all costs incurred to receive care.

Clinical Education Site Information

To assist students with their clinical education planning, clinical education site information must be provided by all clinical education sites with an active clinical education agreement. Clinical education sites must provide information regarding the population of patients/clients served, information regarding the SCCE and CIs, site-specific policies and procedures, and important contact information. Students find additional information pertaining to estimated daily expenses including parking and meal options as well as any additional housing, transportation or other offerings specific to that site to be helpful as they plan for their experience. The APTA clinical site information form (CSIF) is a standard form many clinical education sites use to share this information to academic programs. It is strongly recommended to complete this form and update it annually. In addition, clinical education sites can complete the CSIF electronically through [CSIF Web](#). This information is shared with students in the site's electronic file in the Exxat Student Training and Education Placement Software (STEPS) system. The Program uses the Exxat STEPS system to manage all information related to clinical education placements. Email communication to sites will often be through Exxat however GW will be clearly articulated in subject headings and in the body of the email. Please contact the clinical education team with any questions pertaining to Exxat or the CSIF.

Prior to a Student's Arrival at a Clinical Education Site

The clinical education team will mail pertinent information to the clinical education site no later than 7 weeks prior to the scheduled clinical education experience. The following forms and information will be included in the mailings to assist the SCCE and CI in planning the clinical education experience. The clinical education team will contact the clinical education site after the mailings to confirm receipt of information and clarify any clinical education site requirements the student must fulfill.

Clinical Education Electronic Packet

Prior to starting the clinical education experience, the clinical education site will receive the following forms and information on the student:

- Student information profile.
- Course syllabus outlining student performance expectations.
- Descriptions of and access to all formative and summative student evaluation instruments.
- GW DPT Program description.
- GW DPT Clinical Education Faculty Handbook.

Student Information Profile

Prior to each clinical education experience, students will complete a Student Information Profile through the Exxat STEPS software system. This information should include current contact information and emergency

contact information for use by the clinical education site. In addition, the student will include information on previous clinical education experiences to date, learning styles, updated learning goals and objectives applicable to new clinical education experiences, and any personal information the student would like the site to know prior to arrival. This information will be shared with the clinical education site a minimum of 7 weeks prior to the start of the clinical education experience.

Professional Liability Insurance

All students currently registered for clinical education courses in the Program are covered by professional liability protection by Pinnacle Consortium of Higher Education. This program provides limits in excess of \$2,000,000 per claim and \$2,000,000 in the annual aggregate. Additional liability insurance that extends this coverage is available to requesting clinical education sites.

Insurance coverage verification letters are available to students and clinical education sites upon request.

HEALTH AND SAFETY REGULATIONS

Health Insurance

Proof of the student's current health insurance coverage must be provided to the clinical education team prior to beginning clinical education experiences. Injuries and accidents may occur during the course of a student's educational experiences. If medical attention is required, any costs incurred with treatment are the responsibility of the student, not the Program, the University, or the site.

Health Records and Physical Examination

The student is required to maintain a current health file during the length of the program. A current health file includes: an annual physical examination and an immunization record (including serology reports) on file in the students' myRecordTracker© through Certiphi Screening. Student under the age of twenty-six are also required to submit their immunization form (and serology reports) to GW's Student Health Center to comply with District of Columbia immunization requirements. The Health Record allows students to comply with OSHA recommendations and The Joint Commission requirements for all health care workers as it relates to current immunization record and a health physical verifying that the student is free of communicable disease. Students cannot be assigned to a clinical facility without a current Health Record on file. Students must provide evidence of compliance to the clinical education site upon request. Detailed instructions, health requirements, and forms are available upon request.

All health information forms are kept confidential in accordance with HIPAA and FERPA regulations. The Health Record and supplementary health forms are maintained by Certiphi's myRecordTracker©. Certiphi will verify health status and store current immunization records or other needed information in accordance with HIPAA and FERPA. **Students must maintain copies of their medical records, in the event this information is requested by the clinical sites.** Clinical facilities will be informed that these records are complete and on file, however some **clinical sites may request copies of immunization records and health physical reports**. Information and records relating to student performance are confidential between the facility and the University and may not be revealed to any other party without written permission from the student.

Communicable Diseases

The Program approaches issues related to communicable diseases in the University population on an individualized case-by-case basis in accordance with medical advice of an attending physician and guidelines of the American College Health Association and the Communicable Disease Center.

Any student contracting a communicable disease will have his/her case reviewed by a task force comprised of the PT Program Director, HS Director of Student Services and the Director of the Student Health Service. During the review process, the student and his/her attending physician will be consulted regarding the best procedure to follow for the welfare of the student as well as the safety of the University community and those individuals within the clinical education environment.

The recommendations from the task force will be forwarded to the Senior Associate Dean of the Health Sciences. The Senior Associate Dean will communicate any recommendations with other persons needing to have this information so that appropriate action can be taken to safeguard the health of the student involved and to give maximum protection to the University community and the health care environments in which the student practices.

Tuberculosis, Rubella, Hepatitis B, and Varicella Screening

Most clinical education sites require documentation that the student has current immunizations or verification that they are free of communicable diseases. The most common are:

- PPD test annually (or negative chest x-ray)
- MMR or proof of immunity via titers to detect German Measles
- Hepatitis B or proof of immunity via titers
- Tdap within past 10 years as an adult (proof of vaccination)
- Varicella (Chicken Pox), proof of immunity via titers, or documented history of disease

If a student has been exposed to Chicken Pox or Shingles, they are not eligible for any patient contact during the prodromal period. It is the student's responsibility to inquire about requirements for health documentation and to provide needed documentation in accordance with clinical site policy.

If the Program requirements are not inclusive of the requirements specific to the clinical site in which they are placed for the clinical education experience, **the student is responsible to comply with all health and immunization requirements as specified by the clinical site.**

Drug/Alcohol Screening and Criminal Background Checks

It is becoming increasingly common for clinical education facilities to require their student interns to participate in drug/alcohol screening and/or criminal background checks. Due to the demands of contemporary practice, the Program requires all students to undergo Drug Screens (DS) and Criminal Background Checks (CBC) upon admission to the Program. These services are conducted and overseen by Certiphi Screening. The Program tracks each entering student to ensure compliance to this requirement. If sites require additional requirements or an updated DS and/or CBC, this information must be communicated to the program and in confirmation communication with the Clinical Education Team. This allows the program to notify the student of the clinical site's requirements in order to comply in time to begin the scheduled experience. The student is responsible for all costs related to DS and CBC. All information gathered in the process of DS and CBC is governed by HIPAA and FERPA and is strictly confidential. This information is to remain between the site and the University and may not be revealed to any other party without written permission from the student.

REGULATORY COMPLIANCE

American Heart Association Basic Life Support for Healthcare Providers/CPR Certification

It is the responsibility of each student to be certified in Basic Life Support (BLS) for Healthcare Providers by the American Heart Association. This certification includes Adult/Child/Infant CPR and Automatic Electronic Defibrillator (AED) training. Students are required to successfully complete certification in "BLS for Healthcare Professionals" prior to the start of the Program. CPR certification must be maintained throughout the student's time in the Program. It is the responsibility of the student to maintain a copy of their CPR card in their myRecordTracker© account and produce the card as requested by the clinical education site.

Americans with Disabilities Act (ADA) Requirements

Due to the ADA privacy requirements, the faculty and staff of the Program are prohibited from discussing any disability with the clinical education site without specific authorization from the student. If written permission to disclose is provided by the student, the DCE will discuss the disability with the SCCE/CI and request for the appropriate accommodations to be made *prior* to the student's arrival. In addition, students are strongly encouraged to continue a pro-active, open dialogue about their educational needs with both the academic and clinical education faculty. If problems arise which cannot be resolved, the DCE should be contacted immediately (See process for clinical communication). Retroactive disclosure of a documented disability will not change performance assessment. It is strongly suggested students disclose relevant information prior to beginning a clinical education experience to ensure successful completion.

Clinical Education Experiences at Place of Current or Prior Employment

Students will not be allowed to use current or prior places of employment as sites for clinical education experiences. Using a clinical education site in which a student previously volunteered for the purposes of his/her clinical education experience is generally discouraged. The DCE/ADCE will consider placements of this nature, or any other placements in which there is a potential conflict of interest on a case-by-case basis.

