Student Handbook
of Academic & Clinical Policies

Armstrong State University
Department of Rehabilitation Sciences
Program in Physical Therapy

May 2016
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OVERVIEW

The Physical Therapy Program at Armstrong State University is a professional education program leading to the Doctor of Physical Therapy degree. The Program received full initial accreditation from the Commission on Accreditation of Physical Therapy Education in 1997 and was granted re-accreditation in October of 2013.

The Physical Therapy Program is a full-time program involving 9 semesters of study. The Program involves 30 weeks of full-time clinical practice and additional part-time clinical experiences. Courses emphasize small group teaching methods and active learning on the part of the students. The instructor functions as a facilitator of learning, not as the exclusive source of knowledge.

MISSION

The Doctor of Physical Therapy Program mission is to “produce new graduates whose skills and knowledge meet the challenges of the rapidly changing health care system and the need for physical therapy services. The faculty will work in a collaborative manner with the physical therapy community and other healthcare professionals to improve the quality of physical therapy care and enhance the scientific bases of professional practice. The program will promote the continued excellence of faculty in both clinical and didactic areas of instruction.”

PHILOSOPHY

Physical therapy is a health care profession strongly based upon scientific knowledge and principles whose practitioners evaluate, diagnose, treat, and instruct persons of all ages with movement disorders. Evaluation, diagnosis and treatment planning require the ability to critically analyze a large number of factors, determine the most important of those factors and develop a treatment plan based on that analysis. Major aspects of physical therapy care are the prevention of injuries and disabilities. Physical therapists must effectively communicate their findings to the clients, the clients’ families, other health care providers and the agencies that reimburse the clients and/or the physical therapists for service provided. Physical therapists must provide care in a compassionate, competent, legal and ethical manner.

To meet the teaching and documentation needs of the profession, new graduates need to have strong written and oral communication skills. Through small group interaction and extensive experience in clinical documentation, this Program will foster the development of those skills in its new graduates.

New graduates need critical thinking and problem solving skills to master the challenges of diagnosis and treatment planning. All course work in this Program is clinically case-centered with the emphasis on problem identification and problem solving. This approach encourages students to integrate pathophysiology, evaluation methods, treatment approaches, and psychosocial principles in each case. Independent thinking promotes active learning in which students seek information on their own without reliance on faculty to obtain all information. Through active learning methods, students are encouraged to pursue new solutions to clinical problems and explore new treatment approaches, challenging themselves and each other. This pattern of independent learning nurtures life-long learning, self-reliance, and self-assessment skills.

Working in small groups, students develop a respect and understanding for the problem solving skills and clinical solutions formulated by their classmates. Working in small groups also cultivates teamwork and leadership skills that prepare the students for working with other health care professionals.

In the clinical laboratories, students acquire the intellectual and psychomotor skills required for clinical practice. Clinical education experiences are designed to maximize the students’ abilities to apply newly acquired clinical practice skills in patient/client care settings.

Each case study advocates health promotion and injury prevention. Students are educated to empower clients and their families to achieve their own state of well-being. This is accomplished through an emphasis on client and family education. Students will realize that a principle goal of physical therapy is to enable clients to return to their greatest level of functional independence as quickly as possible.
Central to this Program is the fostering of humanistic principles, scientific inquiry and service to society. The introduction of research methods early in the curriculum and the continued discussion of clinical research will nurture the spirit of inquiry and critical analysis. All instruction will be aimed at promoting an ethical, client-centered approach to physical therapy practice.

Faculty are a critical part of any program. The department is committed to faculty development to maintain excellence in both clinical and didactic areas. Through teamwork, they demonstrate a commitment to the success of the department and its educational program.

Faculty involvement in professional organizations demonstrates dedication to the profession of physical therapy. Participation in continuing education demonstrates to the students that learning is a progressive and life long process. Involvement in community activities models a sense of responsibility toward the community and the greater society.

The Program is committed to the principle that the roles of instructors and learners are flexible and are constantly changing. This dedication embraces a partnership in learning and professional development among the students and faculty. Believing that the primary role of the instructor is to be a facilitator of learning rather than the sole source of knowledge, the Program will provide a supportive environment in which students take responsibility for their own learning.

Finally, the Program fosters mutual respect between faculty and students, between students and their classmates, and between students and other health care professionals. The Program promotes a respect and understanding for all individuals regardless of their cultural background.

ANTIDISCRIMINATION POLICY

It is institutional policy that there shall be no discrimination based upon race, ethnicity, sex, sexual orientation, religion, creed, national origin, age or disability.

DISABILITY SERVICES

Armstrong State University ensures equal opportunity and access to employment, admissions, programs and services of the university without regard to race, ethnicity, sex, sexual orientation, religion, creed, national origin, age or disability. This policy complies with the University System Board of Regents' policies and all related federal legislation.

DRUG SCREEN AND BACKGROUND CHECK REQUIREMENTS

It is the requirement of nearly every hospital and nursing facility that students undergo a background check and drug screen. Both must be completed within the first two weeks of the first semester as without them, students will not be permitted to participate in off-site clinical activities. Additional background checks and/or drug screens may be required by specific clinical sites. Detailed information pertaining to these requirements will be provided during orientation and prior to each clinical affiliation.

ESSENTIAL FUNCTIONS/EXIT CRITERIA

Students must meet the list of technical standards and skills required for the performance of the duties of a physical therapist. (See Appendix, p. 57-61.) These technical standards reflect performance abilities and characteristics that are necessary to successfully complete the requirements of the Physical Therapy Program at this University. The University complies with the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Therefore, the University will endeavor to make reasonable accommodations for participants with disabilities who are otherwise qualified.
HEALTH AND INSURANCE REQUIREMENTS

Students in the Physical Therapy program should realize that there is an element of risk through exposure to infectious disease. Faculty make every effort to educate students in the appropriate modes of infection control in order to minimize these risks. Students are required to undergo an annual physical exam, to carry health insurance, to pursue (or formally decline) certain immunizations, to maintain CPR certification and to participate in health safety training (including, but not limited to, OSHA Airborne and Bloodborne Pathogen Training).

Students must complete all requirements of the state of Georgia for college student health insurance and immunization.

In addition to these requirements, students will be required to submit evidence of and maintain currency in the following health procedures throughout the Program. In some cases, history of immunization may not be adequate and titers will be required.

- Mantoux TB test, performed within the past year, or no later than 2 weeks after the start of classes. This can be obtained through Chatham County Health Department or the Armstrong Health Clinic. Note that while the majority of clinical sites require a single step TB test, some require a two-step TB test.
- Vaccination for tetanus needs to be current prior to the start of classes. This vaccination may be obtained through Chatham County Health Department or the Armstrong Health Clinic.
- The Hepatitis B vaccination series must be started by the first week of class (semester 1) or a waiver must be signed and on file in the student’s record.

Students are also required to have any other immunizations that may be required by specific clinical facilities to which they are assigned for clinical affiliations.

Students must purchase professional liability insurance through Armstrong. Students must show proof of purchase of personal health and hospital insurance by the first day of classes.

Students who need emergency services while they are engaged in off-campus educational experiences are responsible for adhering to their health insurance requirements related to emergency care. The student is responsible for the cost for such emergency treatment.

PROFESSIONAL BEHAVIOR: EXPECTATIONS FOR STUDENTS

Students must comply with all policies of Armstrong State University as outlined in the Armstrong Graduate Catalog, in addition to the policies of the Physical Therapy Program outlined in this Handbook, syllabi, and any programmatic updates. Students are responsible for following all policies. A statement acknowledging this requirement must be signed on the first day of Program orientation. The statement is part of each student’s permanent records.

Students are expected to exhibit appropriate professional behavior in class, labs, and clinical situations. Courteous professional behavior toward faculty, peers, patients/clients, staff and hospital personnel is expected at all times. Any violations that are reported to the faculty will be evaluated and may result in a written reprimand. Any further instances of unprofessional or unacceptable behavior will result in dismissal from the Program.

Students are considered representatives of Armstrong when in classes conducted by guest lecturers or when participating in off-site clinical experiences or field trips. They are expected to dress and to behave with consideration for the image they project to the general community. Students and faculty will demonstrate respect for each other’s privacy and opinions.

A student may be denied permission to continue enrollment in the Physical Therapy Program if, in the opinion of the physical therapy faculty, the student’s behavior, character, mental or physical capacity cast grave doubt upon the student’s potential to function as a physical therapist. Student professional behavior will be evaluated each semester. Written evaluations will be part of the student’s departmental record and will be discussed individually with students. Written evaluations and feedback will be provided for all students in the first two semesters and on an as-needed basis in all subsequent semesters. Students that do not meet professional standards at any point in the curriculum will not be permitted to proceed in the curriculum.
**Cell Phones and Communication Devices**

Cell phones and other personal communication devices are disruptive to the class. Please mute or turn these devices off and put them away during class. Do not leave class to answer them unless it is an emergency. If it is necessary for you to be available for an anticipated emergency, please let the instructor know prior to class. Computers may be used only for purposes directly related to class. Students who are found to be using their computer for social media and other non-class activities may be denied use of the computer in class.

Likewise, students should not be using cell phones for personal business during clinical rotations, except when on breaks and as approved by the clinical instructor. Specific institutional policies apply in clinical rotations.

Any difficulties with student compliance with this policy will be noted by the instructor and advisor on the Professional Behavioral Assessment and discussed with the student.

**Confidentiality**

Students are responsible for maintaining the privacy and dignity of patients/clients and for maintaining the confidentiality of patient/client records and situations at all times. Patient/client records, images, or media must be de-identified and used only with consent of the patient and facility. Patient/client care summaries which contain patient/client's name or identifying data are not to be removed from any clinical setting without permission. Students violating this code will be dismissed from the Program.

**Dress Code**

You must purchase an “Armstrong Physical Therapy” polo shirt upon entering the program. This shirt is required for class events, field trips, and professional activities. If allowed by the clinical site, it may be worn during clinical experiences. There is no dress code for the usual classes and academic activities of the program, unless specified by the instructor. **Students are advised to use discretion in their choice of dress, and must be able to bend, stretch, or move without exposing skin or undergarments. Clothing should completely cover the abdomen, back, and chest, even when arms are raised or hips/knees are bent.** Faculty may ask students to change dress if the student’s attire is deemed inappropriate for the class or activity.

During lab experiences, students will be required to wear appropriate clothing, such as sports bras, shorts, or patient/client gowns.

For the anatomy dissection lab: comfortable clothing, full length white lab coat or scrubs, plastic apron, and nitrile gloves. Students must wear these protective items at all times in the anatomy laboratory, and remove coat, apron and gloves before leaving the lab. Splash resistant goggles will be provided if the student wishes to wear them. Failure to comply with these guidelines will result in the loss of laboratory privileges, which may result in failure of the course.

Students will dress in a manner appropriate for clinical practice (not including scrubs) when guests are present in the classroom and when students themselves are guests at other facilities.

Students are required to adhere to the dress code established at the clinical sites. Otherwise, the clinical dress code for Armstrong affiliations and off-site laboratories will be as follows:

- white lab jacket, coat, tunic, or Armstrong Physical Therapy polo shirt
- blouses or shirts should have sleeves and completely cover the abdomen, back, and chest, even when arms are raised, or hips/knees are bent.
- pants or trousers must be loose and comfortable.
- low-heeled or flat footwear, with socks (if required by the clinical setting) - no open-toed shoes. Clean athletic shoes in good repair are acceptable if approved by the clinical site.
- watch with second hand or timer
- Armstrong (or clinical facility) nametag with photo
**Personal Grooming**

Hair must be neat and kept out of the face. Nails must be short and neatly trimmed. Perfume and aftershave are prohibited. Good personal hygiene is required. Hair, facial hair, and personal grooming must follow the guidelines of the clinical facility to which the student is assigned, or in which classes/field trips are held. Jewelry must be plain and small.

- Necklaces and chains must be worn inside clothing during lab and clinical experiences.
- Any jewelry that interferes with patient/client interaction and care are prohibited.

Tattoos and body piercing must be discrete. Academic and clinical faculty reserve the right to request students to remove jewelry or cover tattoos.

