

NOVA SOUTHEASTERN
UNIVERSITY

NSU
Florida

NSU – Tampa Bay
Doctor of Physical Therapy Program

Clinical Education Handbook

2022-2023

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WELCOME LETTER TO OUR CLINICAL PARTNERS

Dear Clinical Partner:

The Nova Southeastern University (NSU) Professional Doctor of Physical Therapy (DPT) Program is proud to partner with selected clinical centers across the US in providing quality clinical education experiences for our students. Our DPT Program is part of the Health Professions Division of NSU and is within the College of Health Care Sciences. Our program is located at NSU's Tampa Bay Campus. The Physical Therapy Program at Nova Southeastern University is accredited by 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>. Our program is also accredited by the Southern Association of Colleges and Schools (SACS) Commission on Colleges to award associate's, baccalaureate, master's, educational specialist, doctorate, and professional degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Nova Southeastern University.

We appreciate your willingness to supervise students, evaluate their performance, and provide feedback on our curriculum. Without your assistance and support, we would not be able to provide students with enriching clinical experiences to meet the requirements for graduation. The privilege of teaching tomorrow's physical therapy professionals is both a rewarding and challenging endeavor. We promise to provide you with all the information and assistance you may need throughout a student's clinical experience in your center. We are available and prepared to ensure that each learning experience is positive and mutually beneficial for you, your patients, your student, the clinic, and the university.

The information found in this handbook and on the NSU Tampa-Bay DPT Clinical Education Resource Center web page will answer most of your questions. The responsibilities and roles of students and clinical instructors in achieving clinical education objectives are clearly delineated and linked to the program's requirements and expectations. If at any time a student is not achieving the anticipated objectives, please contact us immediately. We are here to confer and to facilitate resolution of potential problems or barriers to students' successful performance.

We encourage and welcome feedback about clinical education and its role in our broader curriculum. Only by your willingness to provide these important learning experiences can NSU-Tampa Bay reach our goal to graduate caring, competent, culturally sensitive, and outstanding physical therapists.

We are active participants in the Florida Consortium of Clinical Educators (FCCE) and invite all of you in Florida to participate. Please contact us for information or go to <http://www.fpta.org/members/group.aspx?id=144233>. Thank you for your participation during this crucial phase of the students' education.

Best regards,

Robin E Galley, PT, DPT, OCS, CLWT

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WELCOME TO NSU-TAMPA BAY DPT STUDENTS

Dear Student:

This document includes information on an important component of our curriculum – clinical education. This official manual is a supplement to the College of Health Care Sciences (CHCS) Student Handbook and as such it serves to govern the actions of students, clinical instructors, and other parties involved in clinical education. The clinical site is an extension of the Nova Southeastern Campus while on clinical experience, and therefore students are subject to all the policies and procedures contained in the current CHCS Student Handbook, Nova Southeastern (NSU) Student Handbook, Essential Functions of the DPT Student, NSU Code of Conduct, and Physical Therapy Department Policy & Procedures.

Students are *invited guests* of each clinical site and representatives of Nova Southeastern University and the physical therapy profession. Discretion and professional behavior are always required. Professional conduct includes but is not limited to punctuality, reliability, dependability, attendance, appropriate dress, respectful and polite interaction with others, a calm demeanor, keeping personal business out of the workplace, and remaining free from the influence of drugs and alcohol.

During this learning opportunity, students should demonstrate adult learning attributes including active learning, intellectual curiosity and initiative, participation in clinical discussions and activities, and integration of constructive feedback into practice. Ultimately the successful completion of a clinical experience is the responsibility of the individual student. The core values of our profession (below) are an excellent guide to the expectations for students and physical therapists.

APTA Core Values

Taken from the APTA document: [Core Values for the Physical Therapist and Physical Therapist Assistant – Updated 9-21-21](#)

Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession, and the health needs of society.	Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self-interest.	Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the PT/PTA team is working together, within each partner's respective role, to achieve optimal PT services and outcomes for patients and clients.
Compassion/Caring is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.	Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.	Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.
Duty is the commitment to meeting one's obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.	Social Responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.	Inclusion occurs when the PT and PTA create a welcoming and equitable environment for all. PTs and PTAs are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.

MISSION STATEMENTS AND VISION

NSU MISSION STATEMENT

Nova Southeastern University is a dynamic, not-for-profit independent institution dedicated to providing high-quality educational programs of distinction from pre-school through the professional and doctoral levels, as well as service to the community. Nova Southeastern University prepares students for lifelong learning and leadership roles in business and the professions. It offers academic programs at times convenient to students, employing innovative delivery systems and rich learning resources on campus and at distant sites. The university fosters inquiry, research, and creative professional activity, by uniting faculty and students in acquiring and applying knowledge in clinical, community, and professional settings.

PHYSICAL THERAPY PROGRAM MISSION

Nova Southeastern University's Department of Physical Therapy prepares professional and post-professional physical therapists with the skills, knowledge, and values to effectively practice, educate, lead, and research in interprofessional and technologically advanced environments. The curricula support expertise in the movement system and foster clinical inquiry and reasoning, professionalism, and evidence-based practice. The programs embrace diversity; facilitate accessibility to physical therapist education through innovative, instructional delivery models; and promote intellectual curiosity, reflection, and lifelong learning skills. Faculty members, students, and alumni collaborate to actively lead and participate in the profession through scholarship, service, collaboration, and mentoring. The programs advocate for the health needs of society and serve those in need of physical therapy locally, nationally, and globally.

PHYSICAL THERAPY PROGRAM VISION

Physical Therapy Programs at Nova Southeastern University will be nationally and internationally recognized for transforming the design and delivery of the continuum of physical therapist education and movement-centered clinical practice. Faculty, students, and alumni, working within a culture of excellence, will be leaders in the profession through education, research, and service.

NSU DPT GRADUATE STUDENT PROFILE

NSU entry-level graduates possess the skills and knowledge to be well-prepared to serve as primary care providers in collaboration with other health professionals. They practice with cultural sensitivity using current evidence-based practice.

Tampa Bay DPT CLINICAL EDUCATION MISSION & PHILOSOPHY

The mission of the Tampa Bay DPT clinical education program is to coordinate and evaluate clinical experiences across the lifespan and continuum of care for each student with the mentoring of strong clinical instructor role models who practice contemporary physical therapy and interdisciplinary health care in selected centers near a student's home or anticipated practice community.

We believe that clinical education is the heart of professional education and the link between the classroom and the real world that requires a strong working relationship with select clinical centers and instructors who share in the program's values.

NSU DPT STUDENT LEARNING OUTCOMES

Graduates of the Doctor of Physical Therapy program will:

1. Distinguish themselves as competent physical therapist practitioners in patient/client management.
2. Integrate the core values of professionalism in all roles as a physical therapist.
3. Generate reasoned clinical and professional decisions through synthesis of research evidence, clinical experience, and patient values.
4. Integrate health promotion, fitness, wellness, and prevention as practitioners, educators, consultants, and collaborators.
5. Demonstrate ability to reflect on experiences and integrate insights into self-assessment.
6. Synthesize knowledge of the movement system to identify, treat, and prevent movement disorders.