Any additional site-specific requirements not mentioned in the above sections should be communicated to the Program.

Confidentiality Outside of Patient Care

Students are reminded that all information related to a given clinical education site is the property of that site. If a student would like to use or present information related to patients or administrative aspects of clinic management outside of that clinical education site, they must obtain the expressed permission of the SCCE.

Health Insurance Portability and Accountability Act (HIPAA)/Patient Confidentiality

HIPAA identifies protected health information (PHI). Under all circumstances, students are prohibited from disclosing PHI or disseminating PHI via verbal, electronic, or any other means. This act ultimately protects patients' right to privacy and confidentiality. Students will complete online HIPAA training modules and take a post-test test during their first semester in order to receive HIPAA certification. Certification must be completed before the student begins any clinical education experience. HIPAA training is required for students on an annual basis.

Information contained within a patient's medical record is strictly confidential and may not be released to anyone without written permission from the patient. Students have the right to access specific patient

information only as it relates to the physical therapy evaluation and treatment of that patient or screening for the appropriateness of physical therapy services. Students are not allowed access to information of patients not on the physical therapy service.

Discussions of patient problems or identifying the patient by name or other PHI will occur with the highest standards of confidentiality and privacy in mind. Students will be aware of the environment and the potential for being overheard and their comments taken out of context. ***Breaches in patient privacy and or confidentiality may result in the immediate termination and potential failure of a clinical education experience.***

Occupational Safety and Health Administration (OSHA) Requirements

OSHA requirements specify the protective measures all health care personnel are required to perform in order to prevent the spread of communicable disease. Completion of OSHA training ensures students are able to demonstrate proper hand-washing technique, apply personal protective devices in the presence of potential or confirmed infections, integrate isolation precautions, and provide proof of current immunization records and screening for active tuberculosis. Training in OSHA requirements must be completed prior to the start of any clinical education experience.

Typical clinical education agreements indicate clinical education sites shall provide students with access to emergency care if necessary while the student is assigned to the facility. However, the student shall be responsible for the cost of all emergency services rendered.

Reporting Student Injuries During Clinical Education Experiences

All occupational exposures (needle-stick injury, splash exposure, musculoskeletal injuries etc.) are required to be reported to the George Washington University Program in Physical Therapy as soon as possible. The student should take the below action:

1. Follow training received on Universal Precautions if exposure to blood and/or body fluids occurs. This includes washing hands and any other affected skin area with soap and water. Flush mucous membranes with water as soon as feasible.
2. Immediately notify the appropriate individual at the clinical education site and the GW PT clinical education team after the incident occurs, and seek treatment, if necessary.
3. For students completing clinical education experiences in the local Washington DC, Maryland and Northern Virginia areas and who sustain an occupational exposure or injury should immediately be evaluated by Medcor (located at the George Washington University Hospital, Ground Floor, Room G-1092, Phone: 202-715-4275.) GWUH currently contracts with Medcor to provide limited health services for the George Washington University health science students completing clinical experiences. Medcor's walk-in hours are Monday-Friday, 8:00am-12:00pm and 1:00pm to 4:00pm. If the exposure or injury occurs after hours, the student should be evaluated by the GWUH Emergency Department within two hours. If the student is unable to reach GWUH within 2 hours, they should seek immediate treatment at the closest appropriate healthcare facility and then report the exposure to Medcor at the earliest opportunity. Medcor will manage appropriate follow up care.
4. For students completing clinical education experiences outside the local Washington DC, Maryland and Northern Virginia areas, they should follow the facility guidelines and protocols and seek immediate treatment at the closest appropriate healthcare facility.
5. All occupational exposures or other injuries are to be reported to the George Washington University. The student and the clinical instructor (or other designated clinic personnel) should complete the

George Washington University Health Sciences Student Injury Report Form. The form is located on Exxat STEPS, on the GW PT website, or by contacting a member of the GW PT clinical education team.

6. Once completed the form should be faxed to the GW PT program's office at (202) 994-8400.
7. The GW PT program will retain a copy of the Health Science Injury Report Form in the student's record.
8. The GW PT program will report the incident to the George Washington University Office of Risk Management by emailing a copy of the Health Sciences Injury Report Form to the Claims Manager at risk@gwu.edu.
9. The Office of Risk Management will follow up with the GW PT program and/or with the student as needed.

State Practice Acts and Regulatory Agencies

Within the GW DPT curriculum, students are introduced to state practice acts and regulations and provided resources on how to access them. Students are responsible for reviewing the state practice act and regulations in which their assigned clinic education site resided.

NOTE: Patients have the right to refuse treatment as any time and students must respect a patient's right to refuse participation.

GENERAL POLICIES AND PROCEDURES DURING CLINICAL EXPERIENCES

Student Responsibilities and Expectations in all Clinical Education Experiences

GW DPT students are expected to:

- Uphold the legal and ethical standards of the profession and the jurisdiction of their clinical education experiences.
- Uphold all policies and procedures governing the delivery of physical therapy services at the clinical education site.
- Uphold standards of the profession including core values, code of ethics, and standards of practice.
- Integrate and apply all information taught within the academic curriculum.
- Demonstrate professionalism in all interactions.
- Demonstrate effective verbal and written communication skills.
- Demonstrate measurable progress toward clinical and professional competence.
- Complete all assignments, paperwork and documentation assigned by the clinical education site and the Program prior to the conclusion of the clinical education experience.
- Complete all formal and informal assignments given by clinical faculty during clinical education experience to facilitate knowledge base, clinical reasoning and professional development.
- Engage in reflective practice evidenced by:
 - assessing their own learning needs and developing strategies to address those needs.
 - seeking and incorporating constructive criticism/feedback into future interactions.
- Demonstrate effective use of time and available resources.
- Develop and utilize critical thinking and problem solving skills.
- Maintain contact with DCE/ADCE throughout the clinical education experiences.

All students enrolled in the Program are indoctrinated in the Core Values of the profession of Physical Therapy beginning in the first semester. These Core Values include: accountability, altruism, compassion/caring, excellence, integrity, professional duty and social responsibility. These values should be at the foundation of

clinical and academic performance. The clinical education experiences provide an excellent opportunity for these values to be developed and integrated into the student's performance with patients, caregivers, colleagues and other health professionals. It is an expectation of the Program that students demonstrate professionalism at all times. Any problems in the student's professionalism should be communicated to the DCE/ADCE as soon as possible.

Absence due to Inclement Weather

As a rule, clinical education experiences are not canceled because of inclement weather and may not be affected by a local emergency. Even when GW is closed (e.g. Program classes, laboratories, and conferences are canceled), students are expected to attend ICEs and Clinical Internships unless directed otherwise by the CI, the DCE or ADCE, or the Program Director. The student is expected to use good judgment in the event that travel conditions between their residence and their clinical education site make travel unsafe or impossible. Should a student suspect they cannot safely attend clinic due to severe weather conditions, they must follow the Program policies and procedures to alert the CI and DCE or ADCE. Absences due to weather must be made up to successfully complete the clinical education experience.

Attendance Policy

Students are expected to follow the schedule of their CI(s) during clinical education experiences. Absence from the clinic is not allowed without consultation with both the DCE and the CI. If a student must miss a clinical day for illness or emergency, the student is required to:

1. Contact the CI as soon as possible and in advance of the scheduled arrival time.
2. Contact the DCE or ADCE **after** contacting the clinical site.
3. If the DCE or ADCE is unavailable, the student should contact the program director.

Per regulations set forth in *"Doctor of Physical Therapy Program Guide to Success"*, electronic messages and telephone voice messages left for the CI or supervisor are NOT ACCEPTABLE to discuss attendance. Students MUST speak with either the CI or the supervisor of the department or facility, unless otherwise specified by the clinical site.

Absence from an ICE or Clinical Internship must be made up. Make-up times during ICEs and internships will be at the discretion of the DCE in consultation with the SCCE and/or the CI at the clinical education site. If the clinic or the schedule does not permit, alternative learning experiences and/or outside assignments may be required. The nature of this work will be determined by the CI at the clinical education site and/or the DCE/ADCE or faculty of the GW DPT program.

Prolonged absences may require a leave of absence from the clinical education experience. In the event of a leave of absence, the student will work with his/her advisor, the DCE and Program Director to specify the terms and conditions of the leave as well as conditions under which the student may resume clinical education experiences.