**PROFESSIONAL MEETING OBLIGATIONS**

The Armstrong Physical Therapy faculty believes that participation in professional activities is an important part of being an effective, reflective, proactive practitioner. We try to model this behavior and we encourage it in our graduates. In order to help you see the value of participation for yourself and in an effort to develop this as a professional habit, we require you to attend professional events during your Armstrong State University PT education. This requirement can be fulfilled through attendance at either of the following:

- **One** of these meetings
  - APTA CSM
  - APTA Annual Meeting
  - APTA Student Conclave
  - Spring or Fall PTAG Meetings
- **Two** of these meetings (they don't have to be the same)
  - District PTAG Meetings
  - Legislative sessions or activities
  - Journal club meetings
  - Recruitment or professional promotion meetings

Credit for completing this assignment will be incorporated into the course, Physical Therapy Synthesis II, which is one of the two courses that you take in your final semester of the program. In order to receive credit for this requirement, you must follow the following steps carefully:

- For each professional activity that you are submitting, compose a brief (~ one paragraph) email that includes the name, approximate dates and location of the activity and a reflection or response to that meeting. This should NOT be a summary of what you observed at the meeting, but SHOULD BE your thoughts about the meeting. Some examples of appropriate content include what you gained by attending, a new perspective on a professional issue, or an increased appreciation for something or someone in physical therapy.

- The subject line of each of your submissions MUST be named as follows in order to receive credit for the submission: Class of (your anticipated PT graduation year) Professional event attendance. Send your email to Dr. Mincer (andibeth.mincer@armstrong.edu). You may send your submission anytime BEFORE the end of your third clinical, though you are encouraged to submit immediately following the event you attended. Dr. Mincer will send a brief reply to acknowledge receiving your email. Credit for the submission will not be applied until your very last semester.

- Here is an example of an appropriate submission:
SEXUAL HARASSMENT POLICY

Armstrong State University's Sexual Misconduct policy, following national guidance from the Office of Civil Rights, requires that faculty follow Armstrong policy as a “mandatory reporter” of any personal disclosure of sexual harassment, abuse, and/or violence related experiences or incidents shared with the faculty member in person, via email, and/or in classroom papers or homework exercises. These disclosures include but are not limited to reports of personal relational abuse, relational/domestic violence, and stalking. While faculty are often able to help students locate appropriate channels of assistance on campus (e.g. University Counseling Center), disclosure by the student to the faculty member requires that the faculty member inform appropriate Armstrong channels to help ensure that the student’s safety and welfare is being addressed, even if the student requests that the disclosure not be shared.

University Counseling Center offers support and assistance: counseling@armstrong.edu or 912-344-2529.

Sexual harassment is also a violation of the APTA Code of Conduct. Therefore if the student has been suspended or expelled as a result of sexual harassment, the student will not be permitted to re-enter the Program.

Instances occurring at a clinical site may be reported to the Clinical Instructor, the Center Coordinator of Clinical Education, the Director of Clinical Education, physical therapy faculty, or directly to the proper administrative authority. In any of the above cases, confidentiality will be strictly respected.

COLLEGE OF HEALTH PROFESSIONS SOCIAL MEDIA GUIDELINES

The purpose of this document is to recommend the appropriate use of electronic and social media by faculty and students in the College of Health Professions.

Regardless of how forms of social media are used, employees and students are responsible for maintaining the appropriate privacy settings as well as the content they post or promote. Content contributed on these platforms is immediately searchable and shareable, regardless of whether that is the intention of the contributor. Once posted online, the content leaves the contributing individual’s control forever and may be traced back to the individual in perpetuity. The internet is not anonymous, and it does not forget. Search engines can pick up posts years later, and posts can be easily copied and forwarded. Inappropriate and irresponsible posts can reflect poorly on you as a professional and can negatively impact your opportunities for employment.
Electronic communication regarding courses will occur through university-sanctioned channels (i.e., D2L, Armstrong Gmail). Electronic communication outside these approved channels are not endorsed for academic courses.

It is mandatory that all students are aware of and adhere to FERPA, HIPAA and other federal and state laws restricting the release of personal information.

All students will comply with the policies and guidelines of practicum/internship/clinical sites regarding the use of social media.

Students should be aware of and comply with applicable professional and accreditation standards of practice and codes of ethics pertaining to social media, as well as any other policies, regulations, and guidelines that impose duties, requirements, or standards attendant to their status as a student in their professional program.

**STUDENT HONOR CODE AND CODE OF CONDUCT**

It is expected that students will adhere to the Armstrong Honor Code and Code of Conduct. These policies and procedures for addressing suspected violations are outlined in the Armstrong Graduate Catalog.

It is important that the content of any examination and your examination performance, including practicals, not be discussed with other students. At all times, the principles of the Honor Code and Code of Conduct are to be followed. Professional behavior standards from the PT Student Handbook will also apply. Cheating is defined as giving or receiving information from any unauthorized source on any class assignment. On take-home exams, students are to refrain from discussing or exchanging information related to the exam. During in-class exams, students are to refrain from talking with other students or looking at notes, papers, phones, or other electronic devices.

Students who observe behavior that they believe to be in violation are required to report the behavior to a faculty member and/or the department head. Students in professional programs have the same obligation as clinicians to report misconduct. This mandatory reporting is critical for maintaining the respect of the public and other professionals for our profession and for protection of the public from unethical practitioners.

**FACILITY USAGE**

**Access to the Anatomy Laboratory**
Physical Therapy students in the first year of the professional program may have access to the anatomy laboratory from 8:30 to 5:00 M-F during semesters 1, 2 & 3. Students are to dissect only their assigned cadaver, but are encouraged to look at other dissections.

Students in the second and third years of the program may have access during any semester when 1st year classes are not in session, with permission from the Anatomy Lab Director. Second year students may dissect only with specific approval of the Anatomy Lab Director.

Students are expected to lock the anatomy lab upon exiting and to keep all common areas clean. Students are responsible for the care and maintenance of all cadavers.

No guests are allowed in the gross anatomy laboratory. The laboratory is for faculty and physical therapy student use only. No human material may be removed from the anatomy laboratory at any time. No pictures may be taken at any time. No music may be played during class. No food, beverage, chewing gum or tobacco is allowed in the anatomy lab.

Models should remain in the adjacent study room.

Any destructive or disrespectful behavior in the lab, including failure to maintain bodies in good condition, may result in failure of the course and dismissal from the program.

**Access to the Biodynamics Center**
Students must check out a key from the department secretary or from a faculty member. The key must be returned within 24 hours with one exception: keys checked out on Friday may be returned by 9 a.m. Monday.
The key checkout must be recorded on the log posted inside the key box. Name, key number, date/time of the checkout and date/time of the return must be identified. The key must be returned by the person who checked it out. Failure to follow this policy, including (1) not signing out or (2) turning the key in late will carry a penalty of $25.00. Lost keys will be charged at the University rate to the student who is responsible. Further privileges for checkout may be lost.

**Access to Clinical Labs and Classroom Suite**

Student use of the department is permitted on weekends and evenings. During orientation, students will be issued Armstrong IDs that will also serve as swipe cards.

**On weekends you must not leave any doors propped open to allow other students to enter.** Although Armstrong is a very safe campus, we must keep the department secure from unauthorized entry.

Students are responsible for keeping this laboratory suite tidy and for reporting any difficulties with any equipment.

**Students are not permitted to treat anyone, including friends, except under the direct supervision of a physical therapy faculty member.** Doing so would violate state practice laws.

Students should not be in the **faculty office suite** on weekends or weekdays after 5 pm unless accompanied by a faculty member.

**Student Printing**

WEPA Printing is available in the Armstrong Center atrium. Copies are charged to your Pirate Card.

**Online Access Expectations**

Several classes utilize course management software. **Students are responsible for regularly (at least daily) checking: the online Learning Management System, course web pages, and personal (Armstrong) email.** This will require that students have a computer with on-line access or make use of the equipment in the student computer lab.

**Departmental Library Resources**

Students may use Departmental library resource materials found in the physical therapy conference room. Library resources may not be removed from the department unless checked out with the departmental secretary or a faculty member.

**Eating/Drinking**

Students may eat or drink during breaks in the group study areas or in the classrooms when/if approved by instructors. Beverages may be brought to classrooms but must be in containers with lids. No food, beverage, chewing gum or tobacco is allowed in the anatomy lab.

Food and beverages may be brought into the computer lab, but students will be held responsible for any damage incurred to equipment.

**Lab Equipment**

Students are responsible for providing their own basic lab equipment, either by purchasing the APTA kit or an equivalent professional kit or supplies. Some equipment items may be signed out for limited periods of time by students to augment scheduled learning experiences. The student must sign the equipment log kept in the department office and a departmental faculty member must also sign it. Personal responsibility is assumed by the student for security of the equipment and for its return.

**Use of Tobacco**

Armstrong is a tobacco-free environment. No tobacco use is permitted anywhere on campus.
ACADEMIC POLICIES

Attendance

Each student may be allowed up to three (3) absences or incidences of tardiness per semester, at the discretion of the faculty. Students are expected to request absences in advance through written communication with each instructor. Unexpected absence due to illness or family emergency should be reported immediately via e-mail or a telephone call to the departmental secretary and each instructor. Instructors reserve the right to ask for a physician or Student Health excuse for an illness. Excessive or unexcused absences or incidences of tardiness, lack of active participation in class, or other non-professional behaviors will be addressed with each student individually in a written behavioral evaluation. A student with more than 3 such events for any reason per semester will be required to provide a written explanation to the faculty, which will be reviewed by the faculty as a whole to decide what action is necessary. Exceeding these limitations is grounds for dismissal from the Physical Therapy Program.

These attendance requirements apply to clinical experiences as well. Students are also expected to adhere to the affiliating clinic’s policies for attendance, reporting to the clinical site every day, including days that Armstrong may be closed due to inclement weather or holidays. In the event that a student is ill or likely to miss time in the clinic, he/she must notify the Director of Clinical Education (DCE) at Armstrong and the Center Coordinator of Clinical Education (CCCE) or Clinical Instructor (CI) at the clinical site at the beginning of the workday.

During each clinical education experience, three days of absence due to documented illness or for participation in a professional meeting are allowed but are not automatic. Likewise a student may be granted time off during a workday for personal reasons at the discretion of the CCCE. However, the clinical site has the prerogative to request that all missed days be made up by the student prior to the completion of the affiliation. The DCE must be contacted to approve any arrangements for makeup days due to absences for any reason. Absences should be recorded on the Clinical Performance Instrument (CPI). Accommodations for serious illness will be considered on an individual basis.

If the student becomes seriously ill or is injured, the clinical site is requested to contact the DCE immediately.

Examination Policy:

It is the expectation that students will take examinations on the date and at the time scheduled on the syllabus and in a single location. Every effort will be made to schedule examinations well in advance so that schedules can be arranged accordingly. Backpacks, computers, notebooks, notes, flashcards, and cell phones will be stored in a separate part of the room until examinations have been turned in. Short breaks will be allowed but students are not to leave the department or consult any materials, computers, or phones during these breaks. Use of a phone for any reason during an examination, even while on such a break, will be considered cheating. During in-class exams, students are to refrain from talking with other students and looking at notes, papers, or any other materials or devices. Quizzes and examinations or notes taken from or about an examination should not be discussed or shared with students in other classes. Such sharing of information is considered to be a violation of the Honor Code.

Students are to refrain from discussing written or practical exams, lab experiences, quizzes, or assignments of any kind unless all students have completed them and the professor has given permission to share information.

Plagiarism is defined as the unacknowledged use of another’s words or ideas. Plagiarism and its consequences are described in the honor code section of the Armstrong Graduate Catalog. Ignorance of what constitutes plagiarism is not acceptable as an excuse for plagiarism. Plagiarism will earn a student a zero for that assignment. Faculty may use Turnitin software or other methods to identify episodes of plagiarism.

Grading

Grading follows graduate school policy.

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100</td>
<td>A</td>
</tr>
<tr>
<td>80-89</td>
<td>B</td>
</tr>
<tr>
<td>70-79</td>
<td>C</td>
</tr>
<tr>
<td>60-69</td>
<td>D</td>
</tr>
<tr>
<td>0-59</td>
<td>F</td>
</tr>
</tbody>
</table>
ALL students must meet the following requirements in order to progress in the curriculum:

- Complete each course with an overall average ≥ 80%
- Complete each written and practical examination with a minimum of 80%
- Score ≥ 80% on all graded activities designated by the instructor in the course syllabus
- If one of these graded activities is not passed with a score of 80% or greater, the student must successfully complete a remedial activity with two (2) weeks.
- Only one remedial activity will be allowed per graded activity, and the maximum available grade will be 80%. If the grade on any one of these remedial activities is not ≥ 80%, the maximum available grade for that course will be C and progress through the curriculum will be stopped. A TOTAL of 4 remedial activities will be allowed in each semester in ALL COURSES combined. A student that fails more than 4 examinations in one semester will not progress through the curriculum.
- See “Progression in the Physical Therapy Professional Program” for policies concerning progression through the curriculum after failure of one or more courses.
- Students must remain available for remediation until the last date of exams as specified by the University calendar.