CURRICULUM OVERVIEW

The DPT Program at NSU-Tampa Bay was originally an expansion of NSU's DPT Program in Ft. Lauderdale, FL and is now independently accredited by CAPTE. Our program is designed for students who need flexibility because of financial, family, or geographic reasons. The 4-year curriculum combines online and face-to-face learning so that students can work at least part-time. All clinical experience courses are full-time, 11-12-week experiences occurring AFTER students complete all didactic classes. During the first 3 years of the curriculum, students participate in integrated clinical experiences (ICE) in multiple clinical settings and integrated patient experiences (PE) whereby patients come into the classroom for examination/treatment. The full curriculum, course description, and essential functions are summarized in the following Appendices of this handbook:

Tampa DPT Curriculum

See **Appendix A: Tampa DPT Curriculum**

Course Descriptions

See **Appendix B: Tampa DPT Course Descriptions**

Essential Functions of the DPT Student

See **Appendix C: Tampa DPT Essential Functions Document**

Tampa DPT CLINICAL EDUCATION OVERVIEW

Clinical Education throughout the DPT Program Curriculum

Integrated Patient Experiences (PE)

Integrated patient experiences begin in the first year. These experiences are actual patient interactions integrated into select courses that take place on the NSU Tampa Bay campus. The purpose of PE is to foster early and immediate application of knowledge and skills to real patients/clients with immediate feedback from faculty and lab assistants who serve as classroom lab instructors. (See *Integrated Experiences* section.)

Integrated Clinical Experiences (ICE)

Integrated clinical experiences begin in the second year. These experiences are actual patient interactions integrated into select courses that take place at partner clinical centers. The purpose of ICE is to apply professional and clinical practice in the actual clinical setting. (See *Integrated Experiences* section.)

Clinical Experiences

This component of the DPT curriculum is comprised of 3, 3-month terminal full-time clinical experiences. Students are assigned to selected clinical sites to apply their learned skills and receive instruction in patient care from a clinical instructor. Students are evaluated using the Clinical Internship Evaluation Tool (CIET).

Goal of Tampa's DPT Clinical Education

The goal of Tampa's DPT clinical education is that each student meets all CIET criteria through individualized learning plans that reflect depth of learning and quality mentoring by licensed physical therapists.

Model

Each student receives 120-160 hours (3-4 weeks) of integrated clinical & patient experiences throughout the DPT didactic curriculum, and 35 weeks of terminal full-time clinical experiences beginning in the fall of their fourth year. The DCE assigns students to clinical centers for clinical experience to assure the best possible match of a student's learning needs and the learning opportunities available in a particular center.

INTEGRATED EXPERIENCES

During the first three years of the curriculum, students have patient experiences that occur during and outside of their usual Weekend Institute class time. Some of these experiences have been integrated into the classroom lab time of the coursework to allow for immediate application of learned skills and concepts to an actual patient. Additional clinical experience time is spent at local hospitals and clinics. During the progression of these experiences, students develop skills in all domains of learning: cognitive, psychomotor, and affective.

The key components of integrated clinical & patient experiences are:

1. **Clinical Setting:** Experiences take place either in actual patient care facilities or in the on-campus lab facilities that have been equipped to simulate typical clinical facility settings.
2. **Patients:** Actual patient volunteers are recruited from the community to attend Weekend Institutes for the purpose of participating in our Integrated Patient Experiences. Patients are seen in the on-campus lab-clinic or students go to the patients' care facility locations if necessary. Patients reflect the diversity of the lifespan and the cultures.
3. **Clinical Instructors (CI):** Faculty members of the Tampa Bay DPT program are all APTA Credentialed Clinical Instructors and provide guidance and supervision during these integrated experiences. Furthermore, local Credentialed CI's are present as lab assistants for such experiences.
4. **Performance Assessment:** Student performance is assessed through means that incorporate the criteria and sample behaviors found in the CIET. This is done to familiarize the student with the global outcomes assessed by the CIET and prepare the student for full time clinical experiences. Feedback is given often and immediately.

Courses which may include Integrated Clinical &/or Patient Experiences:

- Essentials of Exercise Physiology
- Clinical Skills I & II
- Patient/Client Management Post Amputation
- Cardiovascular and Pulmonary PT
- Motor Control Across the Lifespan
- Pediatrics
- Musculoskeletal I, II, & III
- Neuromuscular I & II
- Topics in Clinical Education

STUDENT EXPECTATIONS DURING PATIENT AND CLINICAL EXPERIENCES

During each Integrated Experience, whether on-campus or off-campus, the student is expected to conduct themselves in accordance with all policies and procedures established by the clinical site (if applicable), NSU, the APTA Guide for Professional Conduct, and all applicable state and federal laws. Professional conduct includes but is not limited to punctuality, reliability, dependability, attendance, appropriate dress, respectful and polite interaction with others, a calm demeanor, keeping personal business out of the workplace, and remaining free from the influence of drugs and alcohol. Students who fail to demonstrate an acceptable level of maturity and professionalism may be asked to leave the ICE or PE and will receive a failing grade for that experience.

Additionally, during every scheduled experience, the student is expected to be in professional clinic dress (NSU Polo, khaki pants, closed-toe flat shoes, white Nova lab coat, and nametag) unless otherwise instructed by the Clinical or Course Instructor. Each student must have their own personal lab kit with them that is complete with all items listed in **Appendix D**.

COMMUNICATIONS

Communication methods and frequency vary according to the individual situation and stakeholders involved. The Tampa Bay DPT program and its clinical education resources can be accessed at <https://healthsciences.nova.edu/pt/hedpt-tampa/index.html>. This page contains the Clinical Education Handbook and links to all pertinent forms. It can be accessed at any time for broad policy questions or to access forms or other references. Direct all clinical education issues to:

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Email: rgalley@nova.edu

Accurate contact information for all parties is essential to strong communications, so all parties are asked to use email to notify the DCE immediately of any changes in phone, address, email, fax, etc. The DCE is responsible for updating and distributing this database information to interested parties as soon as they need it.

Although the means of communication may vary, these general guidelines for the frequency of communication are expected during clinical education:

1. **CI & Student:** Weekly formal or informal communication that may be one-on-one or in small groups and documented via the weekly review forms (**Appendix J**). At minimum, formal documented meetings scheduled during Mid-Term and Final weeks to review the CIET must occur. Impromptu or emergency communication takes place as needed by the CI or student.
2. **DCE Site Visits:** Meetings at the clinical center will be in person or by phone at least once during each clinical experience assignment with each CI. Additional meetings will be scheduled as needed.
3. **Students & DCE:** Email is the official mode of communication between the DCE and students. It is the student's responsibility to check his or her University email account and Exxat for communications. The student is also responsible to keep the DCE informed of all pertinent occurrences during the clinical experience. If the matter is time sensitive, the student should communicate by text or call to DCE's cell phone.