Attendance in Professional Conferences

As an academic institution, the Program strongly encourages students to attend and participate in professional conferences. Please consult with the DCE to best balance the clinical education site needs with student attendance in professional conferences.

Communication Expectations

The clinical education team maintains an “open door” policy with regard to communication throughout a student’s tenure. While on clinical education experiences, the DCE/ADCE is in contact with students and CIs in a variety of ways. Several documents provide opportunities for students and clinical education faculty to communicate with the core program faculty. Students are expected to follow the Program expectations regarding timely communication with GW faculty and staff while completing their clinical education experiences. Students receive a “Midterm Assessment” in the form of an on-site visit or conference call for every full time clinical internship. The purpose of the clinical contact is to assess the student’s clinical progress at that clinical education site, as well as the student’s progress toward completing the clinical objectives for the clinical education experience. To facilitate this process within the busy clinical environment, students will be provided a tentative date and time to arrange an on-site or conference phone call for the midterm assessment. The student is to propose the requested time to their CI within the first week of their clinical internship and confirm or suggest an alternative to the faculty member assigned to conduct the assessment by the end of the first week. In addition to the midterm visit or conference call, there are several mechanisms in place to ensure early and frequent communication between the students and the DCE/ADCE. Forms and procedures are communicated during clinical education experience orientation. Refer to section “Student Performance Evaluation Tools” for details.

Dress Code

The required dress attire for the first day of the clinical education experience includes: White lab jacket and GW name tag. Men should wear a shirt with tie and slacks. Women should wear slacks (not capris) and a solid colored top. Low waist slacks or short tops will not provide adequate coverage in the dynamic activities of clinical work and are prohibited. No open-toe or high heel shoes are allowed. The student may follow the guidelines of the facility’s dress code after the first day; however an ID badge is to be worn at all times identifying the student as a “Physical Therapy Student” from The George Washington University regardless of the dress code required by the individual clinical education site. Failure to dress professionally may result in removal from the clinical education experience until proper attire is obtained.

Clinical Education Site Policies and Procedures

The student is expected to adhere to all clinical education site policies and procedures throughout the clinical education experience. It is the responsibility of the student to request a review of the Policy and Procedure Manual in the event it is not provided during orientation. Failure to comply with the clinical education site policies and procedures will result in removal of the student from that clinical education site and potential failure of that clinical education experience.

Holidays

The student is expected to take the same holidays that the clinical education site allows for its employees or regular full time staff. In the event of religious or personal holidays, the student must first seek approval from the DCE before making any arrangements with the clinical education site. Students may be required to make up clinical hours lost due to religious or personal holidays not observed by the site.

Incurring an unexcused absence or failure to make up a previously approved absence may be grounds for failure.

Legal Limitations/Regulations on Clinical Activities

Students should recognize the serious nature of and potential liability involved with clinical education. Patients being treated by a student in a clinical education site have the right to know the level of training of the person administering treatment, the right to receive the same standard of care as provided by licensed therapists, and

the right to refuse treatment administered by any health care provider. The CIs are responsible for the care given to patients and must, therefore, guide and supervise a student's activities.

Physical therapy practice regulations are described by each Board governing the practice of physical therapy in that jurisdiction. Students are expected to know and abide by the practice acts of all jurisdictions in which they are completing clinical education experiences. Students will also be held accountable for performance consistent with the APTA's *Guide for Professional Conduct the Code of Ethics and Core Values* (www.apta.org).

Students and Insurance Regulations

The Program is committed to developing clinical competencies in our students in all clinical environments. State practice acts and regulations of public and private insurance programs may restrict how a student may interact with patients. Students are strongly encouraged to remain abreast of pertinent regulations and discuss these with their CI so that the clinical education experience can be maximized. Medicare information pertaining to students is found in the Medicare Benefit Policy Manual (Pub 100-02), Chapter 15, Section 230.B. (<http://www.cms.gov/manuals/Downloads/bp102c15.pdf>). State practice act information can be found at www.fsbpt.org. (Click on "Licensing Authorities").

EVALUATION OF STUDENT PERFORMANCE

Expectations of Student Performance by Clinical Education Experience

Specific details of expected performance for each clinical education experience can be found in each course syllabus. In general:

- **Integrated Clinical Experience I:** Students are expected to achieve "**Beginning Performance**" defined as:
 - A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions
 - At this level, performance is inconsistent and clinical reasoning is performed in an inefficient manner.
 - Performance reflects little or no experience
 - The student does not carry a caseload.
- **Integrated Clinical Experience II:** Students are expected to achieve "**Advanced Beginner Performance**" defined as:
 - A student who requires clinical supervision 75%-90% of the time managing patients with simple conditions, and 100% of time managing patients with complex conditions.
 - At this level the student demonstrates consistency in developing proficiency with simple tasks (e.g., medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions and clinical reasoning skills.
 - The student may begin to share a caseload with the clinical instructor.
- **Clinical Internship I:** By the conclusion of this experience, students are expected to demonstrate "**Intermediate Performance**" in complex patient/client management skills such as clinical reasoning, evaluation, and plan of care development while foundational skills such as examination, interventions, and documentation are expected to be performed at an "**Advanced Intermediate Performance**". Students are expected to demonstrate "**Entry Level Performance**" throughout the internship in the following items on the CPI: safety, professional behaviors, accountability, communication, cultural

competence, and professional development regardless of the caseload or patient complexity.

Definition of these ratings are as follows:

- “Intermediate Performance” for complex patient/client management skills:
 - A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions.
 - At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions and clinical reasoning.
 - The student is capable of maintaining 50% of a full-time physical therapist’s caseload.
 - “Advanced Intermediate Performance” for foundational patient/client management skills:
 - A student who requires clinical supervision less than 25% of time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
 - At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
 - The student is capable of maintaining 75% of a full-time physical therapist’s caseload.
 - This student will demonstrate “Advanced Beginner Performance” with practice and professional management paradigms.
- Clinical Internship II: By the conclusion of this experience students are expected to demonstrate “**Advanced Intermediate Performance**” in complex patient/client management skills such as clinical reasoning, evaluation, and plan of care development while foundational skills such as examination, interventions, and documentation are expected to approximate at an “**Entry Level Performance**”. Students are expected to demonstrate “**Entry Level Performance**” throughout the internship in the following items on the CPI: safety, professional behaviors, accountability, communication, cultural competence, and professional development regardless of the caseload or patient complexity. The definition of these ratings are as follows:
 - “Advanced Intermediate Performance” for foundational patient/client management skills:
 - A student who requires clinical supervision less than 25% of time managing new patients or patients with complex conditions and is independent managing patients with simple conditions.
 - At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning.
 - The student is capable of maintaining 75% of a full-time physical therapist’s caseload.
 - “Entry Level Performance” for foundational patient/client management skills:
 - A student who requires no guidance or clinical supervision managing patients with simple or complex conditions
 - At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions and clinical reasoning.
 - Consults with others and resolves unfamiliar or ambiguous situations.
 - The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.
 - In addition, students are expected to participate in professional activities common to the full scope of the roles and responsibilities of a therapist in that facility.
 - Clinical Internship III: By the conclusion of this final clinical experience, students are expected to be at “**Entry Level Performance**” in all areas of patient, professional and practice management

within the scope of a physical therapist. In some areas, students will achieve “**Beyond Entry Level Performance**” as they identify and excel in areas of interest.

Note: above: performance expectations incorporate “Anchor Performance Definitions” of the APTA.