All didactic courses as well as Clinical Practicums 1 and 2 must be passed with a grade of B or better. In the professional (clinical) curriculum, there will be no scaling of grades. This is to discourage competition among students for grades and to foster cooperation in learning. Standards for each grade for each course will be established and followed. Supervised Clinical Education 1, 2, and 3 and Clinical Practicum 3 will be graded on a satisfactory/unsatisfactory basis. All students will be assessed as graduate students, and all students will be graded in the same way.

**Illness/Physical Limitations Policy**

Should a student have an illness, injury or other physical restriction during the program, he/she will be required to bring a note from his/her physician, indicating that he/she is safe to proceed (based upon the essential functions listed in Appendix (p. 57-61). The student should be aware that any delays in the didactic or clinical curriculum may result in a delay in graduation.

**Leave of Absence**

To take a leave of absence, a student must submit a request to the Department Head, including the reason/s for, and approximate duration of, the requested leave. The duration of the leave must be at least one year and may not exceed two years. Readmission to the Program is assured only if the student notifies the Department during the semester prior to the proposed semester of return. Otherwise, readmission to the Program will depend upon availability of slots.

Students are required to keep current health and immunization records at all times to allow entry into clinical facilities during any course in the curriculum. **Students are responsible for the periodic review of their department records to insure that they are complete.**

**Participation Expectations**

Students will attend all classes and assigned labs and participate fully in all discussions and exercises, unless there is a physical limitation that would prevent participation in a specific laboratory activity. Students with such limitations must discuss this in advance with the course instructor. (See attendance policy for further details.) Some courses may take place in a condensed time frame, so that missing a class or day may have a larger impact than a regularly scheduled, semester-long course. Laboratory experiences with other students and faculty demonstrations of physical therapy evaluative and treatment techniques are part of the physical therapy curriculum. Students will be asked to sign a consent form which gives their personal permission to have physical therapy techniques demonstrated or practiced on themselves, as part of the teaching/learning experience.

Students will come to class prepared, ready to discuss material and ask thoughtful questions. Students who are repeatedly unprepared will be graded poorly for class performance and/or professional behavior.
Students will utilize available learning resources to meet their own needs.

Students will demonstrate respect for each other’s privacy and opinions.

Students will show consideration for each other’s time by arriving on time for appointments, including class.

Class assignments, including tests, in all courses are due at the time and date given by the instructor. Late assignments without prior approval of the instructor will not be accepted and a grade of zero will be assigned, unless other penalties have been delineated within a specific course.

**Progression in the Physical Therapy Professional Program**

To progress from each semester to the subsequent semester in the physical therapy professional curriculum, all of the following requirements must be successfully achieved:

1. Satisfactory completion (with a B or better) of all required Physical Therapy academic courses and Clinical Practicum 1 and 2
2. Passing grades in Clinical Practicum 3 and all supervised clinical education courses, and
3. Satisfactory performance on the professional behavioral evaluations, and
4. Satisfactory progression of activities related to the required thesis/project.

All didactic courses and Clinical Practica 1 and 2 must be passed with the grade of B or better. In the professional curriculum, there will be no scaling of grades. This is to ensure that there is no competition among students for grades and to foster cooperation in learning. Standards for each grade for each course will be established and followed. Supervised Clinical Education 1, 2, and 3 and Clinical Practicum 3 will be graded on a satisfactory/unsatisfactory basis. All students will be assessed as graduate students, and all students will be graded in the same way.

The student professional behavioral evaluation form is completed independently by each student and separately by his/her advisor. The information from this evaluation is provided to the student for his/her continued professional growth. The student will be given time to correct these professional behavior deficits. However, repeated failure to correct deficits in professional behavior that have been identified in evaluations from courses and clinical affiliations, will result in an evaluation of the student’s professional behavior by the Physical Therapy faculty as a whole. The student may be dismissed from the Program and will not be eligible to re-enter.

If the thesis/project is not completed by the end of the eighth semester of the professional curriculum, the student must continue to register for PHTH 8904 Thesis/Project 4 until the thesis/project is completed. The student must maintain regular contact with the thesis/project advisor. Failure to maintain regular contact with the thesis/project advisor can result in an unsatisfactory grade in this course.

**Make-up Examinations**

In cases of illness or family crises, the course manager may give a student an exam later in the semester. Incomplete grades will be given if such exams are not taken during the same semester.

** Provisional Promotion**

A student who has an incomplete in one or more courses may be permitted to enter the subsequent semester of the program, with faculty approval, on a provisional basis. The incomplete grades must be completed within the first 4 weeks of the semester following the initial incomplete course/s, or the incomplete grade/s will become “F/s” and the student will be placed on academic probation.
Academic Probation

Academic Probation is an official notification that a deficiency exists. This is an administrative probation and will not be posted on the transcript and will not affect either financial aid or athletic scholarship status. Physical therapy majors will be placed on Academic Probation upon:

- failure to meet the minimum B requirement in any physical therapy professional course or
- failure of any clinical education practicum.

If the student is on academic probation, any additional academic deficiency will result in the student being withdrawn from the program.

Academic deficiencies are cumulative so students will remain on academic probation even when they have repeated a course that produced the academic probation.

Students will be notified of being placed on academic probation by the program director. When a student is on academic probation, the student cannot proceed into the next semester of the curriculum until the course is successfully repeated.

The requirements for remediation of a course not passed with a B or better will be decided by the faculty, and will normally require the student to retake the course during the following year. Students must remediate their deficiency within one year of incurring the deficiency. Students failing to meet this requirement will be automatically withdrawn from the program for academic failure.

All withdrawals from physical therapy professional courses while on probation will be considered failures and will constitute a second deficiency. Upon receiving the second deficiency, the student will be automatically withdrawn from the program for academic failure.

Dismissal from the Program

Dismissal is an official withdrawal from the physical therapy program and from the university. A withdrawal will be posted on the transcript and the student will not be able to reenter the program.

A student will be automatically withdrawn from the physical therapy program if he/she:

- Receives a grade of less than B, in more than one professional course, or an unsatisfactory grade in more than one clinical course, or a combination of less than a B in one course and an unsatisfactory in one clinical course.
- Fails to progress in the physical therapy curriculum. Failure to progress is defined as having to move from one year of graduation to a later graduation year more than once for academic reasons.
- Violates the professional standards of physical therapy established by the Code of Ethics and Guide for Professional Conduct of the American Physical Therapy Association or violates the rules and regulations governing the practice of physical therapy within the state of Georgia or any other jurisdiction in which the student is working. Students should review the rules and regulation governing the practice of physical therapy in any jurisdiction in which they work because there is diversity in these rules and regulations in different states.

Students will be notified of dismissal by the program director.

Consequences of Dismissal

The student will be automatically withdrawn from the program. A withdrawal from the program will be posted on the transcript. The student will not be able to reenter the physical therapy program.

APPEALS PROCESS AND CAPTE CONTACT INFORMATION

The appeals process is covered under “Suspension”, page 25.
Students who wish to register a complaint about the program may contact the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org.

DOCTOR OF PHYSICAL THERAPY CURRICULUM

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A description of the curriculum and detail of the program of study also can be found at: https://www.armstrong.edu/academic-departments/rs-dpt-program-of-study

CLINICAL EDUCATION

The Director of Clinical Education (DCE) establishes policies and procedures for clinical education which are approved by the entire faculty. These policies and procedures are presented to and reviewed with students by the DCE and submitted to every agency affiliated with the program.
Clinical education experiences are designed to maximize the student’s abilities to apply newly acquired patient/client/client management skills in clinical settings. The educational institution depends upon the clinical sites to provide carefully supervised learning experiences through which the student has the opportunity to apply the principles learned in the classroom. The clinical site is also a highly conducive environment in which to develop professional attitudes, values, and ethics; seek practitioner role models; and to observe and participate in administrative, managerial, and clinical research spheres. The problem-solving approach should form the basis of these experiences.

The student, with the clinical instructor as guide, should have the opportunity to gather all relevant information about the patient/client through examination; make clinical judgments from the information gathered; organize these judgments into a physical therapy diagnosis; establish a prognosis and goals through this process; and plan an **appropriate** program of intervention to attain these goals. Inherent in this approach is concern for the individual student's needs. The clinical instructor should evaluate the student and communicate recognized strengths and weaknesses, as the student strives for excellence in performance as a physical therapist.

The professional curriculum shall prepare the student to meet the following goals:

- to develop safe, logical, and effective patient/client management skills in a variety of health care settings.
- to develop effective skills for clinical teaching and lifelong learning.
- to develop a strong sense of professional values which fosters an ethical approach to the practice of physical therapy.

The clinical education experiences are designed to prepare students to meet these goals by exposure to a wide variety of health care settings and increasingly complex levels of patient/client care.

Clinical affiliations are scheduled within the framework of the total curriculum so that the student enters each affiliation as soon as possible after completing required academic competencies. In turn, the student will have the opportunity to build upon knowledge gained during the affiliation, integrating such knowledge into future academic and clinical components of the curriculum.

Students are responsible for costs of transportation, housing, meals, uniforms and other expenses associated with each clinical education experience.

**Clinical Education Abbreviations**

- **DCE or Director of Clinical Education**: The physical therapy department faculty member who is responsible for developing, organizing, supervising and evaluating the clinical education component of the curriculum.

- **CCCE or Center Coordinator of Clinical Education**: The physical therapist employed by the clinical site who is designated to coordinate and supervise clinical education experiences at the clinical site.

- **CI or Clinical Instructor**: The physical therapist employed by the clinical site who is designated by the CCCE to supervise, mentor and evaluate the performance of physical therapy students.

**The Clinical Education Curriculum**

In order to prepare students to be active learners in clinical settings, affiliations are scheduled so that each student has completed the academic requirements necessary for that affiliation.

**Note**: clinical objectives are updated annually. Please refer to the objectives in the syllabi sent with each student’s affiliation packet.
PHTH 7181 Clinical Practicum I

This course will provide an initial exposure to the acute care setting through laboratory and on-site experiences. Classroom experiences will introduce students to the concepts of documentation, medical record keeping, legal and ethical issues in record keeping, communication, and interviewing.

Objectives: Upon successful completion of this course, the student will be able to:

1. document patient history, subjective reports, objective findings, physical therapy problem list, treatment goals, and a treatment plan using the Armstrong format.
2. document a physical therapy treatment session in SOAP format.
3. define the role of various health care professionals in patient care.
4. define commonly used medical chart terminology.
5. verbalize the consequences to the patient of restricted mobility and recumbence.
6. demonstrate effective and appropriate oral communication skills with patients, family, and other health professionals.
7. demonstrate professional behavior in the clinical environment.
8. demonstrate proficiency in sterile technique and gowning.
9. develop familiarity with lines and equipment commonly found in acute-care setting.
10. demonstrate an understanding of the Occupational Safety and Health Administration (OSHA) standards regarding occupational exposure to bloodborne pathogens, including prevention, universal precautions, immunization, and exposure control.
11. identify the evaluative tools used in Armstrong clinical education practica and supervised clinical education experiences.
12. discuss the treatment options and their associated goals in addressing a patient’s cardiopulmonary dysfunction.
13. identify the primary purposes of the medical record. Discuss how clinical documentation creates the clinical picture of the patient’s overall condition and response to treatment. Differentiate between medical and physical therapy diagnoses. Demonstrate awareness of the elements necessary for an effective, patient-centered interview. Address the need for patient input on goal writing and outcomes.

PHTH 7282 Clinical Practicum 2

This course will provide ½ day observational and hands-on exposures to health care settings in which physical therapy plays an integral role in patient/client care. Care settings will include specialty clinics, long term care facilities, hospitals, outpatient facility and school systems.

Upon successful completion of this course, the student will be able to:

1. Complete narrative journal entries of patient history, including problems that led them to seek medical care, description of current patient condition, and brief overview of that patient’s plan of care.
2. Complete narrative journal entries that describe the roles and behaviors of other health care professionals as observed by the student.
3. Perform patient/client draping and provide assistance in uncomplicated chair/treatment table/bed transfers.
4. Perform gross assessment skills including history, systems review, manual muscle testing, range of motion, write a basic evaluation and derivative diagnosis and problem list.
5. Perform appropriate interventions for the patient/client, within the student’s experience.
6. Write an initial outline of the plan of care, including possible referral to other health care professionals.
7. Describe the student evaluation process as applied in the clinical setting.
8. Appreciate the role of self-evaluation in professional growth.
9. Identify and describe characteristics of the clinical instructor that are conducive to effective learning.
10. Identify and describe characteristics of the clinical environment that are conducive to effective learning.
11. Describe and apply techniques for soliciting feedback that facilitate clinical learning.
12. Define and differentiate between fee for service, fee schedule, out of pocket, and prospective reimbursement.
**PHTH 7383 Clinical Practicum 3**

This course will continue observational and introductory hands-on exposure in health care settings where physical therapy plays an integral role in patient/client care in a week-long experience. Care settings will include outpatient clinics, long term care facilities, hospitals, school systems as well as some specialty settings.