4. **CI/SCCE to DCE:** CI's/SCCE's are encouraged to communicate with the DCE as often as needed, and as quickly as possible, to resolve any clinical education or student issues.

More information about the Tampa DPT Program Director, faculty, and staff can be found at the following link: [**TAMPA - DPT DEPARTMENT FACULTY DIRECTORY**](#)

ROLES AND RESPONSIBILITIES WITHIN THE CLINICAL EDUCATION PROGRAM

THE DIRECTOR OF CLINICAL EDUCATION (DCE)

The DCE is responsible for planning, directing, and evaluating the clinical education program for the Tampa Bay DPT program to ensure adherence to the curriculum, university, college, and program missions and goals; and professional and regional accreditation standards. The DCE coordinates the administration of the clinical education program with academic and clinical faculty, students, and clinical sites. The specific roles and responsibilities are outlined below.

The DCE:

- Acts as a liaison to clinical centers in determining if standards for clinical education are met, the development and enforcement of affiliation agreements, and evaluation of the effectiveness of clinical instructors. Coordinates the development and implementation of continuing education programming; in-service and training offerings available to clinical education partners (including but not limited to the APTA CI Credentialing Course), and continuing education presentations delivered by PT program faculty.
- Has final responsibility for grading all clinical education courses based on the review of Clinical Internship Evaluation Tools completed by assigned clinical instructors.
- Acts as the liaison between the faculty and the clinical community through formal reporting at faculty meetings and information gathering during visits to clinical centers.
- Assists in coordinating Integrated Clinical & Patient Experiences with the faculty responsible for selected courses. This responsibility includes recruitment of patient participants and development of criteria for evaluation of student performance.

RIGHTS AND PRIVILEGES OF THE SITE COORDINATOR OF CLINICAL EDUCATION (SCCE) AND THE CLINICAL INSTRUCTOR (CI)

In recognition of the clinical experiences provided to the NSU-Tampa Bay DPT students, the program provides a variety of opportunities and services for SCCE's and CI's, including:

1. Invitations to upcoming continuing education courses and seminars hosted by the PT program and/or presented by NSU academic faculty which may be offered at discounted or minimal fee.
2. Provision of a 2–4-hour CEH seminar provided by NSU Faculty to therapists at the clinical site face-to-face or by remote delivery such as Zoom or Go-To-Meeting.
3. Sharing information about upcoming APTA CI credentialing training.

4. Access to our libraries, including electronic library via assigned NSU clinical students.
5. Invitations to Florida Consortium of Clinical Educators (FCCE) meetings and their actions to improve clinical education throughout Florida.
6. Collection of students' nominations for the Outstanding Clinical Instructor Award offered yearly by the FCCE and NSU-Tampa.
7. Issuing CEH to CIs who supervise NSU students, in accordance with their respective state CEH allowance. Certificates are emailed to CIs within 30 days of completion of any experience.

CLINICAL SITE AND THE SCCE RESPONSIBILITIES

The legal responsibilities of the clinical site and SCCE are delineated and governed by the current legal agreement/contract between Nova Southeastern University and each clinical site. These include the following rules and responsibilities:

1. Ensuring that students do not assume the role of temporary staff.
2. Ensuring that students do not represent themselves as physical therapists or employees of the center in which they are interning.
3. Other responsibilities include:
 - a. Ultimate responsibility for patient care.
 - b. Orientation (or appropriate delegation of orientation) of the student to the site's applicable policies and procedures, rules, and regulations.
 - c. Coordination with the CI prior to experience start date to provide necessary materials: online Web-CIET access and a link to the NSU Clinical Education Handbook.
 - d. Providing students with required student information prior to start date.
 - e. Providing an appropriate environment for student learning.
 - f. Providing learning experiences appropriate to the student's level of knowledge in accordance with educational objectives, as established with the CI.
 - g. Providing resources for student performance evaluation on the electronic CIET at midterm and final.
 - h. Providing adequate time for CI-student feedback and formal conferences, including mid-term and final CIET review.
 - i. Facilitating communication of the DCE with CIs as needed.

CI RESPONSIBILITIES

Clinical Instructors will:

1. Hold licensure as a physical therapist in the jurisdiction where they are working, a minimum of one year's full-time experience in clinical practice and have evidence of continuing education or advanced certification relevant to their current practice.
2. Demonstrate a willingness to serve as a CI, based on an understanding of the goals and philosophy of PT education and the objectives of the NSU PT Program.
3. Serve as a role model who maintains ethical and legal standards of practice.
4. Facilitate a variety of patient encounters necessary for an adequate learning experience for the student.
5. Develop and evaluate the effectiveness of learning experiences that develop a student's judgment and skills while insuring proper and safe patient care.
6. Supervise each student as required by state and federal law (direct supervision in Florida).

7. Delegate increasing levels of responsibility to the student for all components of patient/client management as the student's skills develop over time.
8. Provide a minimum number of clinical hours (40 hours/week or full-time equivalent for the designated time) for the student to attend and participate in clinical activities at the experience site. During this time, the clinical instructor must be available for supervision, consultation, and teaching, or designate an **alternate** clinical instructor (meeting requisite qualifications stated above).
9. Review and familiarize himself or herself with the NSU Clinical Education Handbook.
10. Review with the student the university expectations and objectives for the experience.
11. Provide the student with scheduled performance feedback and spontaneous feedback as needed.
12. Evaluate each student's progress with accuracy using the designated clinical assessment tool. If not already completed, complete the on-line training in preparation for evaluation of student performance using that tool (See section on *Student Assessment and the CIET* for more information.)
13. Respect the rights and dignity of the student.
14. Promptly notify the PT Program of any circumstance that may jeopardize a student's learning experience or successful course completion.

The Director, DCE, faculty and staff of the Tampa Physical Therapy Program strive to foster open relationships with its clinical instructors to resolve potential problems immediately.

ROLE OF THE STUDENT AND SUPERVISION REQUIREMENTS

- Students must be supervised according to state provisions by a licensed physical therapist with at least one year of experience during delivery of direct patient care.
- Students may not function in the place of an employee or assume primary responsibility for a patient's care. Students shall not treat or discharge a patient from care without consultation with the Clinical Instructor.
- Students must adhere to all rules, regulations, policies, and procedures of the NSU Physical Therapy Program, the clinical sites, and all applicable federal and state laws.
- Students should not consent to assess any patient or perform any procedure that is beyond their ability or scope. Students should know their abilities, limits, and scope. Students are responsible for communicating this to their clinical instructors.
- In the absence of the assigned clinical instructor, another physical therapist who meets the requirements for clinical instructors should be appointed as the temporary clinical instructor. CI absences may be planned days off, unexpected days off, or weekend experiences when the assigned CI is not scheduled to work.
- Students are not permitted to sign any legal document at their assigned clinical sites without first reviewing with the DCE. They must also always maintain a copy of the document in their compliance binders during the clinical experience.