Student Clinical Performance Evaluation Tools

The student’s clinical performance will be evaluated using the following instruments: (See Appendix 4 for full documents)

NAME OF TOOL	BRIEF DESCRIPTION	USE/REQUIRED
Formative tools		
Student Weekly Log	Completed by students during ICEs to chronicle their experiences in clinic.	Required for ICEs only. Provides information on the types of patients seen, skills performed, student self-assessment on performance, and future goals for practice.
Early Feedback Survey (on full-time clinical education experiences)	Short survey that provides immediate feedback to the academic program about student experiences at the clinical education site.	Required in all full time internship experiences. The student completes the online survey through Exxat before the end of the second week of the experience.
Midterm Site Form	Interview with student and CI that provides information to the academic program on effectiveness of clinical instruction, patient population, student performance, and academic preparation for the full-time clinical education experience.	Required in all full time clinical education experiences. The student and CI are interviewed via face-to-face meeting, phone call, or computer-based call. Student and CI speak to academic faculty individually and a group meeting is performed only when necessary.
Weekly Planning Form	Clarifies CI and Student objectives on weekly basis.	Helps organize and plan learning experiences and to improve communication of expectations between student and instructor. Engages student in reflective practice regularly.
Critical Incident Report	Used to document a series of similar behaviors demonstrated by a student that has consequences of a serious nature.	Communication with DCE or ADCE is required in the event of conflict or sentinel event. This form may assist with required communication.
Learning Contract	Document designed to outline learning goals that the student must achieve to successfully complete the clinical experience.	Provides clarification on specific expectations needed for successful completion of the experience and

		facilitates communication between the student, CI and DCE or ADCE.
Anecdotal Form	Supplemental documentation on student performance.	Provides evidence of exceptional student performance or comments on performance that will require additional assistance to ensure entry level performance by conclusion of program.
Summative tools		
Professionalism and Skills Competency Check-off Form	Assesses student performance during ICEs.	Required for ICEs only.
Clinical Performance Instrument (CPI)	Assesses student performance during full-time clinical education experiences. As a means of self-assessment, students are also expected to complete the CPI and discuss it with their CI at midterm and at the time of the summative evaluation.	Required at mid-term and final for Clinical Internships I, II, and III.
APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Survey	Allows the student to assess the clinical education site, learning experiences and clinical instruction.	Required to be completed during the midterm and final week of Clinical Internship I, II, and III and to be completed the final week of ICE I and II.

The Clinical Instructors will provide the students with a formative evaluation at midterm and a summative evaluation at the conclusion of the clinical education experience. Clinical education experiences will be graded as Credit/No Credit. **The assignment of grades is the sole responsibility of the DCE.** However, feedback from the Clinical Instructors is critical in determining a final grade.

Clinical Education Faculty and Site Performance Assessment Tools

Clinical instructors and clinical education sites are evaluated through surveys and interviews completed by students during clinical education experiences. These assessment tools provide feedback for clinical instructors and clinical education sites on their effectiveness in clinical teaching as well as resources provided to students during their time in clinic. Information garnered through these interviews and surveys provide opportunities for

continued growth for clinical educators and information on how the program can better serve the needs of clinical partners through continuing education opportunities and mentoring.

NAME OF TOOL	BRIEF DESCRIPTION	USE/REQUIRED
Formative tools		
Early Feedback Survey (on full-time clinical education experiences)	Short survey that provides immediate feedback to the academic program about student experiences at the clinical education site.	Required in all full time clinical education experiences. The student completes the online survey through Exxat before the end of the second week of the experience.
Midterm Site Form	Interview with student and CI that provides information to the academic program on effectiveness of clinical instruction, patient population, student performance, and academic preparation for the full-time clinical education experience.	Required in all full time clinical education experiences. The student and CI are interviewed via face-to-face, phone call, or computer-based call. Student and CI speak to academic faculty individually and a group meeting is performed only when necessary.
Summative tools		
APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction Survey	Allows the student to assess the clinical education site, learning experiences and clinical instruction.	Required to be completed during the midterm and final week of Clinical Internship I, II, and III and to be completed the final week of ICE I and II.

Determination of Final Grade for Clinical Education Experiences

In order to receive a passing grade for each clinical education experience the student must complete all paperwork as outlined in the course syllabus, including assignments/projects required by the clinical education faculty at the clinical education site. Additionally, it is the **responsibility of the student** to ensure all assessment documents completed by the Clinical Instructor are received by the DCE/ADCE within 1 business day of completing a full-time clinical education experience and 2 business days of completing a part-time clinical education experience. This is to allow adequate time for the clinical education team to comprehensively review all documentation and submit grades in a timely fashion.

Critical Incident Reports

The Critical Incident Report is to be used to document behaviors demonstrated by a student that have consequences of a serious nature. In the event a Critical Incident Report is needed, the Clinical Instructor is

required to contact the DCE as soon as possible for assistance.

This does not substitute for required incident reporting in place at the clinical education site. In the event of a conflict with the student as it relates to the clinical experience, the clinical instructor will initiate a critical incident report outlining the incident that occurred. This report will be used as a form of communication to discuss future strategies for improvement.

Learning Contracts

Students and clinical education faculty are encouraged to utilize learning contracts to clarify expectations and facilitate communication. This is particularly encouraged in the event that a student is not meeting the performance expectations of the clinical education experience. This contract is designed to outline learning goals that the student must achieve in order to successfully pass the clinical education experience. Timely implementation of this tool is critical to facilitate successful completion of the experience when specific performance expectations are not being met.

Termination/Failure of Clinical Education Experience

Students who are terminated from a clinical education experience due to inadequate performance may receive **No credit/NC**. This grade will be determined by the DCE and core faculty with input from the clinical education faculty. Inadequate performance must be appropriately documented and communicated to the DCE. Documented examples of trends in the following categories may necessitate termination or failure of a clinical education experience:

- Unprofessional behavior
- Consistent poor skill performance despite multimodal remediation attempts
- Poor clinical judgment
- Unsafe/Unethical practice*
- Violation of Policies/Procedures of the clinical education site and of the Program

*Students engaging in unethical/unsafe practice as describe by the *APTA Code of Ethics and Standards of Practice* may be immediately terminated from the clinical education experience and receive NC for the course.

COMPLAINTS FROM PATIENTS, CLIENTS, AND/OR FAMILY MEMBERS

The George Washington University School of Medicine and Health Sciences has formal policies and procedures governing complaints or concerns from patients, clients and/or family members. The following procedures will be followed in order to respond to complaints that fall outside of due process, such as those that may be submitted by clinical personnel, patients, or other stakeholders:

1. The Program Director is responsible for handling complaints that fall outside of due process. In the event the Program Director is not available or if it is inappropriate for the Program Director to handle the complaint, the complaint will be forwarded to the Senior Associate Dean.
2. Complaints should be submitted in writing.

3. The Program Director or his/her designee must respond to the complainant within 3 weeks of receiving the complaint. When appropriate, the Program Director or his/her designee may consult with other University offices and personnel in addressing the complaint.
4. Documentation regarding the complaint and any actions taken are maintained in the Program Director's office.
5. In order to be accessible to stakeholders that are not covered by due process, a copy of these procedures are sent to the clinical sites.

APPENDICES

Appendix 1: DPT Program Core Faculty and Staff Contact Information

DPT Program Clinical Education Team

Marisa Birkmeier, PT, DPT, PCS, Director of Clinical Education and Assistant Professor
(202) 994-6348
mbirkmei@gwu.edu

Rhea Cohn, PT, DPT, Assistant Director of Clinical Education and Assistant Professor
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rjcohn@gwu.edu

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Heather Richards, Clinical Education Specialist
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DPT Program Staff

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Program Administrator
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Assistant Director of Admissions
& Enrollment Services
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Heather Richards
Clinical Education Specialist
hrich@gwu.edu
(202) 994-6341

Michael Steele
Director of Operations
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(202) 994-0826

DPT Program Core Faculty

Keith Cole, PT, DPT, PhD, Visiting Assistant Professor
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keithcole@gwu.edu

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Kenneth Harwood, PT, PhD, Associate Professor
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Holly Jonely, ScD, PT, ATC, COMT, Associate Program Director, Co-Academic Director, Orthopaedic Residency, and Assistant Professor
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Margaret Plack, PT, EdD, Professor
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Elise Ruckert, PT, DPT, Neurologic Residency Director and Assistant Professor
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David Scalzitti, PT, PhD, OCS, Assistant Professor
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Joseph Signorino, PT, DPT, Assistant Professor
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Erin Wentzell, PT, DPT, PCS, Assistant Professor and Academic Director, Pediatric Residency
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Josh Woolstenhulme, PT, DPT, PhD Assistant Professor
jgwool@gwu.edu

Appendix 2: Academic Calendar

2018 – 2019 Academic Year

Fall 2018

Semester Length

Semester I 16 weeks (includes finals) Semester IV 16 weeks (includes finals)

Semester VII Internship II 12 weeks clinical + 5.5 week didactics/includes finals