Upon successful completion of this course, the student will be able to:

1. Perform patient/client draping and provide assistance in uncomplicated chair/treatment table/bed transfers.
2. Performs components of gross assessment of systems (MMT, ROM, etc.) Write a basic evaluation and derivative diagnosis and problem list.
3. Identify, from the evaluation, the expected level of optimal improvement and timeframe needed to reach that level.
4. Perform appropriate interventions for the patient/client, within the student’s experience.
5. Write an initial outline of the plan of care, including possible referral to other health care professionals.
6. Uses appropriate body mechanics; requests assistance when necessary.
7. Demonstrates awareness of contraindications and precautions to treatment.
8. Expresses questions, requests or needs in a clear and easily understood manner.
9. Recognizes the effects on others of his/her own non-verbal communication.
10. Obtains a subjective history from patient or other sources.
11. Identifies functional problems related to impairments.

**PHTH 8481 Supervised Clinical Education I**

At the conclusion of the 3rd semester, the students will begin an 8-week clinical affiliation. Having completed coursework in basic patient/client management techniques, the student shall demonstrate the following competencies:

1. The student shall conduct an appropriate patient/client examination, evaluation and intervention program.
   a) Selects and performs appropriate examination techniques considering the pathology present and the patient/client’s psychosocial status.
   b) Interprets and utilizes examination findings and other pertinent information, including the medical record, to make clinical judgments and establish a physical therapy diagnosis.
   c) Communicates evaluation findings verbally and in written form.
   d) Establishes a realistic prognosis and plan of care, including realistic goals which are sequenced according to the patient/client’s capability for achievement.
   e) Synthesizes academic and clinical knowledge on various treatment approaches and selects procedures in keeping with expected results.
   f) Determines the frequency of treatment and the personnel required for each treatment procedure.
   g) Participates with other services, including physicians, in planning comprehensive care.
   h) Records the plan of care accurately and concisely in the patient/client’s chart.

2. The student shall implement the proposed plan of care utilizing sound professional judgment.
   a) Utilizes knowledge and skill in physical therapy interventions to meet short and long term goals for improved function and mobility.
   b) Appreciates the psychosocial aspects of illness and minimizes the stress to the patient/client associated with the treatment plan.
   c) Analyzes the effectiveness of interventions and alters methods according to the patient/client’s progress.
   d) Secures and maintains communication through written communication and/or direct contact with involved health professionals concerning patient/client’s status.
   e) Teaches the patient/client, the family, and/or the supportive personnel, the essential elements of the plan of care and the home treatment program as part of discharge planning.
   f) Facilitates continuity of care through appropriate referral to community agencies and participates as necessary.
3. The student shall gain knowledge and understanding of the supervisory, educational, and administrative roles of the physical therapist.
   a) Delegates responsibility and supervises supportive personnel.
   b) Accepts responsibility for the physical therapy education of other health-related personnel involved in patient/client care.
   c) Participates in the overall administration of the physical therapy service. This includes adherence to the chain of command, organization of time, methods of scheduling and billing, timely completion of records and reports, and participation in departmental planning.

4. The student shall demonstrate professional behavior and growth.
   a) Appreciates the need for continual self-assessment and identifies strengths and weaknesses in the knowledge base, clinical skills, and interpersonal relationships; carries out methods of self-improvement.
   b) Accepts and utilizes constructive criticism.
   c) Exhibits professional behavior in accordance with the American Physical Therapy Association Code of Ethics.
   d) Remains receptive to new concepts and ideas.
   e) Utilizes research principles in the critical analysis of physical therapy procedures.
   f) Selects and develops an area of special interest.
   g) Augments knowledge in physical therapy through published literature and continuing education programs.
   h) Participates in the functions of the professional organization.

**PHTH 9882 Supervised Clinical Education 2**

Supervised Clinical Education 2 takes place during the fall semester of the third year. At this time, students have completed all academic course work related to entry-level practice for all care settings. Students are able to choose affiliation sites in general, acute care, rehabilitation, and other specialty settings. The student is expected to be able to work with patient/clients with all physical therapy diagnoses, including multiple diagnoses.

In addition to the competencies identified for Supervised Clinical Education 1, the student in Supervised Clinical Education 2 shall demonstrate the following competencies:

1. The student shall demonstrate initiative for further research and academic information to meet the needs of clinical practice.

2. When faced with a patient/client problem that demands skills outside the student’s area of knowledge, the student will independently explore the physical therapy skills needed and discuss the feasibility of such treatment options with the clinical instructor.

3. The student shall demonstrate areas of need for education of other healthcare professionals.

   The student shall identify a topic for an in-service education to other health professionals during the clinical affiliation.

4. The student shall identify areas in which a physical therapist can serve as a resource for community education.

   The student shall demonstrate awareness of community programs and services in which a physical therapist could make a contribution.

5. The student shall share responsibility for all stages of clinical learning, from setting objectives, to designing learning experiences, and application of skills in self-assessment.

6. The student shall identify and discuss elements of ethical decision-making in the clinical setting.
The student and Clinical Instructor should discuss at least one patient/client situation in the student caseload which demonstrates the student’s recognition of economic, psychosocial, and environmental factors which affect patient/client care planning and treatment outcomes.

7. **The student shall identify situations in which a physical therapist may act as a patient/client advocate.**

The student and Clinical Instructor should discuss at least one patient/client situation in the student caseload which demonstrates the student’s recognition of patient/client/family abuse, need for social service intervention, or need for facility/community services.

8. **The student will identify elements of effective professional interactions with the clinical instructor and with other health care professionals in the department and at the facility.**

   a) The student will verbalize elements of effective and ineffective oral, written, and behavioral communication in the departmental and facility setting.

   b) The student will be able to give examples of effective and ineffective communications within the departmental and facility setting.

**PHTH 9983 Supervised Clinical Education 3**

This is the student’s final clinical affiliation, after which he/she will return for summative classroom work. By the end of this affiliation, the student should be able to treat complex patient/clients independently or with the assistance of more experienced staff as would be appropriate for a new graduate working at the facility. The student should clearly and consistently demonstrate the ability to integrate information from all didactic and clinical components of the curriculum.

In addition to the competencies identified for Supervised Clinical Education 1 and 2, the student in Supervised Clinical Education 3 shall demonstrate the following competencies:

1. **The student shall effectively communicate, in written and verbal form, professional and patient/client-centered information.**

   a) The student shall be able to write documents of reconsideration for payment or an extension of the plan of care for patients/clients under treatment.

   b) The student shall be able to communicate orally and in writing with third parties concerning patient/client or professional issues.

2. **The student shall share equal responsibility for all components of his/her clinical education, including self-assessment, in meetings with the Clinical Instructor.**

   The student shall review his/her cumulative clinical experiences by the mid-term evaluation, with a plan brought to the Clinical Instructor to complete perceived deficiencies.

3. **The student shall demonstrate the ability to make responsible professional decisions in acting as a patient/client advocate.**

   a) The student shall be able to identify situations of potential patient/client/family abuse.

   b) The student shall be able to identify the need for social service or community intervention and initiate the referral for intervention.

4. **The student shall demonstrate an awareness of the economic, psychosocial, and environmental factors which affect patient/client care planning and treatment outcomes.**

   When faced with economic, psychosocial, and environmental factors which will limit the ideal plan of care, the student will modify the plan and involve facility/community resources to optimize the patient/client’s outcomes.
**Criteria for Selection of Clinical Sites**

Clinical Education Guidelines and Self-Assessments, endorsed by the APTA House of Delegates in 1993, published by the Division of Education of the American Physical Therapy Association and revised in 2004, serves as the resource for the selection of clinical sites and instructors. Placement may involve travel and additional costs for travel and housing may be incurred in addition to the usual tuition and fee costs for clinical courses. Depending on clinical site requirements, drug testing, criminal background checks and/or additional immunizations may be required and the student is responsible for these costs.

As stated in the philosophy, the educational institution depends upon the clinical sites to provide students with an environment in which to apply the principles of the classroom. Therefore, the facility should be able to offer a variety of learning experiences which can meet the objectives of the academic program, student, and clinical facility.

The clinical site should have written policies regarding student education, including a plan for orientation, clinical objectives, and both formative and summative evaluations. A grievance process should be available to remediate problems which arise during the clinical experience.

Should a student identify a new clinical education site, he/she should provide the DCE with the following information:

- Name, address and contact information for the site
- Reason for interest in the site
- Specific type of rotation being requested

Students should contact the DCE prior to initiating any discussion with the potential clinical site. It is the responsibility of the DCE to determine the appropriateness of the site, and the DCE will make the final decision to determine whether the clinical site will be pursued. (For new sites, a clinical agreement must be obtained, and it is important to note that it takes a minimum of 3 to 6 months for a contract to be finalized.) In the event that a student requests and is approved for a particular clinical site, once an effort has been made to establish a rotation at that site, the student cannot opt to go elsewhere (barring special circumstances).

The program should be coordinated by a CCCE. The CCCE should have formal approval from the facility’s administration for participation in the clinical education program. The CCCE should be an experienced clinician who is also familiar with the principles of clinical teaching and learning. The CCCE is also the liaison to the DCE for coordination of the clinical and academic settings. The CCCE is considered an invaluable member of the clinical education team.

Affiliating students are directly responsible to the CI in the clinical setting. The CI serves as the direct facilitator of learning in the clinical setting and is directly responsible for designing, planning, and arranging the student’s learning experiences through the course of the clinical affiliation. The CI should be oriented to the goals, objectives, and structure of both the clinical facility program and academic program. The CI meets regularly with the student and CCCE to evaluate the student’s progress; the CI may also need to be available to the DCE for consultation. CI’s should have the support of the facility, as evidenced by some flexibility in their caseload, to meet the student’s needs for guidance and supervision.

A formal program of clinical education does not require a large number of personnel. The individual commitment of the therapists involved will ensure a quality clinical experience for the student.

**Student Placement**

The Director of Clinical Education will involve each student in the development of his/her individual clinical education program. The educational needs of the student will take precedence in determining clinical placements.

Initial placements in Clinical Practicum 1, 2 and 3 will be made by the DCE, allowing student preferences as availability permits. Prior to these placements, students will participate in classroom and lab experiences which prepare them for the clinical objectives stated previously.
The first long-term clinical experience, Supervised Clinical 1, is intended to give the students experience in musculoskeletal, acute care, general medical, and general rehabilitation settings. Second and third clinical experiences offer the student opportunities in all physical therapy settings. It is recommended that students include exposure to orthopedic, medical/surgical, acute and rehabilitation settings in these affiliations.

The student is guided in developing his/her clinical education program through classroom discussions, faculty interaction, and review of center clinical information forms. This process enables the students to assess the qualities they bring to the practice of physical therapy and to identify those areas which require personal and professional development. Should more than one student request placement at a facility offering a limited number of clinical slots, assignment will be made by the DCE based on meeting each student’s learning needs.

A variety of clinical affiliation experiences are available to the student, including urban/rural settings, private/corporate/institutional settings, and specialty/generalized practices. Class discussions consider how each setting has a place in the health care spectrum and how each setting can meet the personal clinical education goals that the student has identified. Students also learn about the processes of clinical learning and how this differs from didactic learning. The goal of these discussions is to increase the student’s ability to contribute to his/her learning success in the clinic.

Upon return to the classroom following Supervised Clinical Experience 1, students will participate in a Clinical Education Synthesis class designed to integrate clinical and academic principles. Students are given the opportunity to reflect upon their experiences, sharing information with their classmates. This process helps them to understand the continuum of academic and clinical experiences as professional education, preparing them also for future clinical affiliations. The accumulation of knowledge and experience will prepare a clinician who is able to take the initiative for lifelong professional learning.

Students are given the information and resources of the Armstrong clinical files to make the selections for their affiliations. Each student is required to do his/her own research and then submit several choices for affiliation. The DCE is available as a resource and consultant in this process. Selections are submitted to the DCE to make the initial placements. All placements are subject to final approval of the DCE, who reserves the right to make final determinations of affiliations when in the best interests of the students’ education.

Every effort is made to confirm placements for all three affiliations with sites at the earliest possible date. CCCE’s are requested to inform the school as soon as possible if an affiliation slot must be canceled.