APTA CLINICAL INSTRUCTOR CREDENTIALING

This voluntary program is designed primarily for people interested in or involved with clinical education (clinical instructors, center coordinators of clinical education, academic coordinators of clinical education) and is recognized by APTA as a Clinical Instructor (CI) Education and Credentialing Program.

The program addresses issues of:

- Planning and preparing for physical therapy students during their clinical education experiences
- Developing learning experiences
- Supporting ongoing learning through questioning and effective feedback
- Developing skills of performance evaluation
- Identifying and managing students with exceptional situations
- Identifying legal implications for clinical educators, including issues presented by ADA legislation

The APTA offers both Basic and Advanced credentialing courses. Though it is not a requirement of our Clinical Partners to be Credentialed Clinical Instructors, the faculty of the Tampa DPT program feel strongly in favor of this valuable training and recommends it highly.

For more information and dates of upcoming courses please visit the APTA website at:

<http://www.apta.org/Educators/Clinical/EducatorDevelopment/> or follow the link which can be found on the Clinical Education Page on-line for the HE-DPT program.

FLORIDA CONSORTIUM OF CLINICAL EDUCATORS (FCCE) MEMBERSHIP

The DCE of the Tampa DPT program is a current active member, previously serving on the executive board, of the Florida Consortium of Clinical Educators (FCCE). The FCCE is a special interest group of the Florida Physical Therapy Association dedicated to the development, implementation, and support of quality clinical education for Physical Therapist and Physical Therapist Assistant students. SCCEs and CIs are encouraged to be members and participate in FCCE meetings, events, and training. As a clinical member of the FCCE, you are given the opportunity to provide feedback and play a pivotal role in the growth of clinical education in the state of Florida. Let your voices be heard and let Florida be a leader in clinical education!

The FCCE website can be found at: <http://www.fpta.org/members/group.aspx?id=144233>. The website contains links to past meeting minutes, resources, a schedule of events and other tools for clinical educators.

Mission of the FCCE:

The Florida Consortium of Clinical Educators (FCCE) is an organization dedicated to the development, implementation, and support of quality clinical education for PT and PTA students.

The partnership between education and practice provides leadership for clinical education programs and clinical faculty development.

Through open discussion, networking, and aggressive exploration of opportunities and visionary ideas, the group fosters and supports dynamic clinical education environments for clinical faculty and students.

These environments enable the student to transition into a competent and socially responsible professional who understands, responds, and promotes creative problem solving in the rapidly changing, competitive health care delivery system.

The Consortia explores, designs, and implements innovations that assist practitioners in the provision of quality learning experiences to meet its mission of excellence in clinical education.

ESTABLISHMENT AND MAINTENANCE OF AFFILIATION AGREEMENTS/CONTRACTS

There must be an effective affiliation agreement/contract between the university and the clinical site before a student begins the experience at the facility.

The DCE is primarily responsible for establishing and maintaining the affiliation agreements/contracts pertaining to all clinical experiences with assistance from the Tampa Clinical Support Coordinator and the legal department of the University. Management of the affiliation agreements will be a collaboration of the PT program, facility, and legal departments of both parties. The DCE works directly with the NSU VP for Legal Affairs and personnel at the various sites to finalize the wording of the agreements.

Contracts are checked for currency when students are placed at existing sites. If a contract has expired or will expire during the scheduled experience, the DCE is responsible for initiating the renewal.

Please contact the DCE to review the NSU standard affiliation agreement. Copies of completed affiliation agreements/contracts are maintained in the PT Department in a secured location and in the Legal Affairs Office for NSU (See **Appendix F**: Sample Affiliation Agreement.)

SELECTION AND ASSIGNMENT OF CLINICAL EXPERIENCES

The DCE assigns students to clinical sites to assure the best possible match of a student's learning needs and the learning opportunities available in a particular site. The process for student assignment for Clinical Experiences is as follows:

- In the summer semester of the second year, the students are given a survey to assess both geographical needs and special student interests. Based on this feedback, the DCE generates a targeted request list to send out the experience requests.
- Per APTA guidelines and the FCCE agreed upon request process, all experience requests are sent out between March 1st and March 15th for the following academic year. For example, requests for experience placements that will take place during the 2021-2022 academic year are sent out in March of 2020.
- Per APTA guidelines, facilities are asked to return the solicitation forms by April 30th with available placements noted.
- The DCE will match students with selected clinical centers for the experiences to take place in the fall and winter semesters of the fourth year. The assignment plans are sent to the SCCEs of the selected clinical centers by December 1 each year with a request for official confirmation that the experience is still available.
 - All students are required to complete the three terminal full-time clinical experiences in three various settings with the following qualifications:
 - One of the three settings must be outpatient orthopedics, as this makes up the largest market of employment and the national licensure exam.
 - At least one of the three placements must be in an inpatient environment (example: acute care, inpatient rehabilitation, skilled nursing facility, etc.).

- At least one of the three placements must include over 50% primarily neurological conditions in the patient population.
- If a situation arises resulting in cancellation of the experience, whether by the facility or University, all parties should be notified immediately, and then it is the DCE's responsibility to re-assign the student if applicable.

CONFLICTS OF INTEREST AND OTHER CONSIDERATIONS

1. A student will not be assigned to a clinical site where there is deemed to be a conflict of interest.
 - a. For example, if the student were formerly employed at that facility, an experience may only take place if in a different physical location from the prior employment held.
 - b. There cannot be a prior relationship or "professional familiarity" between the student and the clinical instructor, supervisor, or any employee in a management role.
2. Students will only be assigned to centers that comply with NSU and CAPTE accreditation guidelines for clinical education.
3. Students are not permitted to contact potential clinical centers to inquire about initiating a clinical agreement or potential assignment in a center. Instead, students are to provide the DCE with the names of clinical centers that they would like to have considered for an NSU affiliation agreement.
4. Students are not permitted to contact any of their assigned experience locations prior to being instructed to do so by the DCE. All communication with the site must be made through the DCE and the SCCE. Any student who does not comply with this policy will be referred to the Committee on Student Progress and subject to disciplinary action.