Classes Begin

Semester I/ IV August 20 | New student Orientation August 16-17 Semester VII (Wednesday)

October 31

Holidays

Labor Day September 3

Thanksgiving November 22-23

Special Events

Convocation October TBD

Classes End

Semester I/ IV November 30

Semester VII December 8 (Saturday)

Final Exams

Semester I/IV December 3-8; December 8 (Saturday) is a make-up day for practical(s)

Clinical Education

Semester IV Integrated Clinical Experience II | September 5 - November 7 (Clinical Conference IV: all Wednesday's students are not in clinic)

Semester VII Clinical Internship II | August 6 – October 26 (12 weeks)

Spring 2019

Semester Length

Semester II 17 weeks (includes Spring Break and finals week) Semester V 17 weeks (includes

Spring Break and finals week) Semester VIII 14 weeks clinical

Classes Begin

Semester II January 3

Semester V January 3

Holidays

Martin Luther King January 21 President's Day February 18 Spring Break March 11-15
Classes End

Semester II April 24

Semester V April 24

April 25 (study day/no class/no exams)

Final Exams

Semester II April 26, 29 - May 2; May 3 (practical makeup day)

April 26, 29 - May 2; May 3 (practical makeup day)

Special Events

Graduation May 17-19

Clinical Education

Semester II Integrated Clinical Experience I | January 23 – April 3

(Clinical Conference II: All Wednesday's students are not in clinic) Semester VIII Clinical Internship
III | January 7 - April 12 (14 weeks)

Summer 2019

Semester Length

Semester III 11 weeks (includes finals)

Semester VI 3.5 weeks (includes comprehensive exam + 8 week internship)

Classes Begin

Semester III May 20

Semester VI May 20

Holidays

Memorial Day May 27 Independence Day July 4

Classes End

Semester III July 26

Semester VI June 12

Final Exams

Semester III July 29-Aug 2

Clinical Education

Semester VI Clinical Internship I | June 17 - August 8
(8 weeks)

Fall 2019

Semester Length

Semester I 16 weeks (includes finals) Semester IV 16 weeks (includes finals)

Semester VII 12 weeks clinical + 5.5 week didactics/includes finals

Classes Begin

Semester I/ IV August 26 | New student Orientation August 22-23 Semester VII Oct 30
(Wednesday)

Holidays

Labor Day September 2

Thanksgiving November 28-29

Special Events

Convocation October TBD

Classes End

Semester I/ IV December 6

Semester VII December 7 (Saturday)

Final Exams

Semester I/IV December 9-14; December 14 (Sat.) is practical makeup day

Clinical Education

Semester IV Integrated Clinical Experience II | September 11 - November 13 (Clinical Conference IV:
all Wednesday's students are not in clinic)

Semester VII Clinical Internship II | August 12 – November 1 (12 weeks)

Appendix 3: Sample Clinical Education Agreement

Facility: «Site» with state

Month/Year:

Expiration date:

PROGRAM AFFILIATION AGREEMENT

This Affiliation Agreement (this “Agreement”) is made this day, _____, between the George Washington University, a District of Columbia educational institution chartered by an Act of Congress, on behalf of the George Washington University School of Medicine and Health Science (the “University”), and [«Site» with state] (the “Clinical Site”).

WHEREAS, University offers the Doctor of Physical Therapy program (the “Program”) and, as part of the formal course of study desires to assign students to the Clinical Site to obtain clinical rotation experience;

WHEREAS, the Clinical Site provides Physical Therapy services at its facilities;

WHEREAS, the Clinical Site recognizes the need for clinical experiences in the training of current Doctor of Physical Therapy students and desires to make available certain personnel, staff and facilities for a clinical experience at the Clinical Site; and

WHEREAS, the parties have agreed to cooperate in providing students from the Program with clinical learning experiences at the Clinical Site.

NOW THEREFORE, in consideration of the above recitals, the terms and conditions hereinafter set forth, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and for their mutual reliance, the parties hereto agree as follows:

I. RESPONSIBILITIES OF CLINICAL SITE:

- A. General. Clinical Site agrees to accept students from the Program for the purposes of receiving supervised training and experience. The Clinical Site will provide a planned, supervised program of clinical experience designed in cooperation with University, and will provide such clinical experience at its facilities.
- B. Liaison/Staffing. The Clinical Site will designate a Program Liaison to serve as a liaison between the Clinical Site and University and to coordinate the student’s clinical experience.
- C. Student Rotations. The Clinical Site shall provide students with clinical rotations as agreed to by the parties.

D. Supervision. The Clinical Site shall provide or arrange for a designated practitioner (“Designated Practitioner”) to provide direct supervision and training to the students and to evaluate the students. The Clinical Site agrees that the students are not to provide any care or service to patients unless under the direct supervision of the practitioner designated by the Clinical Site. The Designated Practitioner shall have sufficient expertise in a specialized area of practice to provide guidance to the student in meeting course objectives.

E. Policies. The Clinical Site shall provide the University faculty and students with notice of the bylaws, rules and regulations, policies and procedures of the Clinical Site that relate to the activities of the students under this Agreement.

F. Facilities. The Clinical Site shall arrange for students to have access to such facilities as are available and reasonably necessary for the activities of the students under this Agreement.

G. Evaluation. The Clinical Site shall require the Designated Practitioner to evaluate the performance of each student at the termination of such student’s rotation and/or upon a schedule mutually agreed to by the parties, and shall provide the Program with copies of such evaluations or reports.

H. Student Behavior/Termination. The Clinical Site shall immediately notify the Program of any student who is engaging in inappropriate behavior at the Clinical Site, or whose performance while on rotation is unsatisfactory. The Clinical Site agrees to work with the Program and with the student to attempt to remedy and/or correct the problem with the student before the termination of any student, unless the Clinical Site determines that immediate termination is necessary to protect the health and safety of patients. The Clinical Site may terminate the assignment of a given student for lack of professional behavior or poor academic performance, if it determines that termination is warranted.

I. Responsibility for Patient Care. Clinical Site accepts sole responsibility for care rendered to patients at the Clinical Site.

J. Emergency Health Care. The Clinical Site shall provide students with access to emergency care during the time such students are assigned to the Clinical Site. The Clinical Site shall notify the Program if a student develops an illness or is involved in an accident while at the Clinical Site. The parties agree that student shall bear the cost of all emergency services rendered.

K. Insurance. The Clinical Site shall procure and maintain during the entire Terms of this Agreement General Liability insurance with limits of at least \$1 million per occurrence, and \$3 million in annual aggregate; and Professional Liability insurance, or a self-insurance program providing coverage for professional liability that is acceptable to the University, with limits of at least \$1 million per occurrence, and \$3 million in annual aggregate, covering the liability of the Clinical Site and its agents, and employees against liability for acts and omissions arising out of or relating to activities performed pursuant to this Agreement. The Clinical Site shall provide University with 30 days prior notification of cancellation or non-renewal.

L. Patient Privacy Training and Oversight. The Clinical Site shall provide appropriate training to students on rotation regarding patient privacy and confidentiality. Such training shall satisfy the requirements of all applicable Federal and state laws and regulations, including, but not limited to, the

Health Insurance Portability and Accountability Act of 1996 and related regulations. Solely for the purpose of defining the students' role in relation to the use and disclosure of the Clinical Site's protected health information, such students are defined as members of the Clinical Site's workforce, as that term is defined by 45 CFR 160.103, when engaged in activities pursuant to this Agreement. However, such students are not and shall not be considered to be employees of the Clinical Site.

II. **RESPONSIBILITIES OF University:**

A. General. University shall retain full responsibility for the planning, implementation, and execution of the Program, including programming, administration, curriculum, content, grading and requirements for matriculation, promotion and graduation. University shall place students in rotations, subject to the Clinical Site's final approval.

B. Liaison. University shall designate an individual to serve as Program Designee. The Program Designee shall be the liaison between University and the Clinical Site to coordinate the clinical and academic experience of the students, and to assist the Clinical Site as necessary in operating an effective clinical program. The Program Designee shall work with the Clinical Site to coordinate student activities and training.

C. Assignment of Students. University shall, upon mutual agreement of the parties, provide to the Clinical Site (i) the number of students and the schedule of assignment (ii) the expected level of experience to which the student will be assigned; (iii) the expected learning objectives of the student; and (iv) a summary of the student's education and clinical experience and field work, if requested by the Clinical Site.