**Team Member Responsibilities**

**The student shall:**

- complete all objectives as listed for each clinical practicum/affiliation.
- follow policies and procedures as outlined in this manual, as well as policies and procedures of the affiliating site.
- complete all paperwork required administratively by the school and facility for his/her affiliation.
- complete the mid-term and final evaluations as scheduled during the affiliation.

Additionally, students are encouraged to bring back information about their clinical experiences which can be shared in class. Examples of interesting patient/client cases, treatment approaches, and organizational structure may be recorded in the student’s clinical journal for later use in academic/clinical synthesis. At all times, the student must adhere to the rules of patient/client/facility confidentiality. Any information must be devoid of identifying patient/client, physician, or site names. The CI must give permission for any photocopying of departmental or patient/client records, even after removal of identification.

**The school shall:**

- maintain a current clinical education handbook for all clinical sites, including affiliation dates, coursework, policies and procedures.
• request affiliation site accommodation from the facility at least three months in advance, through participation in the national voluntary clinical scheduling program.
• confirm placement of students as quickly as possible.
• send student information forms, student health forms, insurance confirmation, copies of verification of mandatory education sessions (HIPAA, OSHA, CPR), goals and objectives of the experience (as outlined in the syllabus) and other applicable information prior to the student’s arrival.
• maintain telephone contact at least twice during the student’s affiliation; on-site visitation at least once, if possible.
• be available to the CI and CCCE at all times during the student’s affiliation.
• meet the responsibilities of the affiliation agreement.

The clinical site shall:

• maintain currency in the Clinical Site Information Form (CSIF) and student accommodation forms, with revisions as necessary.
• inform the DCE of any changes in student scheduling.
• complete mid-term and final student evaluation forms and return completed forms to the DCE
• meet the responsibilities of the affiliation agreement.

Clinical Performance Evaluation Guidelines

Clinical Practica I and 2 (PHTH 7181, 7282) are designed as initial patient/client care experiences. The First Semester Student Evaluation Form is designed for use by all health professionals. The form has been designed to give both student and Clinical Instructor a basis for assessing the student’s initial performance in a clinical setting for skills common to all health care providers.

Clinical Practicum 3 (PHTH 7383) utilizes the Clinical Performance Evaluation Form, which examines the student’s achievement of goals appropriate to the learning objectives of an initial physical therapy clinical experience.

The Clinical Performance Instrument (CPI), developed by the American Physical Therapy Association, has been chosen for use by the Armstrong Physical Therapy Program. This evaluation form has been selected because of its focus on the learning process, rather than the accumulation of skills.

The primary focus in clinical education is to establish a base of problem-solving skills, knowledge, and understanding that can be applied to any patient/client care situation. The student will continue building upon these skills throughout his/her entire professional career.

The CPI was therefore selected as it reflects this clinical learning process. Learning has been defined as “observed changes in behavior.” Therefore, as the student learns to learn in the clinical setting, he/she should demonstrate clearly observable changes in behavior that indicate improved understanding, increased ability to integrate and apply prior knowledge, and higher quality of professional skills.

By the end of the final clinical affiliation, the student should possess the skills and professional judgment necessary for “entry level” practice: that of a new graduate hired to work at that facility.

The learning objectives for each affiliation have been previously described. In addition, this handbook includes the CPI and Clinical Practica 1 and 2 forms. The performance guidelines describe the minimal expected performance for the student in each affiliation. Performance at a level consistently lower than that described in the appropriate form may be considered insufficient for acceptable completion of the affiliation. A student performing at a consistently low level will be provided remediation as described in the section on remediation.

Each evaluation form also includes a section for comments for further descriptions of the learning experiences of the student at that affiliation. The comments sections should be used to delineate problems or difficulties which were observed during the affiliation.
Finally, a summary section is included with each form which describes the expected outcomes for successful completion of the affiliation.

**Clinical Remediation**

The goal of remediation is to identify and assess the deficits in the student’s learning process and/or information base and develop a program to resolve that deficit. The student will be expected to take an active role in the development and execution of the remediation program. Students are advised also to read the Physical Therapy Student Handbook and the Armstrong State University Catalog. Remediation procedures outlined in those documents are applicable throughout the academic and clinical curriculum.

Students who receive an “F” during Supervised Clinical Education I will be placed on academic probation and will not be allowed to progress to the next academic semester. Students who receive an “I” during this first clinical may be promoted with provision to the next semester.

Students must receive a “pass” in all clinical affiliations. Students who fail one clinical will be required to repeat that course. Failure to pass that clinical on a second attempt, or failure to pass any subsequent clinical or academic course on a first attempt, will result in a student being dismissed from the program.

Students promoted provisionally due to a grade of “I” will seek academic advisement from the Director of Clinical Education. The DCE may modify the student’s program of study with the approval of the entire faculty. Plans to improve clinical performance will include completion of equivalent clinical hours during the next immediate academic semester, counseling, and review of classroom work. Failure to improve performance or to meet any part of the agreed plan will result in a grade of “F” with the student placed on academic probation. (See “Academic Probation.”)

The student may be offered an extended clinical experience to remediate an incomplete grade if:

1. the student has difficulty grasping one specific part of the clinical course work and
2. the student has demonstrated appropriate knowledge and skills in other areas of the clinical course, and
3. The clinical faculty and the DCE agree that the deficiency can be remediated within an extended time frame of no more than two weeks and
4. The clinic is willing and able to extend the clinical experience.

A similar clinical experience will be assigned if the clinic is unwilling or unable to extend the clinical experience. Students required to take this option will likely have a delayed graduation.

The student will receive a failing grade in the clinical course and be placed on academic probation when:

1. The failure is due to safety issues or consistent difficulties with the clinical coursework and
2. In the professional judgment of the DCE in consultation with the clinical faculty, the difficulties cannot be remediated within the available time frame.
3. Policies of the physical therapy program regarding academic probation will apply.
4. If a student has a second failure, in either the didactic or clinical instruction, the student will be dismissed from the program.

**Suspension**

The DCE, CCCE, or CI may suspend immediately, on an interim basis, any student who, while performing in a clinical experience of his or her program, commits any act or omission endangering the life, health, or well-being, or violating any established rights or reasonable expectation of confidentiality of a patient/client, or other person.

Immediately following the incident, the student shall meet with the CI supervising the clinical experience at issue. The CI will orally state the reasons that the student is being removed from clinical contact with patients/clients, which constitutes an interim suspension.
The facility’s incident reporting procedures shall be followed. Additionally, the DCE will be notified immediately and Armstrong reporting procedures shall be followed.

A copy of the facility’s form shall be conveyed to the physical therapy program.

The program director, in consultation with the DCE, may further act to reinstate the student or begin the suspension/dismissal hearing process.

The student shall be given oral notice of the impending suspension or dismissal decision and the grounds thereof. Such oral notice shall be given as soon as possible and no later than 24 hours after the incident.

The student shall be given written notice of the impending suspension or dismissal, the grounds thereof, and the date, time, and place of the hearing to be held on the matter. Such notice shall be given no later than 48 hours after the incident.

At the hearing, the student shall be given the opportunity to answer the charges against him/her. Where reasonably possible, the hearing shall take place within 72 hours after incident. The object of the hearing is to ascertain the truth, protect the interests of faculty, and protect the interests and rights of the student, in the least formal setting possible.

At this hearing:

1. The student may be accompanied by another person, but said person shall not address the proceedings; and,
2. The formal rules of evidence of a court of law shall not limit the fact-finding process at the hearing; and,
3. At least three full-time faculty of the physical therapy program shall hear the case. Faculty from other units of the College of Health Professions (COHP) may be asked by the Hearing Officer to participate as well. The supervising faculty member(s) bringing the charges shall not, however hear the case;
4. The COHP Hearing Officer shall preside; and,
6. A record, in the form of minutes, shall be made of the evidentiary portion of the hearing and of the decision, and either party at the hearing may make, if unobtrusive, a tape recording of the proceedings; and
7. The decision, which shall be rendered no later than 48 hours after the conclusion of the evidentiary portion of the hearing, shall be careful and deliberate and based solely on the evidence presented at the hearing; and,
8. The Dean’s decision is effective upon being rendered. The student may continue the appeal according to the processes outlined in the College of Health Professions Appeals Process: http://www.armstrong.edu/Health_professions/deans_office/chp_appeals_process

The student may appeal the decision, but until such time as notice of appeal is given, such decision shall be deemed final. Suspensions and dismissals shall be effective on the date the decision is rendered unless a specific later effective date is determined by the unit making the decision. An appeal notwithstanding, any student suspended on an interim basis (pending the outcome of the hearing) upon committing the act or omission, may, in the discretion of the Dean, have that interim suspension continued pending final outcome of all appeals.

If an appeal through the level of the Provost and Vice President for Academic Affairs cannot be heard and decided within one week after the effective date of the suspension, the Dean, shall have the authority to reinstate, on an interim basis, pending exhaustion of the administrative appeal process, any student taking such appeal.

The Dean, following consultation with the Program Director/Department Head and DCE, shall determine whether a student reinstated on an interim or permanent basis shall be placed back with the original supervising faculty member(s) or placed according to some alternative arrangement.

**SPECIAL NOTE**

While the provisions of this student handbook will generally be applied as stated, the Physical Therapy Program reserves the right to change any provision listed in this manual. Every effort will be made to keep students advised of any such changes.
APPENDICES

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Student Learning Style Inventory 40
Clinical Practica 1 & 2 Student Evaluation Form 41
Clinical Practicum 3 Student Evaluation Form 42
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Exit Criteria/Essential Functions 57
Armstrong State University
Department of Physical Therapy
Professional Behaviors\textsuperscript{1}: Guidelines for Classroom Assessment

Directions:

This instrument is designed for both self-assessment and faculty assessment of the professional behavior of students in the Physical Therapy Program at Armstrong State University. This form is to be completed by each student at midterm in Semesters 1, 2, 4 & 5. At each of these points, students will meet with their advisor to discuss their progress or lack of progress in the development of these professional behaviors. Lack of a progressive development in these behaviors can result in suspension or dismissal from the Program.

Each of the ten professional behaviors expected of graduates is accompanied by a linear analog scale for indicating the overall level of accomplishment of that behavior. The determination of this level of accomplishment of each behavior is based upon the meeting of the behavioral criteria listed for each professional behavior. In addition a check box is provided if the behavior is felt to be at an advanced level if such criteria are provided for that behavior. A check space is also provided for each behavioral criterion, and should be checked if this criterion is met “most of the time”.

In doing self-assessments, students should be able to support their self-reported level of accomplishment with specific examples of interactions with faculty, fellow students, staff and clinicians. Each student will make specific goals for improvement in each of the behaviors and list actions that the student can take that will assist her/him to accomplish these goals. Copies of the student’s self-assessment and faculty assessments will be placed in her/his official record.