PREPARATION FOR CLINICAL EXPERIENCES

STUDENT REQUIREMENTS

The DCE will verify that all pre-requisites are met including pre-clinical orientation and that the student may proceed to Clinical Experience. Pre-requisites include but are not limited to:

1. Successful completion of the Standardized Clinical Readiness Assessment (SCRA)
2. Successful completion of all preceding didactic coursework.
3. Successful completion of the following graduation requirements: Attendance at a State and National Conference and completion of all required service learning hours per the NSU – Tampa Bay DPT Student Policy and Procedure Manual.
4. Review and acknowledgement of the DPT Clinical Education Handbook and NSU Student Handbook.
5. Mandatory maintenance of valid health insurance policy.
6. Proof of completion of all required immunizations and testing (See **Appendix G**).
7. Maintenance of a complete, updated, and accurate Compliance Binder & Exxat profile throughout all clinical experiences (See **Appendix G**).
8. Review of applicable State PT Practice Act.
9. Any other requirements of a clinical center to which a student is assigned.

Failure to obtain or maintain any of these requirements will result in removal from the clinical experience until such time that proof of compliance can be submitted to the DCE. This absence is considered an **unexcused absence** that will have to be made up and can delay graduation.

STUDENT COMPLIANCE

The Compliance Binder & Exxat profile contains all necessary documentation for students to participate in the clinical experience. These are to be completed prior to the start of the first experience and are carried with

the student to each clinical site. Students are responsible for keeping only current information in their compliance binders & profiles. For a listing of compliance binder requirements, see **Appendix G**.

Background Checks

NSU requires Level I background checks prior to admission and Level II background checks prior to starting full-time clinical experiences. Some facilities require students to comply with facility background check processes and/or may require additional background checking beyond what is performed by the University. Students scheduled to intern at such facilities will need to comply with the policies of that site and assume any additional costs related to fulfilling that requirement.

Drug and Alcohol Testing

All students are bound by the NSU student handbook policies on Drug and Alcohol abuse (see Student Handbook, Drug Free Schools and Campuses and Zero Tolerance Policy) during their clinical experiences. Some affiliating facilities require pre-experience screening and may routinely conduct random drug testing of their personnel including student interns. As an affiliate of these sites, students agree to comply with all required testing. Results of such testing shall be kept in the Compliance Binder.

Positive results from drug and/or alcohol testing will require immediate suspension of the clinical experience and can involve serious consequences up to and including dismissal from the Program. Any cost of drug screening or repeat screening in the event of an inconclusive test will be the responsibility of the student. The DCE will assist in the coordination of such services if necessary.

Medical Marijuana

Although the possession and use of medical marijuana (THC) is permitted under Florida state law in limited circumstances, the possession and use of medical marijuana is still illegal under federal law. NSU must abide by federal law, including but not limited to the Controlled Substances Act (21 U.S.C.A. 811) and the Drug-Free Schools and Communities Act (20 U.S.C. 1145g). Specifically, the Controlled Substances Act prohibits and criminalizes both the recreational and medical use of marijuana, as well as any derivative of marijuana. Likewise, the Drug-Free Schools and Communities Act requires NSU to maintain policies prohibiting any possession, use or distribution of the substance to receive federal funding.

Accordingly, medical marijuana (THC) is considered an “illicit drug” for purposes of the NSU “Drug-Free Schools and Campuses” policy. The possession or use of the substance, even when authorized by a physician under state law, is thus prohibited on NSU property and during NSU-sponsored activities

INITIAL CONTACT BETWEEN STUDENT AND CLINICAL INSTRUCTOR

The DCE will reach out to all assigned facilities two to three months prior to the experience start date to make final confirmations and obtain CI contact information. Facility agreements will be reviewed and updated as necessary and CI information will be entered into Exxat, our clinical education management platform. Any facility-specific requirements will be managed as needed.

The student is required to contact the assigned CI/SCCE using their NSU Email account 6-8 weeks prior to the start date of the experience. The student will be notified by the DCE when it is time to initiate contact and is not to do so prior to that time. The student will send their resume and completed personal profile along with

any other requirements from the facility. The student will briefly introduce themselves in a letter to the CI and clearly state his/her objectives for the experience by sharing their Exxat profile.

PROFESSIONAL EXPECTATIONS OF THE STUDENT DURING CLINICAL EXPERIENCES

PROFESSIONAL BEHAVIOR

Students are invited guests of each clinical center and representatives of Nova Southeastern University and the Physical Therapy profession. Discretion and professional behavior are always required. Students are expected to conduct themselves in accordance with all policies and procedures established by the clinical site, NSU, the APTA Guide for Professional Conduct, and all applicable state and federal laws. Professional conduct includes but is not limited to punctuality, reliability, dependability, attendance, appropriate dress, respectful and polite interaction with others, a calm demeanor, keeping personal business out of the workplace, and remaining free from the influence of drugs and alcohol. Additionally, students are not permitted to accept gifts from patients greater than \$20 in value at any time during the clinical experience. Students who fail to demonstrate an acceptable level of maturity and professionalism may be terminated from an experience and receive a failing grade for the experience course. This may result in dismissal from the Tampa DPT Program.

During this learning opportunity, students should demonstrate active learning, initiative, participate in clinical discussions and integrate constructive feedback into practice. Ultimately the successful completion of a clinical experience is the responsibility of the individual student.

Other student responsibilities include, but are not limited to:

Compliance Binder & Exxat Profile: Maintenance of a complete, updated, and accurate Compliance Binder & Exxat profile throughout all clinical experiences.

Orientation: Initiate communication with the CI regarding learning style, experience goals, course requirements, strengths and weaknesses, university expectations, and clinical center policies and procedures.

Clinical Internship Evaluation Tool (CIET): Be aware of all CIET objectives and maintain progress toward their completion within the required time frame. Complete the CIET at Mid-term and Final and review/compare with CI.

Course Assignments: Complete all required course assignments as assigned by the DCE. Complete any assignments issued by the CI, including in-service presentation or projects.

Specific NSU Assignments during Clinical Experiences

1. Completion of an Evidence-Based Capstone Project (see **Appendix I**) prior to completion of Clinical Experience III.
2. One (1) in-service to be presented at each of the three experiences. Each in-service must be different from previous in-services, contain Evidence-Based Practice elements including references in AMA format, and be relevant to the patient population or needs of the experience site. Students are NOT allowed to use information or videos presented by NSU Faculty without express permission of the faculty member.

Communication: Maintain contact with DCE, faculty, and/or Program Director via Exxat and/or NSU email. Students are responsible for keeping abreast of information through communications and updates published. Students must maintain a functional cell phone and current contact information with the DCE and PT

department. Changes in address and phone must be communicated immediately to the Clinical Support Coordinator or DCE.

DCE Communication: Initiate communication with the DCE regarding any concerns with the experience, risk of not completing objectives, incidents, injury, absences, or other problems within 24 hours of occurrence.

Medical Equipment: Arrive at the clinical site prepared with properly functioning medical diagnostic instruments and other small equipment as appropriate for the center and as needed. This includes the equipment required in each student's lab kits (see **Appendix D**).

Report Latex Allergy: Report any allergies to latex products to the CI and DCE. This information should be included on the Student Profile completed prior to experience and placed in the compliance binder. Each student is responsible to supply the latex-free products they may need.