D. Qualification of Students. University shall refer to the Clinical Site only those students who meet all qualifications for the clinical program. The University students shall provide documentation of all health related requirements. Before placement, University shall provide safety training to all students to include OSHA regulations and associated work place practices.

E. Policies. University, its employees, agents and faculty, shall comply and shall require all students to comply with the bylaws, rules and regulations, policies and procedures of the Clinical Site.

F. Confidentiality of Patient Information. University, its employees, agents and faculty shall maintain and shall require all students to maintain the confidentiality of all patient records and data and obtain appropriate authorization prior to any disclosure of such records and data.

G. Insurance. University shall procure and maintain General Liability insurance with limits of at least \$1 million per occurrence and \$3 million in annual aggregate, and Professional Liability insurance or a self-insurance program providing coverage with limits of at least \$1 million per occurrence and \$3 million in annual aggregate, covering the liability of the University and its agents, students, faculty and employees against liability for acts and omissions arising out of or relating to activities performed pursuant to this Agreement. University shall provide the Clinical Site with 30 days prior notification of cancellation or non-renewal

H. Dismissal of Students. University agrees to allow the Clinical Site to dismiss students for lack of professional behavior or poor academic performance if, in the sole discretion of the Clinical Site, such dismissal is warranted.

III. GENERAL PROVISIONS

A. Patient Care. The parties agree that the Clinical Site and its employees, and agents have independent discretion to make professional judgments relating to the delivery of health care services and that University shall neither have nor exercise control or direction the manner in which the Clinical Site and its employees and agents deliver health care services to patients.

B. Term and Termination. This agreement shall commence on _____ and shall continue in effect for a period of five years. Thereafter, this Agreement may be renewed upon mutual written agreement of the parties. The parties may terminate this Agreement for any reason upon sixty (60) days written notice. Unless otherwise agreed by the parties, students assigned to the Clinical Site shall be permitted to complete their rotations pursuant to the terms and conditions of this agreement.

C. Status of the Parties. The parties agree that no student or faculty member participating in the Program shall be considered an employee, agent, contractor, or representative of the Clinical Site for any purpose including, but not limited to, workers compensation, employee benefits, salary, and professional liability. The parties further agree that no employee or agent of the Clinical Site or member of the medical staff of the Clinical Site shall be considered an employee, agent, contractor, or representative of University for any purpose including, but not limited to, workers compensation, employee benefits, salary, and professional liability. The parties expressly understand and agree that this Agreement is not intended and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture or association among the parties, but is, rather an agreement by and among independent parties.

D. Indemnity and Hold Harmless.

1. The Clinical Site. The Clinical Site agrees to indemnify, defend and hold harmless University, its trustees, employees, agents and students from and against any and all claims, losses, damages, suits, costs (including attorneys' fees and defense costs), regardless of the outcome of such claims or actions, arising out of or relating to any allegedly negligent or intentional act or omission of the Clinical Site, its employees and agents, undertaken pursuant to this Agreement, or any failure to perform any other covenant of this Agreement.

2. University. University agrees to indemnify, defend and hold harmless Clinical Site, and its affiliates, employees, agents, trustees and directors from and against any and all claims, losses, damages, suits, costs (including attorneys' fees and defense costs), regardless of the outcome of such claims or actions, arising out of or relating to any allegedly negligent or intentional act or omission University and its employees, agents and students, undertaken pursuant to this Agreement, or any failure to perform any other covenant of this Agreement.

3. Duration. The parties agree that the indemnification provisions of this Section III (D) shall survive termination of this Agreement.

E. Nondiscrimination. The parties agree that neither shall discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran's status or sexual orientation with regard to the students who are covered by this Agreement.

F. Assignment. This Agreement shall not be assigned or transferred by either party without the written approval of the other party.

G. Notices. Any notice or other communication required or permitted by this Agreement shall be in writing and shall either be hand delivered, sent via overnight mail by a reputable overnight courier, such as Federal Express, or sent postage prepaid by certified or registered mail, return receipt requested, addressed as follows:

If to University: Marisa Birkmeier, PT, DPT, PCS, c/NDT
Director of Clinical Education
The George Washington University
School of Medicine and Health Sciences
Program in Physical Therapy
2000 Pennsylvania Avenue, NW, Suite 2000
Washington, DC 20006

If to Clinical Site: [Insert Name/Address of Contact at Clinical Site]

or to such other addresses or persons as may be furnished from time to time in writing by one party to the other party. The notice shall be effective on the date of delivery if delivered by hand, the date of delivery as indicated on the receipt if sent via overnight mail, or the date indicate on the return receipt whether or not such notice is accepted by the addressee.

H. Entire Agreement. This Agreement contains all the terms and conditions agreed upon by the Parties regarding the subject matter of the Agreement and supersede any prior agreements, releases, or stipulations, oral or written, and all other communications between the parties relating to such subject matter.

I. Severability. If any provision of this Agreement is held to be illegal, invalid, or unenforceable under present or future laws effective during the term of this Agreement, the validity and enforceability of the remaining provisions of this Agreement shall not be affected thereby.

J. Waiver. Any waiver of any provision hereof shall not be effective unless expressly made in writing and executed by the party to be charged. The failure of any party to insist on performance of any term or condition of this Agreement shall not be construed as a waiver or relinquishment of any rights granted hereunder or of the further performance of any such term, covenant or condition, and the obligations of the parties with respect thereto shall continue in full force and effect.

K. Governing Law and Jurisdiction. This Agreement shall be governed by the laws of the District of Columbia. The parties further agree that any action to enforce or construe any provision of this Agreement may be brought only in the District of Columbia, notwithstanding the appropriateness of the jurisdiction the courts of any other state.

IN WITNESS WHEREOF, the parties hereto have signed this Agreement effective as of the date set forth above.

THE GEORGE WASHINGTON UNIVERSITY

By: _____

Reamer L. Bushardt
Senior Associate Dean,
School of Medicine & Health Sciences

Date: _____

«SITE»

By: _____

Title: _____

Date: _____

Appendix 4: TOOLS FOR ASSESSING STUDENTS

**Appendix 4a: Anecdotal Record
(adapted from Shea, et al)**

Student's Name:

Date:

Evaluator/Observer:

Setting: (place, persons involved, atmosphere, etc)

Student Action or Behavior:

Evaluator Interpretation:

Student' Signature

Evaluator's Signature

Student's Comments:

Appendix 4b: Critical Incident Report

Instructions: Document either behavioral trends or a single occurrence of a serious nature. Contact: Heather Richards, 202-994-6341 or Marisa Birkmeier, DCE 202-994-6348 is REQUIRED. Please fax the completed form to the program at 202-994-8400.

Student Name: _____

Evaluator/Observer: _____

Date, Time, Antecedents, Behavior Observed	Evaluator's Interpretation, Consequences
Statement of Desired Behavior or Expectation	Timeframe for Achievement and Reevaluation by Whom

Student Signature/Date: _____

Evaluator

Signature/Date: _____

Student Signature is required and reflects that the contents of the document were reviewed with him/her.

Completed by program: *Summary of Outcome:*

**Appendix 4c: Integrated Clinical Experience (ICE) I Professionalism and Skills Competency
Check Off Form**

PART 1: ICE I Professionalism/Safety Check Off

Instructions: **Each Week** the CI must evaluate student performance in the following domains.