\textsuperscript{1} Adapted from May, et al. Journal of Physical Therapy Education Vol 9, 1995 and as revised in 2001.
### Professional Behaviors

#### 1. COMMITMENT TO LEARNING

<table>
<thead>
<tr>
<th>Semester 1/2 Criteria</th>
<th>Semester 4/5 Criteria (+ all 1/2 criteria)</th>
<th>Advanced Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Identifies problems</td>
<td>- Reconciles conflicting information and is tolerant of ambiguity</td>
<td>- Questions conventional wisdom (We've always done it this way) when in conflict with research evidence.</td>
</tr>
<tr>
<td>- Formulates appropriate questions</td>
<td>- Researches and studies where knowledge base is lacking</td>
<td>- Demonstrates confidence in sharing knowledge with others at all staff levels</td>
</tr>
<tr>
<td>__ Identifies and locates appropriate resources</td>
<td>- Reads articles critically and understands the limits of application to professional practice</td>
<td>- Modifies examination and interventions based upon newly-learned skills and evidence</td>
</tr>
<tr>
<td>- Demonstrates motivation (positive attitude) toward learning</td>
<td>- Recognizes the need to and is able to verify solutions to problems</td>
<td>- Consults with other health professionals for new examination and intervention ideas</td>
</tr>
<tr>
<td>- Offers own thoughts and ideas</td>
<td>- Accepts new information readily and re-evaluates previous knowledge based on this new information.</td>
<td>- Acts as a mentor in area of specialty for other staff</td>
</tr>
<tr>
<td>- Recognizes where knowledge base is lacking</td>
<td>- Consults with other physical therapists for new examination and intervention ideas</td>
<td></td>
</tr>
<tr>
<td>- Seeks out and/or reads professional literature beyond course requirements</td>
<td></td>
<td></td>
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<tr>
<td>- Seeks other learning opportunities outside of the classroom</td>
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</tr>
<tr>
<td>- Accepts that there may be more than one answer to a problem</td>
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<td></td>
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<tr>
<td>- Confident in the presentation of research or case studies or in-services</td>
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<tr>
<td>- Analyzes and subdivides large questions into their components</td>
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<tr>
<td>- Sets personal and professional goals</td>
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</tbody>
</table>

### Comments/Discussion:
## Professional Behaviors

### 2. INTERPERSONAL SKILLS

<table>
<thead>
<tr>
<th></th>
<th>Semester 1/2 Criteria</th>
<th>Semester 4/5 Criteria (+ all 1/2 criteria)</th>
<th>Advanced Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__ Maintains professional demeanor in interactions with faculty and peers</td>
<td>__ Motivates others to achieve their best</td>
<td>__ Recognizes role as a leader</td>
</tr>
<tr>
<td></td>
<td>__ Communicates with others in a respectful, tactful and confident manner</td>
<td>__ Listens patiently and reflectively to others</td>
<td>__ Builds partnerships with other professionals</td>
</tr>
<tr>
<td></td>
<td>__ Maintains attentiveness/awareness during laboratory and discussion sessions</td>
<td>__ Works effectively with the challenging patient</td>
<td>__ Establishes mentoring relationships</td>
</tr>
<tr>
<td></td>
<td>__ Avoids conversation during class</td>
<td>__ Responds effectively to unexpected experiences and situations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>__ Maintains composure when discussing results of examinations or other graded assignments</td>
<td>__ Talks with sensitivity and objectivity about difficult issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>__ Respects cultural and personal differences</td>
<td>__ Delegates effectively to others while demonstrating respecting the knowledge, skills and roles of support staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>__ Recognizes the impact of non-verbal communication and modifies own body language appropriately</td>
<td>__ Approaches other to discuss difference is opinion and discusses this differences in a tactful, open and understanding manner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>__ Respects personal space of others</td>
<td>__ Accommodates differences in learning styles and work habits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>__ Assumes responsibility for mistakes</td>
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</tr>
<tr>
<td></td>
<td>__ Apologizes in a timely and appropriate manner when in the wrong</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>__ Motivates and encourages other students</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>__ Seeks knowledge and input from others</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>__ Maintains confidentiality</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/Discussion:
### Professional Behaviors

#### 3. COMMUNICATION SKILLS

<table>
<thead>
<tr>
<th>Semester 1/2 Criteria</th>
<th>Semester 4/5 Criteria (+ all 1/2 criteria)</th>
<th>Advanced Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Demonstrates understanding of basic English (verbal and written); uses correct grammar, accurate spelling and expression; writes legibly</td>
<td>__ Speaks at receiver’s communication level and modifies communication to meet needs of different audiences (i.e. colleagues, lay persons)</td>
<td>__ Demonstrates the ability to write scientific research papers and grants</td>
</tr>
<tr>
<td>__ Avoids vocal detractors (i.e. “like”, “um”, sighing)</td>
<td>__ Maintains open and constructive communication</td>
<td>__ Fulfills role as a patient advocate</td>
</tr>
<tr>
<td>__ Recognizes impact of non-verbal communication (i.e. maintains eye contact)</td>
<td>__ Utilizes communication technologies effectively</td>
<td>__ Communicates professional needs and concerns to other professionals and law audiences</td>
</tr>
<tr>
<td>__ Uses non-verbal communication to augment the verbal message</td>
<td>__ Dictates clearly and concisely</td>
<td>__ Mediates conflict</td>
</tr>
<tr>
<td>__ Listens attentively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Uses accurate professional and/or lay terminology when appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Gives feedback constructively and receives feedback without defensiveness.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Reconciles differences with appropriate level of assertiveness and respect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Presents written or verbal communication with logical organization and sequencing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Restates, reflects and clarifies received messages</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments/Discussion:**
# Professional Behaviors

## 4. EFFECTIVE USE OF TIME AND RESOURCES

<table>
<thead>
<tr>
<th>Semester 1/2 Criteria</th>
<th>Semester 4/5 Criteria (+ all 1/2 criteria)</th>
<th>Advanced Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>— Able to focus on tasks at hand without dwelling on past mistakes</td>
<td>— Schedules (sets) priorities and reorganizes when needed</td>
<td>— Uses limited resources creatively</td>
</tr>
<tr>
<td>— Assumes responsibility for managing own schedule in a timely manner</td>
<td>— Ability to delegate when appropriate</td>
<td>— Manages meeting time effectively</td>
</tr>
<tr>
<td>— Coordinates schedule with others as necessary</td>
<td></td>
<td>— Takes initiative in covering for absent staff members</td>
</tr>
<tr>
<td>— Plans ahead</td>
<td></td>
<td>— Develops programs and works on projects while maintaining case loads</td>
</tr>
<tr>
<td>— Completes assignments in a timely manner</td>
<td></td>
<td>— Follows up on projects in timely manner</td>
</tr>
<tr>
<td>— Being able to accomplish needed multiple tasks within a given time frame</td>
<td></td>
<td>— Advances professional goals while maintaining expected workload</td>
</tr>
</tbody>
</table>

**Comments/Discussion:**
## Professional Behaviors

### 5. USE OF CONSTRUCTIVE FEEDBACK

<table>
<thead>
<tr>
<th>Semester 1/2 Criteria</th>
<th>Semester 4/5 Criteria (+ all 1/2 criteria)</th>
<th>Advanced Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Demonstrates active listening skills</td>
<td>__ Assesses own performance accurately</td>
<td>__ Engages in non-judgmental, constructive problem-solving discussions</td>
</tr>
<tr>
<td>__ Actively seeks feedback and help</td>
<td>__ Provides constructive and timely feedback when establishing pre-professional goals</td>
<td>__ Acts as conduit for feedback between multiple sources</td>
</tr>
<tr>
<td>__ Demonstrates a positive attitude toward feedback</td>
<td>__ Develop plans of action in response to feedback</td>
<td>__ Utilizes feedback when establishing professional goals</td>
</tr>
<tr>
<td>__ Receptive without becoming defensive</td>
<td>__ Seeks feedback from clients</td>
<td>__ Utilizes self-assessment for professional growth</td>
</tr>
<tr>
<td>__ Critiques own performance</td>
<td>__ Modifies feedback given to clients according to their learning styles</td>
<td></td>
</tr>
<tr>
<td>__ Integrates feedback for effective use</td>
<td>__ Reconciles differences with sensitivity</td>
<td></td>
</tr>
<tr>
<td>__ Maintains two-way communication</td>
<td>__ Considers multiple approaches when responding to feedback</td>
<td></td>
</tr>
<tr>
<td>__ Critiques own performance and understands need to do so</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Establishes personal goals based on feedback</td>
<td></td>
<td></td>
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</tbody>
</table>

Comments/Discussion:
### Professional Behaviors

#### 6. PROBLEM-SOLVING

<table>
<thead>
<tr>
<th>Semester 1/2 Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes problems</td>
</tr>
<tr>
<td>States problems clearly</td>
</tr>
<tr>
<td>Describes known solutions to problem</td>
</tr>
<tr>
<td>Identifies resources needed to develop solutions</td>
</tr>
<tr>
<td>Begins to examine multiple solutions to problems</td>
</tr>
<tr>
<td>Considers consequences of possible solutions</td>
</tr>
<tr>
<td>Implements solutions</td>
</tr>
<tr>
<td>Evaluates outcomes</td>
</tr>
<tr>
<td>Consults with others to clarify problems (peer interaction/brainstorming)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 4/5 Criteria (+ all 1/2 criteria)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updates solutions to problems based upon current research</td>
</tr>
<tr>
<td>Accepts responsibility for implementing solutions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Advanced Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighs advantages</td>
</tr>
<tr>
<td>Participates in outcomes solutions</td>
</tr>
<tr>
<td>Contributes to formal quality assessment in work environment</td>
</tr>
<tr>
<td>Develops evidence for new solutions to problems</td>
</tr>
</tbody>
</table>

**Comments/Discussion:**
# Professional Behaviors

## 7. PROFESSIONALISM

<table>
<thead>
<tr>
<th>Semester 1/2 Criteria</th>
<th>Semester 4/5 Criteria (+ all 1/2 criteria)</th>
<th>Advanced Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Projects a professional image</td>
<td>- Demonstrates accountability for professional behaviors</td>
<td>- Participates actively in professional organizations</td>
</tr>
<tr>
<td>- Abides by APTA Code of Ethics</td>
<td>- Treats patients within scope of expertise</td>
<td>- Attends continuing education workshops</td>
</tr>
<tr>
<td>- Abides by University/College/Department policies and procedures</td>
<td>- Keeps patients as priority</td>
<td>- Actively promotes the profession</td>
</tr>
<tr>
<td>- Discusses and displays professional values such as honesty, compassion, courage, and continuous regard for all</td>
<td></td>
<td>- Acts in leadership roles when needed</td>
</tr>
<tr>
<td>- Discusses role of physical therapy in health care</td>
<td></td>
<td>- Supports and participates in research</td>
</tr>
<tr>
<td>- Discusses societal expectations for the profession</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Accountable to faculty and/or peers for decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Actively promotes the profession by engaging with other health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Seeks informed consent from patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Acts on moral commitments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/Discussion:
## Professional Behaviors

### 8. RESPONSIBILITY

<table>
<thead>
<tr>
<th>Semester 1/2 Criteria</th>
<th>Semester 4/5 Criteria (+ all 1/2 criteria)</th>
<th>Advanced Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Demonstrates punctuality</td>
<td>__ Directs patients to other health care professionals when needed</td>
<td>__ Orients and instructs new employees/students</td>
</tr>
<tr>
<td>__ Demonstrates dependability</td>
<td>__ Delegates as needed</td>
<td>__ Promotes clinical education</td>
</tr>
<tr>
<td>__ Fulfills commitments</td>
<td>__ Encourages patient accountability</td>
<td>__ Accepts role as team leader</td>
</tr>
<tr>
<td>__ Recognizes own limits</td>
<td></td>
<td>__ Facilitates responsibility for program development and modification</td>
</tr>
<tr>
<td>__ Budgets time wisely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Accepts responsibility for actions and outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Collaborates with others as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Provides safe and secure environment for patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Knows personal and professional limits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Offers and accepts help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Completes assignments/projects without prompting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/Discussion:
Professional Behaviors

9. CRITICAL THINKING

<table>
<thead>
<tr>
<th>Semester 1/2 Criteria</th>
<th>Semester 4/5 Criteria (+ all 1/2 criteria)</th>
<th>Advanced Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Raises relevant questions</td>
<td>__ Exhibits an openness to contradictory ideas</td>
<td>__ Efficiently distinguishes relevant from irrelevant patient data</td>
</tr>
<tr>
<td>__ Thinks analytically (may be slow, but systematic and thorough)</td>
<td>__ Assesses issues raised by contradictory ideas</td>
<td>__ Identifies complex patterns of associations</td>
</tr>
<tr>
<td>__ States the results of scientific literature searches</td>
<td>__ Recognizes and differentiates among facts and assumptions</td>
<td>__ Demonstrates intuitive thinking</td>
</tr>
<tr>
<td>__ Recognizes “holes” in knowledge base</td>
<td>__ Determines effectiveness of applied solutions.</td>
<td>__ Distinguishes when to think intuitively versus analytically</td>
</tr>
<tr>
<td>__ Identifies and articulates ideas/problems</td>
<td>__ Justifies solutions selected</td>
<td>__ Recognizes own biases and suspends judgmental thinking</td>
</tr>
<tr>
<td>__ Distinguishes important from unimportant information</td>
<td></td>
<td>__ Challenges others to think critically</td>
</tr>
<tr>
<td>__ Draws relationships between available information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Understands the scientific method</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Seeks alternative answers and alternative strategies for finding answers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Integrates information to solve problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Feels challenged to understand and solve problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Generates, originates and formulates new and alternative ideas and hypotheses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ Critiques solutions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/Discussion:
## Professional Behaviors

### 10. Stress Management

<table>
<thead>
<tr>
<th>Semester 1/2 Criteria</th>
<th>Semester 4/5 Criteria (+ all 1/2 criteria)</th>
<th>Advanced Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes own stressors or problems</td>
<td>Recognizes unsolvable problems</td>
<td></td>
</tr>
<tr>
<td>Recognizes distress or problems in others</td>
<td>Assists others in recognizing stressors</td>
<td></td>
</tr>
<tr>
<td>Maintains professional demeanor in all situations</td>
<td>Demonstrates preventative approaches to stress management</td>
<td></td>
</tr>
<tr>
<td>Accepts constructive feedback</td>
<td>Establishes support network for self and clients</td>
<td></td>
</tr>
<tr>
<td>Establishes healthful outlets to cope with stressors</td>
<td>Offers solutions to the reduction of stress within the work environment</td>
<td></td>
</tr>
<tr>
<td>Keeps balance between professional and personal life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prioritizes multiple commitments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate affective response to situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds calmly to urgent situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deals effectively with the classroom environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tolerates inconsistencies in health-care environment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments/Discussion:**
ARMSTRONG STATE UNIVERSITY
PROGRAM IN PHYSICAL THERAPY
STUDENT DATA FORM

Student Name:

Preferred Mailing Address:


Phone:

Email:

Medical Insurance Company:

Policy#:

Liability Insurance: Armstrong State University, HPSO Policy # 0127282082

In case of emergency, contact:

Relationship:

Phone:

Address:


Date Completed
ARMSTRONG STATE UNIVERSITY
PROGRAM IN PHYSICAL THERAPY
STUDENT LEARNING STYLE INVENTORY

Student Name: ______________________________________________________________

Check the response(s) which most clearly describe(s) you.

a. Do you prefer to learn:

   ____ Under considerable pressure with specific goals and deadlines?
   ____ Under limited pressure with general goals and flexible deadlines?
   ____ In a completely relaxed manner that lets you try things when and if you feel like it?

b. When involved in a social situation are you generally...