Transportation: Students are responsible for all costs of transportation, travel, and parking associated with experiences, unless a site offers a stipend for same. We strongly suggest that students investigate alternative transportation strategies in case of emergencies (cab, bus, ridesharing).

Housing: Students are responsible for all housing arrangements including cost. In those facilities that offer housing, the student is responsible to make these arrangements.

Meals: Students are responsible for their own meals. Students may accept food provided at no cost or at a discount to student.

Student Safety: Students are required to review the information regarding safety in the Campus Safety Manual published by the NSU Public Safety Department prior to commencement of clinical experiences.

Non-Discriminatory Practice: Students shall deliver health care service to patients without regard to their race, religion, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, and political beliefs, consistent with NSU policy.

Health Insurance: Students must maintain a valid health insurance policy throughout their course of study in the PT Program inclusive of clinical education courses. A copy of the student's insurance card is maintained in his or her compliance folder that must be provided to the CI on the first day of the experience. Any costs incurred for emergency care, illness, injury, and/or hospitalizations during attendance at the PT Program, including all clinical experiences, are the sole responsibility of the student. This includes any initial and follow up testing and treatments related to exposure or injury sustained during an experience. Failure to maintain health/medical insurance will result in the student being removed from clinical experiences until proof of compliance with this policy is provided. Absences incurred because of non-compliance will be counted as unexcused (see *Attendance*).

ATTENDANCE

Beginning and end dates for clinical experiences are established by the DCE with each clinical site and coincide with academic calendar requirements. The actual daily and hourly experience schedule is at the discretion of the Clinical Instructor and should include the equivalent of full-time status (40 hours per week) and **no less than 35 hours of productive patient care time** any given week. The student will follow the same or similar work schedule as their Clinical Instructor, which may include longer than 8-hour workdays, weekends, and holidays. While on clinical experiences, students do not follow the NSU academic calendar of holidays.

Students are not allowed to directly request “time off” from a clinical without first discussed with the DCE. Further, students are not allowed to request a schedule change (i.e., swapping a regularly scheduled time for another time) without discussing with the DCE first. Only if the DCE is consulted and approves the request may the student discuss this with their CI.

Students submit their experience schedule to the DCE within the first week of their experience using the *Student Clinical Schedule* form (See **Appendix H**). Students are required to notify the DCE of **any** subsequent changes to this schedule within 24 hours. Student attendance is verified via Exxat, and communication with CI.

Tardiness

As soon as a student expects they may be tardy, the student must notify both the Clinical Instructor and DCE. The student is considered tardy if not ready to begin their day at or before their scheduled start time. If greater than 30 minutes is missed, the time must be made up. Failure to follow this procedure will result in an unexcused absence. Being tardy more than 2 times will count as an unexcused absence.

Unexcused Absence

Students are **not permitted** any unexcused absences during an experience. Unexcused absences include but are not limited to business appointments, routine dental and doctor appointments, weddings, graduations and other social or personal events. (Exceptions may be made if the student reaches out to the DCE prior to the start of the experience and an appropriate make-up time is agreed upon by DCE and CI. However, this cannot be guaranteed to the student.) Time off from an experience will not be granted to allow for individual “study time” to complete other course work, interviews, course assignments, in-services, course modules, and/or to prepare for the licensure examination or for personal reasons. **STUDENTS ARE NOT ABLE TO MAKE UP UNEXCUSED ABSENCES. UNEXCUSED ABSENCES DEMONSTRATE UNPROFESSIONAL BEHAVIOR AND MAY RESULT IN FAILURE OF THE EXPERIENCE COURSE OR DELAY IN GRADUATION.**

Excused Absence

Incapacitating illness, physical or psychological injury preventing full participation in all clinical activities, or an unexpected family emergency may result in an excused absence. Students must report an unexpected or anticipated absence to their assigned CI as soon as possible and report the excused absence to the DCE immediately via DCE cell phone text or call. Unexpected absences must be excused before the start of the workday but no later than 9 AM. Supporting documentation may be requested by either the DCE or CI or both for the absence to remain excused.

Excused absences **must be made up** at the discretion of the Clinical Instructor in consultation with the DCE. Students are required to report their absence in Exxat under “My Leave” and then follow-up with an email to the DCE, copying their CI, to notify how the time will be made up. In cases of illness resulting in absences of 2 or more days from clinic, documentation of illness and suitability to resume the experience may be required from a physician. Any number of excused absences may result in an extension of the experience to make up the time and could possibly result in a delay in graduation.

Make-Up Days

Make-up days will be scheduled at the same site if the CI or another substitute, qualified clinical instructor is available. Make up time must be productive patient-care hours. They cannot be made up with additional non-patient care time such as extending hours to work on documentation, projects, etc. If the SCCE and/or CI are unable to arrange for make-up of an excused absence, the DCE has the discretion to determine if the student can be assigned to a similar center for make-up of lost days. Extended excused absences or difficulty in arranging for appropriate make-up experiences may extend the current clinical experience and/or delay graduation.

Leave of Absence

A leave of absence may be granted at the discretion of the program director, department chair and/or dean on an individual basis for reasons of extended illness or other extenuating circumstances requiring extended absence from an experience. Students must request a leave of absence in writing and provide documentation to support the request. Requests for leave of absence are only granted if the student is in good standing and are not accepted after a student has been advised that he or she has failed the clinical experience course. All student requests are considered confidential and are treated as such by the faculty. The conditions and time frame of the leave of absence and return to the program is at the discretion of the program director, chair and/or dean. The program director will advise the student and DCE of the decision. Resumption of the clinical experience will be coordinated by the DCE and may be dependent upon clinical center and CI availability.

Professional Conferences

Students are only permitted to attend State and National conferences during their Clinical Experiences if they are either attending WITH their clinical instructor OR it does not require any missed regularly scheduled days. This time should not exceed a total of 2 days during a given clinical experience course.

Continuing Education Courses

Students may attend continuing education courses and seminars with their Clinical Instructors at their own expense. DCE pre-approval is required. Time taken for continuing education should not exceed a total of 2 days during the entire 35 weeks of clinical education.

Interviews for Residency and/or Employment

Students are NOT permitted time away from the clinical experiences for interviews. Any such interview must be arranged outside of clinical experience hours and may not disrupt the clinical experience schedule. Requests to modify the schedule are also not permitted for these reasons.

APPEARANCE AND DRESS CODE

Students must present themselves as professionals by maintaining a modest, neat, and clean appearance during experiences. Students should adhere to the dress code of their assigned clinical center. It is the student's responsibility to determine the dress code prior to their start date and arrive in suitable attire that is either obtained at their own expense or provided by the center staff. Professional dress also implies that clothes are ironed / wrinkle free. Students must always wear their NSU picture identification/nametags designating student physical therapy status during clinical experiences. Students cannot wear any identification that designates any other professional status or certification obtained external to physical therapy education.