Please Mark Y= for Meets Expectations, N= Below Expectations							
All items must be assessed each week							
	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	CI Initials	Comments
Punctual and dependable							
Accepts responsibility for actions							
Communicates in a respectful manner (verbal and nonverbal)							
Completes tasks and/or assignments in a timely manner							
Dresses appropriately for setting (including name badge)							
Adapts to change							
Demonstrates initiative							
Introduces self as GW PT student							
Observes health and safety regulations							
Requests assistance when necessary							
Uses or demonstrates understanding of safe patient handling techniques							
Comments MUST accompany any category where student performs Below Expectations							

Part 2: ICE I Skills Competency Check-Off

The student needs to demonstrate each of the following skills in a **COMPETENT** fashion at least **ONCE** over the course of 5 weeks:

Chart Review/Patient Centered Interview (The non-complex patient) (Required in ALL settings)			
Skill	Competent? Y/N	Date/Initials	Comments:
Completes chart review for non-complex patient			
Completes patient centered history for non-complex patient			
Obtains accurate information regarding history of present episode			
Obtains accurate information regarding past medical history			
Elicits patient/client's goals for therapy			
Other:			

Examination (The non-complex patient)			
Vital Signs (REQUIRED in ALL settings)			
Skill	Competent? Y/N	Date/Initials	Comments
Obtains accurate heart rate			
Obtains accurate blood pressure			
Obtains accurate respiration rate			
Manual Muscle Testing/Goniometry/Neurologic Exam (REQUIRED in ALL settings)			
Accurately performs and interprets Manual Muscle Testing (REQUIRED) of:			
Skill: Manual Muscle Testing	Competent? Y/N	Date/Initials	Comments
UE Muscle Group:			
LE Muscle Group:			

Accurately performs and reports Goniometric Measurements (REQUIRED) of:			
Skill: Goniometry	Competent? Y/N	Date/Initials	Comments
UE Joint:			
LE Joint:			

Accurately performs and reports Neurologic Screening or Examination (REQUIRED) including:			
Skill	Competent? Y/N	Date/Initials	Comments
Sensory exam or screen			
Mental status exam or screen			
Balance and coordination testing or screen			
Exam of reflexes and tone			

Interventions (The non-complex patient)			
Bed Mobility/Transfers (REQUIRED in AC/PA settings, Desired in OP setting) Performs each of the following after verbalizing and following safety precautions			
Skill	Competent? Y/N	Date/Initials	Comments
Bed mobility			
Sit-to-stand transfer			
Bed-to-chair transfer			
Assistive Device/Gait Training (REQUIRED in AC/PA settings, Desired in OP setting)			
Skill	Competent? Y/N	Date/Initials	Comments
Selects appropriate assistive device			
Sizes assistive device properly			

Demonstrates, instructs supervises client in use of assistive device			
--	--	--	--

**Physical Agents/Modalities
(Desired in ALL setting)**

Skill	Competent? Y/N	Date/Initials	Comments
Selects physical agent (modality) using sound clinical rationale			
Safely and effectively administers physical agent to patient/client			

**Basic Therapeutic Exercise
(REQUIRED in ALL settings)**

Skill	Competent? Y/N	Date/Initials	Comments
Determines appropriate therapeutic exercise based on impairment identified (non-complex patient)			
Determines exercise prescription using sound clinical rationale (frequency, intensity, duration)			
Demonstrates and educates patient/client in therapeutic exercises with proper cuing			

**Patient/Family/Caregiver Education
(REQUIRED in all settings)**

Skill	Competent? Y/N	Date/Initials	Comments
Instructs a patient/family member/caregiver on physical therapy related care, interventions, and/or HEP			

**Documentation
(REQUIRED in ALL settings)**

Skill	Competent? Y/N	Date/Initials	Comments
Formulates a written SOAP note or equivalent documentation			

method for the non-complex patient			
------------------------------------	--	--	--

Other Skills: (1 "other skill" REQUIRED in ALL settings) (Area provided for CI to add other skills completed during the Immersion e.g. electronic documentation, additional exam techniques, outcome measures, etc)			
Skill	Competent? Y/N	Date/Initials	Comments

Summative Comments from CI:

Signatures	
CI Name (Printed)	CI Initials:
CI Signature:	
CI Name (Printed)	CI Initials:
CI Signature:	
Student Name (Printed)	
Student Signature:	

Facility Name:	
Address:	
Phone:	

E-mail:	
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Appendix 4d: ICE II Professionalism and Skills Competency Check Off Form

**The George Washington University
Program in Physical Therapy**

PART 1: ICE II Professionalism/Safety Check Off

Instructions: **Each Week** the CI must evaluate student performance in the following domains.

Please Mark Y= for Meets Expectations, N= Below Expectations ** All items must be assessed each week**							
	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	CI Initials	Comments
Punctual and dependable							
Accepts responsibility for actions							
Communicates in a respectful manner (verbal and nonverbal)							
Completes tasks and/or assignments in a timely manner							
Dresses appropriately for setting (including name badge)							
Adapts to change							
Demonstrates initiative							
Introduces self as GW PT student							
Observes health and safety regulations							
Requests assistance when necessary							
Uses or demonstrates understanding of safe patient handling techniques							

Comments MUST accompany any category where student performs Below Expectations

Part 2: ICE II Skills Competency Check-Off

The student needs to demonstrate each of the following skills in a **COMPETENT** fashion at least **ONCE** over the course of 5 weeks:

Chart Review/Patient Centered Interview (The non-complex patient) (REQUIRED in ALL settings)			
Skill	Competent? Y/N	Date/Initials	Comments:
Completes chart review for non-complex patient			
Completes patient centered history for non-complex patient			
Obtains accurate information regarding history of present episode			
Obtains accurate information regarding past medical history			
Elicits patient/client's goals for therapy			
Other:			

Examination (The non-complex patient) (REQUIRED in ALL settings)			
Vital Signs (REQUIRED in ALL settings)			
Skill: Vital Signs	Competent? Y/N	Date/Initials	Comments
Obtains accurate heart rate			
Obtains accurate blood pressure			
Obtains accurate respiration rate			
Manual Muscle Testing/Goniometry/Neurologic Exam (REQUIRED in ALL settings)			
Accurately performs and interprets Manual Muscle Testing (REQUIRED) of:			
Skill: Manual Muscle Testing	Competent? Y/N	Date/Initials	Comments
UE Muscle Group:			
LE Muscle Group:			

Accurately performs and reports Goniometric Measurements (REQUIRED) of:			
Skill: Goniometry	Competent? Y/N	Date/Initials	Comments
UE Joint:			
LE Joint:			

Accurately performs and reports Neurologic Screening or Examination (REQUIRED) including:			
Skill: Neuro Screen/Exam	Competent? Y/N	Date/Initials	Comments
Sensory exam or screen			
Mental status exam or screen			
Balance and coordination testing or screen			
Exam of reflexes and tone			

Interventions (The non-complex patient)			
Basic Therapeutic Exercise (REQUIRED in ALL settings)			
Skill: Therapeutic Exercise	Competent? Y/N	Date/Initials	Comments
Determines appropriate therapeutic exercise based on impairment identified (non-complex patient)			
Determines exercise prescription using sound clinical rationale (frequency, intensity, duration)			
Demonstrates and educates patient/client in therapeutic exercises with proper cuing			
Assistive Device/Gait Training (REQUIRED in IP setting, Desired in OP setting)			
Skill: Assistive Device/Gait Training	Competent? Y/N	Date/Initials	Comments

Selects appropriate assistive device			
Sizes assistive device properly			
Demonstrates, instructs supervises client in use of assistive device			
Mobility/Transfers (REQUIRED in IP setting, Desired in OP setting)			
Skill: Mobility/Transfers	Competent? Y/N	Date/Initials	Comments
Bed mobility			
Sit-to-stand transfer			
Bed-to-chair transfer			

Patient/Family/Caregiver Education (REQUIRED in ALL settings)			
Skill: Patient Education	Competent? Y/N	Date/Initials	Comments
Instructs a patient/family member/caregiver on physical therapy related care, interventions, and/or HEP			

Physical Agents/Modalities (Desired in ALL setting)			
Skill: Modalities	Competent? Y/N	Date/Initials	Comments
Selects physical agent (modality) using sound clinical rationale			
Safely and effectively administers physical agent to patient/client			

Documentation (REQUIRED in ALL settings)			
Skill: Documentation	Competent? Y/N	Date/Initials	Comments

Formulates a written SOAP note or equivalent documentation method for the non-complex patient			
---	--	--	--

Other Skills: (1 "other skill" REQUIRED in ALL settings) (Area provided for CI to add other skills completed during the ICE e.g. electronic documentation, additional exam techniques, outcome measures, new interventions, etc)			
Skill: Other	Competent? Y/N	Date/Initials	Comments

Summative Comments from CI:

Signatures	
CI Name (Printed)	CI Initials:
CI Signature:	
CI Name (Printed)	CI Initials:
CI Signature:	
Student Name (Printed)	
Student Signature:	

Facility Name:	
Address:	

Phone:	
CI E-mail:	

Appendix 4e: Student Weekly Log

Student's Name:	GWID:
Clinical Instructor's Name:	Facility's Name:
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	City/State:
	<input type="checkbox"/> Integrated Clinical Experience (ICE) I <input type="checkbox"/> Integrated Clinical Experience (ICE)II

	# of patients seen	Type(s) of patients seen	Skills performed	Self-assessment of performance	Goal for following week
Week 1					
Week 2					
Week 3					

	# of patients seen	Type of patients seen	Skills performed	Self-assessment of performance	Goal for following week
Week 4					
				See Instructions Below for Week 5	

Week 5				
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Summative Reflection
Identify 2 Strengths:
Identify 2 Areas for Improvement:
Summative Reflection Statement (incorporate interpretation of CI feedback and self critique):

A copy of your Weekly Log should be submitted with your final ICE documents.