   ____ Reserved
   ____ Outgoing

c. When learning something new, do you usually prefer...

   ____ To find out the rationale for it first, understand the whole process, and then start to work on practical specifics?
   ____ To get right into practical aspects at the beginning and wait to learn theory after you have gotten your feet wet on specifics?

d. How frequently do you seem to need feedback on how you are doing during learning?

   ____ Several times near the start and infrequently after that.
   ____ Fairly frequently until you have made substantial progress in mastery, then infrequently.
   ____ Frequently, even after you seem to have mastered the skill.

e. I like to...

   ____ Be told exactly how tasks are expected to be done.
   ____ Be given choices of how I could do the tasks that are expected of me.

___________________________________________  ____________________________
Signature                                      Date

Reprinted with permission from the New England Consortium for Clinical Education
# ARMSTRONG STATE UNIVERSITY
## PHYSICAL THERAPY
### Student Evaluation
#### PHTH 7282 Clinical Practicum 2

<table>
<thead>
<tr>
<th>Evaluation of Student’s:</th>
<th>No Basis To Judge</th>
<th>Outstanding</th>
<th>Appropriate</th>
<th>Cause for Moderate Concern</th>
<th>Cause for Serious Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction with patient/clients</td>
<td></td>
<td></td>
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<tr>
<td>Interaction with medical staff</td>
<td></td>
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<tr>
<td>Interaction with support staff</td>
<td></td>
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<tr>
<td>Preparedness for objectives</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Initiative in carrying out assignments</td>
<td></td>
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<td></td>
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<tr>
<td>Enthusiasm for learning</td>
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<tr>
<td>Assumption of responsibility</td>
<td></td>
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<tr>
<td>Communication: Written</td>
<td></td>
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<tr>
<td>Communication: Verbal</td>
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<tr>
<td>General demeanor</td>
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<td></td>
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<tr>
<td>Other:</td>
<td></td>
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</tbody>
</table>

Comments (required for every rating of outstanding or cause for concern):

Has this report been discussed with the student?  ___ Yes  ___ No

Signed: __________________________________________  Date ________________  
Clinical Instructor

Signed: __________________________________________  Date ________________  
Student
GUIDELINES FOR COMPLETION OF THE EVALUATION FORM:

This document is being used to evaluate the clinical performance of physical therapy students on their third Clinical Practicum. **Students should be rated against the standard of entry-level practice (see #3 of these guidelines).** Please review the following guidelines prior to assessing student performance. (Note: A detailed discussion of the foundations of clinical education can be found in the Student Handbook.)

We have made some minor adjustments to this evaluation form, including the addition of questions pertaining to the student’s personal objectives.

I. Rating definitions:

The following definitions are provided for consistency and clarity. Students are to be rated using the scale provided on page 2. Because of the variance in the settings and the students’ individual experiences, there is no targeted rating. Asterisks (*) indicate those competencies which are felt to be essential for satisfactory completion of the clinical experience. These relate to safety and adherence to ethical, legal, and administrative procedures. Any inconsistencies (rated below “Good”) found in the essential competencies will be interpreted as clinical incompetency and may result in failure of the clinical. Documentation of such inconsistencies must be provided to the students, CCCE and DCE.
II. Familiarize yourself with the objectives for this clinical experience. These may be found in the Student Handbook:

III. Rate the student’s performance on each of the applicable objectives and sub-objectives. Use N/O or N/A where necessary.

1. Grade the student based on how well he/she is doing for his/her level of preparation.

2. Base your grades on the most frequently observed level of performance, and not on an isolated incident.

3. Use the comment section to provide anecdotal information to support grades.

4. An asterisk (*) beside an objective indicates that it is considered an essential competency. Any rating below a “Good” will be interpreted as clinical incompetency and may result in failure of the clinical experience. Full documentation of such incompetence must be provided to the student, the CCCE and the DCE.

IV. Call Kathy Schaefer at 912-344-3315 with any questions or concerns. The Evaluation Form should be returned by within a week of the rotation. If it is not returned with the student, please send it by:
   Email: Kathleen.schaefer@armstrong.edu or
   Fax: 912-344-3439

**Poor:** Student does not meet the stated objectives. The student requires constant supervision from the clinical instructor. The student requires continuous verbal cueing or continuous physical assistance from the clinical instructor.

**Fair:** Student meets the stated objectives with inconsistencies. The student requires supervision from the clinical instructor. The presence of the clinical instructor in the immediate vicinity is necessary.

**Good:** Student consistently meets the stated objectives. The student needs guidance from the clinical instructor. The presence of the clinical instructor in the immediate vicinity is not necessary.

**Excellent:** Student consistently meets the stated objectives. The student seeks confirmation from the clinical instructor. The student is capable of functioning safely and independently.

**N/A:** Not Applicable - Objectives not applicable to this clinical situation.

**N/O:** Not Observed - Objective not observed to the extent that a rating is appropriate.
Student Name: _________________________________

1. PROFESSIONAL BEHAVIOR AND ATTITUDE:
   
   Demonstrates professional and ethical behavior and attitude.

<table>
<thead>
<tr>
<th>RATING:</th>
<th>Poor: Needed constant supervision</th>
<th>Fair: Needed some supervision</th>
<th>Good: Needed guidance</th>
<th>Excellent: Little (if any) guidance</th>
<th>Other: N/A or N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Is punctual and dependable and adheres to scheduled assignments.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1.2 Wears appropriate attire.</td>
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<tr>
<td>1.3* Adheres to ethical and legal standards of practice.</td>
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</tr>
<tr>
<td>1.4 Accepts criticism and responds in a manner which reflects an understanding of constructive criticism.</td>
<td></td>
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</tr>
<tr>
<td>1.5* Shows respect for patients and peers.</td>
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</tr>
<tr>
<td>1.6* Treats patients in a manner which reflects dignity and concern for human life.</td>
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<tr>
<td>1.7* Maintains patient confidentiality.</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Comments:

2. INTERPERSONAL RELATIONSHIPS AND COMMUNICATION SKILLS

<table>
<thead>
<tr>
<th>RATING</th>
<th>Poor: Needed constant supervision</th>
<th>Fair: Needed some supervision</th>
<th>Good: Needed guidance</th>
<th>Excellent: Little (if any) guidance</th>
<th>Other: N/A or N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Speaks with tact and diplomacy.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.2 Uses tone of voice appropriate to the situation.</td>
<td></td>
<td></td>
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<tr>
<td>2.3 Expresses questions/requests/needs in clear and easily understood manner.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.4 Responds to questions/requests/needs in clear and easily understood manner.</td>
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<td></td>
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</tr>
<tr>
<td>2.5 Uses terminology appropriate to the level of the listener. (Refrains from using inappropriate slang or jargon.)</td>
<td></td>
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</tr>
<tr>
<td>2.6 Recognizes the effects of his/her own non-verbal communication on others.</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Comments:
3. DEFINITION OF PHYSICAL THERAPY PROBLEMS

<table>
<thead>
<tr>
<th>RATING</th>
<th>Poor: Needed constant supervision</th>
<th>Fair: Needed some supervision</th>
<th>Good: Needed guidance</th>
<th>Excellent: Little (if any) guidance</th>
<th>Other: N/A or N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Explains to the clinical instructor the nature of the problem(s).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Delineates the physical therapy problem(s) from other patient problems, with assistance from the CI.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

4. BASIC SKILLS

<table>
<thead>
<tr>
<th>RATING</th>
<th>Poor: Needed constant supervision</th>
<th>Fair: Needed some supervision</th>
<th>Good: Needed guidance</th>
<th>Excellent: Little (if any) guidance</th>
<th>Other: N/A or N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Performs patient draping in manner which maintains patient dignity.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4.2 Provides safe assistance in basic transfers.</td>
<td></td>
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<tr>
<td>4.3 Distinguishes correctly between symmetric/asymmetric postures.</td>
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<tr>
<td>4.4 Performs range of motion measurements correctly.</td>
<td></td>
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<tr>
<td>4.5 Performs components of basic gait assessment.</td>
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<tr>
<td>4.6 Identifies functional problems in activities of daily living.</td>
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</tr>
</tbody>
</table>

Comments:

5. PROBLEM-SOLVING PROCESS: Recognition of physical therapy problem(s)

<table>
<thead>
<tr>
<th>RATING</th>
<th>Poor: Needed constant supervision</th>
<th>Fair: Needed some supervision</th>
<th>Good: Needed guidance</th>
<th>Excellent: Little (if any) guidance</th>
<th>Other: N/A or N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Clearly identifies physical therapy problem(s) to be addressed.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5.2 Perceives area(s) in which structure or function is abnormal.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5.3 Recognizes importance of psychosocial interactions, including family, in relation to physical therapy needs.</td>
<td></td>
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</tr>
</tbody>
</table>
Comments on Problem-Solving Process:

6. **SAFETY: Demonstrates safe practice.**

<table>
<thead>
<tr>
<th>RATING</th>
<th>Poor: Needed constant supervision</th>
<th>Fair: Needed some supervision</th>
<th>Good: Needed guidance</th>
<th>Excellent: Little (if any) guidance</th>
<th>Other: N/A or N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1*</td>
<td>Observes health and safety regulations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2*</td>
<td>Recognizes changes in patient’s physiological and psychological status.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3*</td>
<td>Responds to changes in patient’s physiological and psychological status.</td>
<td></td>
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</tr>
<tr>
<td>6.4</td>
<td>Develops safe patient care programs.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6.5*</td>
<td>Implements safe patient care programs.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6.6*</td>
<td>Uses appropriate body mechanics.</td>
<td></td>
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</tr>
<tr>
<td>6.7*</td>
<td>Uses accepted techniques for safe handling of patients.</td>
<td></td>
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</tr>
<tr>
<td>6.8*</td>
<td>Requests appropriate assistance when necessary.</td>
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</tr>
<tr>
<td>6.9</td>
<td>Offers assistance in a timely manner.</td>
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</tr>
<tr>
<td>6.10*</td>
<td>Demonstrates awareness of contraindications and precautions to treatment.</td>
<td></td>
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</tr>
</tbody>
</table>

Comments:

7. **DOCUMENTATION**

<table>
<thead>
<tr>
<th>RATING</th>
<th>Poor: Needed constant supervision</th>
<th>Fair: Needed some supervision</th>
<th>Good: Needed guidance</th>
<th>Excellent: Little (if any) guidance</th>
<th>Other: N/A or N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>Writes in an organized, logical and concise manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2</td>
<td>Writes legibly using correct spelling and grammar.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7.3</td>
<td>Uses appropriate medical terminology and abbreviations.</td>
<td></td>
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</tr>
<tr>
<td>7.4</td>
<td>Information contained in written material is accurate.</td>
<td></td>
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</tr>
</tbody>
</table>

Comments:
Did the student initiate conversation about his/her personal objectives with you?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Comments:

Based on the objectives for this clinical experience, please rate the student’s overall performance, indicating with an X:

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>MET</th>
<th>NOT MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PROFESSIONAL BEHAVIOR AND ATTITUDE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. INTERPERSONAL RELATIONSHIPS &amp; COMMUNICATION SKILLS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. DEFINITION OF PHYSICAL THERAPY PROBLEMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. BASIC SKILLS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. PROBLEM-SOLVING PROCESS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. SAFETY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. DOCUMENTATION</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Discussion: ________________