Facial hair must be trimmed and neat and fingernails clipped short. Any jewelry worn should be kept to a minimum so as not to interfere with patient care, cleanliness, or pose a danger to patient safety. No facial jewelry is permitted to be worn during clinical experiences. Tattoos and other body adornments or piercings shall be covered or removed during clinical experiences. Hair should be kept neat and conservative (not out of the ordinary hair coloring such as pink, purple, blue, etc.).

Inappropriately attired students or those with an unkempt appearance will be asked to leave the clinical site and/or campus. The time missed until they return properly attired must be made-up or will be counted as an unexcused absence. Repeated non-compliance after a warning may result in the student failing the clinical experience course.

MEDICAL RECORD DOCUMENTATION GUIDELINES FOR STUDENTS

Documentation should adhere to the following APTA guidelines found in the Guide to Physical Therapist Practice:

- 1) *Documentation is required for every visit/encounter.*
- 2) *All documentation must comply with the applicable jurisdictional/regulatory requirements and requires co-signature for student entries.*
- 3) *All handwritten entries shall be made in ink and will include original signatures. Electronic entries are made with appropriate security and confidentiality provisions.*
- 4) *Charting errors should be corrected by drawing a single line through the error, initialing, and dating the chart or through the appropriate mechanism for electronic documentation that clearly indicates that a change was made without deletion of the original record.*
- 5) *All documentation must include adequate identification of the patient/client and the physical therapist or physical therapist assistant:*
 - a. *The patient's/client's full name and identification number, if applicable, must be included on all official documents.*
 - b. *All entries must be dated and authenticated with the provider's full name and appropriate designation:*
- 6) *Documentation of examination, evaluation, diagnosis, prognosis, plan of care, and discharge summary must be authenticated by the physical therapist who provided the service.*
- 7) *Documentation of intervention in visit/encounter notes must be authenticated by the physical therapist or physical therapist assistant who provided the service.*
- 8) *Documentation by physical therapist or physical therapist assistant graduates or others physical therapist and physical therapist assistants pending receipt of an unrestricted license shall be authenticated by a licensed physical therapist, or, when permissible by law, documentation by physical therapist assistant graduates may be authenticated by a physical therapist assistant.*
- 9) *Documentation by students (SPT/SPTA) in physical therapist or physical therapist assistant programs must be additionally authenticated by the physical therapist or, when permissible by law, documentation by physical therapist assistant students may be authenticated by a physical therapist assistant.*
- 10) *Documentation should include the referral mechanism by which physical therapy services are initiated. Examples include:*
 - a. *Self-referral/direct access*
 - b. *Request for consultation from another practitioner*
 - c. *Documentation should include indication of no shows and cancellations.*
- 11) *Students and CIs should refer to the APTA web site for additional details regarding documentation standards.*

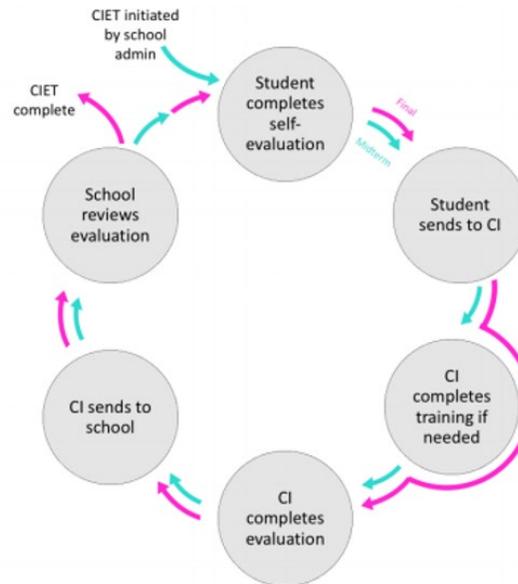
Students must sign all documentation entered into electronic or manual patient medical records with their name clearly written, followed by the designation "SPT." At no time may the student use any other professional designations (e.g., PTA, ATC, etc.). The CI must co-sign all medical record entries.

Students may document for Medicare Part A and B patients; however, the documentation must always reflect CI involvement during the treatment.

STUDENT ASSESSMENT AND THE CIET

1. **CIET training:** All Students, SCCEs and CIs are required to take part in a brief tutorial online and pass the post-test with a 75% or higher prior to initial use of the CIET. Training is free and a link to the training video will be sent to the CIs by the DCE and can also be accessed through the CIET link sent to the CI by the student.

2. CIs will receive a certificate of completion from Nova Southeastern University following the one-time training.
3. The CIET is completed at mid-term and final week by both the student and CI for each clinical experience. The CIET workflow is outlined as follows:



4. Questions related to the electronic CIET and/or training should be directed to the DCE.
5. For more information on the CIET, please refer to **Appendices E, K, and L**.

EXPERIENCE GRADING

Clinical Experience Courses are graded on a Pass (“P”) / Fail (“F”) basis following the grading policy in the CHCS Student Handbook. The DCE assigns the grades for all clinical experience courses, taking into consideration the CIET completed by the Clinical Instructor, dialogue with CI(s) and timely completion of all course assignments included on each course syllabus.

All the following objectives must be met to pass the clinical experience:

1. Timely submission and completion of all course prerequisites and assignments
 - a. NOTE: Students shall not begin a clinical experience until their compliance Binders are complete and verified by the DCE.
2. Successful completion of the CIET with documented reviews at least at midterm and final.
 - a. Specific Expectations can be found in **Appendix L** and must be met by the Final assessment.
 - b. An overall performance rating of 7 or higher for CE 1 and 8 or higher for CE 2
 - c. All comment boxes must be completed by CI and Student and will not be accepted as “n/a.”
 - d. An answer of “Yes” on final page when CI is asked “Is the student performing at a level that is satisfactory for his/her current level of education?”.
 - e. Written comments from the CI reflecting satisfactory performance.
 - f. A blank CIET form can be found in **Appendix K**.
3. Timely completion of the “weekly review form.” (See **Appendix J**)
4. Completion of at least one in-service presentation on a topic agreed upon by the student and CI.
 - a. Presentation must be submitted to Exxat for DCE to review.

- b. Presentations must include evidence-based practice with a reference page or slide using AMA formatting style. Students must follow all NSU Policies for Academic Honesty in any work submitted.
5. Completion of the APTA PT Student Evaluation Form through Exxat.

NOTE: Any delay in fulfilling pre-requisites or any assignment submitted after the due date may result in delay of graduation and/or failure of the Clinical Experience Course.

UNSATISFACTORY PERFORMANCE ON AN EXPERIENCE

The SCCE, CI, and/or student should contact the DCE as soon as it is apparent that the student is not performing at a satisfactory level to achieve course objectives. It is **not** recommended to wait until midterm to discuss issues involving student performance. A plan for addressing concerns will be developed by the CI in collaboration with the DCE and/or SCCE within 24 hours. Students are expected to take primary responsibility for the management and resolution of identified performance concerns through this established plan.