Appendix 4f: Weekly Planning Form

Instructions: To be used to focus learning, promote realistic self-appraisal, provide timely feedback, stimulate professional growth and clarify expectations on a weekly basis. Student is to complete all sections marked "Student" prior to meeting with Clinical Instructor. Clinical Instructor is to review and make any additional comments or changes.

Week # _____ Dates: _____

Student: Summary of Previous Week: Note progress, achievements, feedback on previous goals, etc.
Student: Identify two skills, behaviors, goals that I would like to work on during this week:
Student: Identify one way in which my Clinical Instructor can assist in my learning:
Clinical Instructor: Notes on progress, achievements, feedback, if different from above:
Clinical Instructor: Identify one way in which the student can improve during the next week:
Student: Goals for the Upcoming Week:

Student Signature: _____ CI

Signature: _____

TOOLS FOR ASSESSING CLINICAL EDUCATION EXPERIENCE

Appendix 5a: Midterm Site Form

Student's Name:	CI's Name:
Date of Evaluation:	Facility's Name:
<input type="checkbox"/> Internship I <input type="checkbox"/> Internship II <input type="checkbox"/> Internship III	City/State:
<input type="checkbox"/> Acute/Med. Complex <input type="checkbox"/> Post Acute <input type="checkbox"/> OP	Phone Number:
<input type="checkbox"/> Phone Call <input type="checkbox"/> Skype/FaceTime <input type="checkbox"/> Visit <input type="checkbox"/> Other _____	

DISCUSSION WITH THE STUDENT

Academic Preparation:			
General: <input type="checkbox"/> Poor <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Exceptional		Clinical Reasoning: <input type="checkbox"/> Poor <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Exceptional	
Strengths:	Areas for Improvement:	Strengths:	Areas for Improvement:
Safety:			
Establishes a safe working environment for the patient and therapist during the encounter. <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			
Level of Supervision: <input type="checkbox"/> Too little <input type="checkbox"/> Sufficient <input type="checkbox"/> Could be more independent		Clinic Information: Average # patients/day: Overall independence (%):	
Overall Effectiveness of the CI:		Typical Practice Patterns: <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Integumentary <input type="checkbox"/> Cardiopulmonary <input type="checkbox"/> Other (e.g. Renal, Metabolic, GI, GU) Examples:	
Feedback:		Lifespan:	
<input type="checkbox"/> timely <input type="checkbox"/> clear <input type="checkbox"/> concise	<input type="checkbox"/> verbal <input type="checkbox"/> written	<input type="checkbox"/> need more <input type="checkbox"/> adequate <input type="checkbox"/> too much	<input type="checkbox"/> 0-3 <input type="checkbox"/> 4-12 <input type="checkbox"/> 13-21 <input type="checkbox"/> 22-65 <input type="checkbox"/> 65+
Relationship with CI: <input type="checkbox"/> Poor <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Exceptional Comments:		Personal Strengths/Weaknesses:	
Additional Learning Experiences:		Strengths:	
Inservice Topic/QIP:		Areas for Improvement:	

How can the Clin Ed Team better meet your needs?	

DISCUSSION WITH THE STUDENT CONTINUED:

Additional Comments:

Faculty Notes:

DISCUSSION WITH THE CLINICAL INSTRUCTOR

Overall impressions:		Do you anticipate the student to meet the CPI expectations for the experience?	
<input type="checkbox"/> Poor <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Exceptional Comments:		<input type="checkbox"/> Yes <input type="checkbox"/> No Comments: Follow up call/visit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, suggested date/time _____	
Academic Preparation:			
General: <input type="checkbox"/> Poor <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Exceptional		Clinical Reasoning: <input type="checkbox"/> Poor <input type="checkbox"/> Below Average <input type="checkbox"/> Average <input type="checkbox"/> Above Average <input type="checkbox"/> Exceptional	
Strengths:	Areas for Improvement:	Strengths:	Areas for Improvement:
Safety:			
Establishes a safe working environment for the patient and therapist during the encounter. <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			
Professional Behaviors:		Patient Management Skills (conversation prompts; formal data derived from CPI):	
Communicates well with others: <input type="checkbox"/> Yes <input type="checkbox"/> No Accurate self-assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No Accepts constructive feedback: <input type="checkbox"/> Yes <input type="checkbox"/> No Utilizes/carries over constructive feedback: <input type="checkbox"/> Yes <input type="checkbox"/> No Takes responsibility for learning: <input type="checkbox"/> Yes <input type="checkbox"/> No Overall Professionalism (attire, attitude, timeliness, etc.) <input type="checkbox"/> Needs improvement <input type="checkbox"/> Average <input type="checkbox"/> Exceptional Comments:		Safety: Preparation for encounter: Elements of PCMM (Exam, Eval, Dx, Prognosis, Intervention, Outcomes): Psychomotor skills related to Exam and Interventions: Delegation/Supervision skills: SEE BELOW Management of reimbursement/regulatory issues: Patient education: Documentation: Participated in direction/supervision of a PTA or other PT personnel: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: If no, describe future plans:	

<p>Is the clinical education team meeting your needs? <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>	<p>General Comments:</p>
--	---------------------------------

SPECIFIC SITE TRAINING NEEDS

Does the site have any specific training needs? Yes No

If no, sign and date the form at the end of the document.
 If yes, provide specific needs:

Training Provided:

Follow up? Yes No

If yes, suggested date/time _____ OR type of follow up needed (e.g. handouts, curriculum information, clinical education training guides)

Faculty Name:

Date:

Appendix 5b: Early Feedback on Clinical Education Experience (completed through Exxat)

Facility Name: _____

Clinical Instructor: _____ APTA Credentialed CI: Yes No

CI advanced degrees/certifications?

No advanced certifications GCS CCS ECS OCS NCS PCS WCS SCS CSCS CLT ATC
Other: _____

Type of experience: Acute Post-Acute Outpatient

Instructions: Please rate the following statements according to the scale provided. Responses to this form should be submitted two weeks after the start of the clinical experience.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The facility meets my expectations for types and variety of patients.	1	2	3	4	5
The facility meets my expectations for caseload / workload.	1	2	3	4	5
I have been thoroughly oriented to the facility and my role as a student.	1	2	3	4	5
I know where to find policies, procedures and forms needed in this setting.	1	2	3	4	5
I have access to all facility resources appropriate to students in this setting.	1	2	3	4	5
I have been introduced to all people with whom I will be working.	1	2	3	4	5
I know who I will supervise or to whom I may delegate care (if anyone).	1	2	3	4	5
I know who will provide my supervision if my CI is not available.	1	2	3	4	5
My workload/caseload expectations have been discussed with me.	1	2	3	4	5

I know what I need to have completed at the end of each treatment day.

1 2 3 4 5

This clinical experience is organized to maximize/facilitate my learning.

1 2 3 4 5

My input is welcomed in the design/organization of the learning experience.

1 2 3 4 5

I am receiving the feedback that I need to improve my practice as a PT.

1 2 3 4 5

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My CI and I have established a pattern for ongoing feedback/communication.	1	2	3	4	5
I feel prepared to manage my responsibilities in this setting.	1	2	3	4	5

Additional comments: What resources do you need to be successful in this facility? Is there any information about this setting or experience you needed to have in advance or before the start of the rotation? Any other comments?

**Appendix 5c: APTA Physical Therapist Student Evaluation:
Clinical Experience and Clinical Instruction**

<http://www.apta.org/uploadedFiles/APTAorg/Educators/Assessments/StudentPTEvaluationForm.doc>