Student Signature: ________________________________________________

Clinical Instructor Signature(s): ____________________________________

__________________________________________

Center Coordinator Signature: _______________________________________
PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION

June 12, 2003

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

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

Key Assumptions

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

Acknowledgement

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

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

Signatures

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

Student Name (Provide signature) Date

Primary Clinical Instructor Name (Print name) Date

Primary Clinical Instructor Name (Provide signature)

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

Additional Clinical Instructor Name (Print name) Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT degree earned _____
Highest degree earned _____ Degree area _____
Years experience as a CI _____
Years experience as a clinician _____
Areas of expertise _____
Clinical Certification, specify area _____
APTA Credentialed CI ☐ Yes ☐ No
Other CI Credential _____ State ☐ Yes ☐ No
SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

1. Name of Clinical Education Site ______
   Address______ City______ State ______

2. Clinical Experience Number ______

3. Specify the number of weeks for each applicable clinical experience/rotation.

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

Orientation

4. Did you receive information from the clinical facility prior to your arrival?  ☐ Yes  ☐ No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?  ☐ Yes  ☐ No

6. What else could have been provided during the orientation? ______

Patient/Client Management and the Practice Environment

   For questions 7, 8, and 9, use the following 4-point rating scale:
   1 = Never   2 = Rarely   3 = Occasionally   4 = Often

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

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

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

<table>
<thead>
<tr>
<th>Components Of Care</th>
<th>Rating</th>
<th>Components Of Care</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Diagnosis</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>• Screening</td>
<td>0</td>
<td>Prognosis</td>
<td>0</td>
</tr>
</tbody>
</table>
9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to professional practice and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

<table>
<thead>
<tr>
<th>Environment</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing a helpful and supportive attitude for your role as a PT student.</td>
<td>0</td>
</tr>
<tr>
<td>Providing effective role models for problem solving, communication, and teamwork.</td>
<td>0</td>
</tr>
<tr>
<td>Demonstrating high morale and harmonious working relationships.</td>
<td>0</td>
</tr>
<tr>
<td>Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).</td>
<td>0</td>
</tr>
<tr>
<td>Being sensitive to individual differences (ie, race, age, ethnicity, etc).</td>
<td>0</td>
</tr>
<tr>
<td>Using evidence to support clinical practice.</td>
<td>0</td>
</tr>
<tr>
<td>Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).</td>
<td>0</td>
</tr>
<tr>
<td>Being involved in district, state, regional, and/or national professional activities.</td>
<td>0</td>
</tr>
</tbody>
</table>

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

Clinical Experience

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

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

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

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

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

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

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

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

**Overall Summary Appraisal**

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
- Time well spent; would recommend this clinical education site to another student.
- Some good learning experiences; student program needs further development.
- Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site? ______

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist academic preparation, describe those subject areas not addressed. ______

19. What suggestions would you offer to future physical therapist students to improve this clinical education experience? ______

20. What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience? ______

21. What curricular suggestions do you have that would have prepared you better for this clinical experience? ______
SECTION 2: PT STUDENT ASSESSMENT OF CLINICAL INSTRUCTION

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

Assessment of Clinical Instruction

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

<table>
<thead>
<tr>
<th>Provision of Clinical Instruction</th>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The clinical education site had written objectives for this learning experience.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The clinical education site’s objectives for this learning experience were clearly communicated.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>There was an opportunity for student input into the objectives for this learning experience.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI provided constructive feedback on student performance.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI provided timely feedback on student performance.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI demonstrated skill in active listening.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI provided clear and concise communication.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI communicated in an open and non-threatening manner.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI taught in an interactive manner that encouraged problem solving.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>There was a clear understanding to whom you were directly responsible and accountable.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The supervising CI was accessible when needed.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI clearly explained your student responsibilities.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI provided responsibilities that were within your scope of knowledge and skills.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI facilitated patient-therapist and therapist-student relationships.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Time was available with the CI to discuss patient/client management.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI served as a positive role model in physical therapy practice.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI skillfully used the clinical environment for planned and unplanned learning experiences.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI integrated knowledge of various learning styles into student clinical teaching.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI made the formal evaluation process constructive.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The CI encouraged the student to self-assess.</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

Midterm Evaluation  ☐ Yes ☐ No  Final Evaluation  ☐ Yes ☐ No

24. If there were inconsistencies, how were they discussed and managed?
25. What did your CI(s) do well to contribute to your learning?

Midterm Comments ____

Final Comments ____

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

Midterm Comments ____

Final Comments ____

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.
EXIT CRITERIA/ESSENTIAL FUNCTIONS FOR
THE GRADUATE PROGRAM IN PHYSICAL THERAPY

Armstrong State University

PROMOTION AND GRADUATION

The attached technical standards/essential functions are provided to inform students of the skills required to perform the duties of a physical therapist. Use this list to assess your ability to complete such duties. These standards reflect performance abilities and characteristics that are necessary to successfully complete the requirements of the physical therapy program at this University. These standards are not conditions of admission to the program. Persons interested in applying for admission to the physical therapy program should review this document to develop a better understanding of the physical abilities and behavioral characteristics necessary to successfully complete the program. The University complies with the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Therefore, the University will endeavor to make reasonable accommodations for participants with disabilities who are otherwise qualified.

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I have read and understand the technical standards/essential functions of the physical therapy program and possess the ability to successfully complete the program WITHOUT reasonable accommodations.

☐ I have read and understand the technical standards of the physical therapy program and possess the ability to successfully complete the program WITH reasonable accommodations.

__________________________________________

Name (print)

__________________________________________

Signature
Armstrong State University
Core Performance Standards

All potential and enrolled students in the Department of Physical Therapy must meet intellectual, physician, and social competencies required to provide safe client care.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Standard</th>
<th>Examples of Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>Critical thinking ability sufficient for clinical judgment.</td>
<td>Transfer knowledge from one situation to another. Process information, evaluate outcomes, problem-solve and prioritize. Use long and short term memory, identify cause-effect relationships. Plan activities for others. Synthesize knowledge and skills. Sequence information.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Interpersonal skills sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Negotiate interpersonal conflict. Respect cultural diversity in clients. Establish rapport with clients and co-workers.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form as measured by the Department of Physical Therapy Behavioral Evaluation, CPI, and course instructors</td>
<td>Explain health conditions, diagnostic and treatment procedures and initiate health teaching. Interpret and document client responses to health status. Convey information through written and oral reports.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from room to room and maneuver in small spaces and maintain physical tolerance for repetitive movements and demands of the work shift. Sustained standing.</td>
<td>Move within confined spaces. Sit or stand and maintain balance. Reach above shoulders and below waist. Twist, bend, stoop, climb on stool or stairs, and move quickly in response to potential emergencies. Use upper &amp; lower body strength. Squeeze with hands and fingers.</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor skills sufficient to provide safe and effective procedural completion in Radiation and imaging sciences.</td>
<td>Grasp small objects with hands. Manipulate small objects with fingers. Write with a pen. Type on a computer keyboard.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient to monitor and assess health needs.</td>
<td>Hear normal and faint voices. Hear faint body sounds such as blood pressure, heart beat, etc. Able to receive spoken communication when not able to read lips. Hear auditory alarms such as monitors, fire alarms and call bells.</td>
</tr>
<tr>
<td>Visual Skills</td>
<td>Visual ability sufficient for observation and assessment necessary for safe client care.</td>
<td>Visualize objects from 20 inches to 20 feet away. Use depth perception and peripheral vision. Distinguish colors and color intensity. Read and understand written documents.</td>
</tr>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical Assessment and equipment manipulation.</td>
<td>Feel vibrations to detect pulses, etc. Detect temperature. Feel differences in sizes and shapes and detect surface characteristics.</td>
</tr>
<tr>
<td>Smell</td>
<td>Detect environmental and patient odors.</td>
<td>Detect odors from client (e.g., foul smelling drainage, alcohol breath, etc.) Detect smoke. Detect gases or noxious smells.</td>
</tr>
</tbody>
</table>
Functional Ability Categories and Representative Activities/Attributes

Critical Thinking
- Identify cause-effect relationships
- Plan/control activities for others
- Synthesize knowledge and skills
- Sequence information

Analytical Thinking
- Transfer knowledge from one situation to another
- Process information
- Evaluate outcomes
- Problem solve
- Prioritize tasks
- Use long term memory
- Use short term memory

Reading
- Read and understand written documents (e.g., policies, protocols)

Arithmetic Competence
- Read and understand columns of writing (flow sheet, charts)
- Read digital displays
- Read graphic printouts (e.g., EKG)
- Calibrate equipment
- Convert numbers to and/or from the Metric System
- Read graphs (e.g., vital sign sheets)
- Tell time
- Measure time (e.g., count duration of contractions, etc.)
- Count rates (e.g., drips/minute, pulse)
- Use measuring tools (e.g., thermometer)
- Read measurement marks (e.g., measurement, goniometer, dynamometer, scales, etc.)
- Add, subtract, multiply, and/or divide whole numbers
- Compute fractions (e.g., medication dosages)
- Use a calculator
- Write numbers in records

Interpersonal Skills
- Negotiate interpersonal conflict
- Respect differences in clients
- Establish rapport with clients
- Establish rapport with co-workers

Communication Skills
- Teach (e.g., client/family about health care)
- Explain procedures
- Give oral reports (e.g., report on client's condition to others)
- Interact with others (e.g., health care workers)
- Speak on the telephone
- Influence people
- Direct activities of others
- Convey information through writing (e.g., progress notes, initial exams, discharge exams)

Physical Endurance
Stand 1-2 hours (e.g., at client side during examination or therapeutic procedure)
Sustain repetitive movements (e.g., CPR)
Maintain physical tolerance (e.g., work entire shift)

Physical Strength
Exert 100 lbs. of force occasionally, 50 lbs. frequently, and 25 lbs. of force regularly
Support 25 pounds of weight (e.g., ambulate client)
Lift 25 pounds (e.g., pick up a child, transfer client)
Move light objects weighing up to 10 pounds (e.g., IV poles)
Move heavy objects weighing from 11 to 100 pounds
Defend self against combative client
Carry equipment/supplies

Mobility
Twist
Bend
Stoop/squat
Move quickly (e.g., response to an emergency)
Climb (e.g., ladders/stools/stairs)
Walk

Gross Motor Skills
Move within confined spaces
Sit and maintain balance
Maintain balance in a variety of postures (stand, sit squat)
Reach above shoulders (e.g., IV poles), shelves, client support
Reach below waist (e.g., plug electrical appliance into wall outlets)
Walk with and observe a patient on variety of surfaces and heights.
Reach, manipulate and operate mechanisms such as lifts and treatment tables.
Self-mobility with the capability of propelling wheelchairs, stretchers, heavy equipment, portable and treatment equipment with or without assistance for extended periods of time.

Fine Motor Skills
Pick up objects with hands
Grasp small objects with hands (e.g., IV tubing, pencil)
Write with pen or pencil
Key/type (e.g., use a computer)
Pinch/pick or otherwise work with fingers (e.g., manipulate a syringe, eye dropper, etc.)
Twist (e.g., turn objects/knobs using hands)

Hearing
Hear normal speaking level sounds (e.g., person-to-person report)
Hear faint voices
Hear faint body sounds (e.g., blood pressure sounds, assess placement of tubes)
Hear in situations when not able to see lips (e.g., when masks are used)
Hear auditory alarms (e.g., monitors, fire alarms, call bells)

Visual
See objects up to 20 inches away (e.g., information on a computer screen, skin conditions)
See objects up to 20 feet away (e.g., client in a room)
See objects more than 20 feet away (e.g., client at end of hall)
Use depth perception
Use peripheral vision
  Distinguish color e.g., color codes on supplies, charts, bed, lasers, examine images,
  computer plans, computer screens
  Distinguish color intensity (e.g., flushed skin, skin paleness)

Tactile
  Feel vibrations (e.g., palpate pulses)
  Detect temperature (e.g., skin solutions)
  Feel differences in surface characteristics (e.g., skin turgor, rashes)
  Feel differences in sizes, shapes (e.g. palpate vein, identify body landmarks)
  Detect environmental temperature (e.g., check for drafts)

Smell
  Detect odors from client (e.g., foul smelling drainage, alcohol breath, etc.)
    Detect smoke
    Detect gases or noxious smells

Emotional Stability
  Establish therapeutic boundaries
  Provide client with emotional support
  Adapt to changing environment/stress
  Deal with the unexpected (e.g., patient/client condition change, etc.)
  Focus attention on task
  Monitor own emotions
  Perform multiple responsibilities concurrently
  Handle strong emotions (e.g., grief)