If student issues with performance cannot be resolved satisfactorily and the student does not meet the requirements for successful completion of an experience course, the student will fail the experience and will receive an "F" grade for the clinical education course. The student will be referred to the Committee on Student Progress (CSP) and may be dismissed from the DPT program. The student may be allowed, if deemed eligible by the CSP and agreed upon by the Program Director, to engage in additional learning experiences including retaking a portion of or the entire clinical experience. Any student who is permitted a retake of an experience may also be required to complete additional learning experiences prior to starting the retake. This will be specifically identified in the final decision letter from the Program Director. The plan to retake any part of the Clinical Experience Course is at the discretion of the DCE and subject to the availability of clinical centers and CI's. This will delay the student's graduation and possibly delay sitting for the licensure exam.

During clinical experiences, if a student fails Experience I, and is deemed appropriate to retake the course, they must successfully pass the retake and any required remediation work before being allowed to proceed to Experience II. Failure of Experience II that has been granted a retake may or may not warrant continuation onto Experience III based on the DCE's review of the CIET, discussion with the CI and student, and knowledge of preparedness for the third experience. Failure of experiences I & II will result in delay or cancellation of subsequent experiences. Subsequent experiences will not be rescheduled or confirmed by the DCE until successful completion of the retake. The student will be responsible for all costs incurred in retaking an experience (refer to the CHCS Handbook, *Course Remediation Cost*). Failure of the retake will result in dismissal from the program. Additionally, a student who receives a second F grade in any clinical education course is dismissed from the Physical Therapy Program.

The following behaviors may result in an "F" grade for the course:

1. Failure to achieve program expectations for the level of clinical experience:
 - a. CI indicates on the CIET that the student has not achieved the stated criteria rating requirements at midterm or final evaluation of performance. Refer to Experience Grading Policy.
 - b. Failure to meet any course objectives.
 - c. Failure to meet deadlines for submission of course assignments.
2. Unexcused absence in an experience course.
3. Excessive excused absences that are not made-up or cannot be scheduled.
4. Tardiness that persists after two warnings.
5. Unethical, illegal, or unprofessional behavior.
6. Misconduct resulting in possible danger or actual harm to a patient.

7. Dismissal from the clinical center at any time for any other reason.

If a student is delayed more than 3 months from starting and completing an experience, the student will be required to demonstrate competency of didactic content prior to resuming clinical education courses. The decision of whether the student is ready to resume clinical experience will be made by the DCE with the input of the Program Director and Committee on Student Progress.

Scheduling a Clinical Experience Retake

Should a retake of a failed clinical experience be permitted, the timing of that clinical placement is dependent on:

1. Availability and willingness from the selected clinical site and clinical instructor.
2. Part-of-term dates from the University. (All retakes must fall within one single part-of-term.) This may cause a delay in preferred start date.

This site is chosen by the DCE in collaboration with the Program Director to ensure a quality experience with a fair and honest assessment. Though every effort is made to find a convenient placement for the student, this may not be located near the student's home and the student will be responsible for any living expenses as needed.

INCOMPLETE EXPERIENCE

A student may receive a grade of "Incomplete" at the end of a scheduled experience for the following reasons:

1. Excessive excused absences that require experience extension but do not warrant failure.
2. Inability to meet all requirements within the time frame of the experience due to unforeseen circumstances.
3. Extension of the experience was deemed appropriate based on specific criteria needing further experience to demonstrate competency but not warranting failure.

A grade of "Incomplete" may or may not prevent a student from continuing onto the next experience. If extension of the experience is deemed appropriate by the DCE, the extension may occur at the same facility or another facility with a similar patient population and setting based on clinic and clinical instructor availability. Length of the extension will be determined by the DCE based on input from the CI. Placement dates for this extension will begin and end based on availability of the experience site and may result in a delay in graduation.

If an "Incomplete" grade is received, a specific documented plan for passing will be established by the DCE and communicated with the student. Once these requirements have been fulfilled, the DCE will submit the grade change to the University to award the passing grade. If these requirements are not fulfilled, it will result in a failing grade and the policy on *Unsatisfactory Performance on an Experience* will apply.

EARLY TERMINATION OF EXPERIENCE

The Site Coordinator for Clinical Education (SCCE), the Clinical Instructor (CI), or the Director of Clinical Education (DCE) may terminate an experience at any time for unsafe and/or inadequate performance, poor skill, inadequate clinical judgment that places the patients, staff, or self at risk for harm, or harm to a patient, or for unprofessional workplace behavior. Failure of a student to comply with all rules, regulations, policies, and procedures of the clinical center and NSU may result in early termination of the clinical experience and

automatic failure of the clinical experience course. Any student who is terminated early from a clinical experience or fails a clinical experience will be referred to the Tampa DPT Committee on Student Progress. Students may not receive partial credit for a course that was terminated early.

If the student is eligible, the student may retake all or part of the course, based on the discretion of the DCE. Refer to section on *Unsatisfactory Performance on an Experience*.

STUDENT DISPUTES AND GRIEVANCES

ACADEMIC GRIEVANCES

The responsibility for course examinations, assignments and grades resides with the expertise of faculty members who are uniquely qualified by their training and expertise. This faculty includes the DCE, CI and SCCE. Such evaluations and grades are the prerogative of the instructor and are not subject to formal appeal unless there is compelling evidence of discrimination, arbitrary or capricious action and/or procedural irregularities. Disputes with evaluation or experience performance should first be addressed with the Clinical Instructor and then with the DCE if satisfactory resolution is not achieved. Grievances and grade disputes must be in writing and directed to the DCE within 5 business days. Failure to submit a timely appeal will be considered a waiver of the student's grade dispute appeal rights. The Program Director is the final appeal for all grade disputes.

NONACADEMIC GRIEVANCES

The purpose of the grievance procedure is to promote the orderly resolution of problems arising out of a student complaint concerning a policy, procedure, or administrative action of Nova Southeastern University. Grievances can often be adversarial, unpleasant, and unsatisfying, so it is recommended that students discuss problems before resorting to the formal grievance steps.

Concerns and complaints related to matters involving clinical education should be presented in writing to the DCE or Program Director. Complaints should be presented in writing within 5 business days.

When formal grievance steps are perceived as necessary, students have the right to fair process and hearing without retribution. Please refer to the CHCS handbook for *Grievance Procedures for Nonacademic Disputes*.

Records of all written concerns and complaints are maintained in a secured location within the department.

Discrimination and Harassment

NSU and the HE-DPT Program adhere to a policy of non-discrimination and maintenance of environments free from harassment. Please refer to the CHCS handbook *Nondiscrimination Statement* and *Grievance Procedures for Nonacademic Disputes*.

CLINICAL INSTRUCTOR GRIEVANCE PROCEDURE

A CI who feels that they have a grievance involving a student should first attempt to address that concern with the student. If unresolved, the CI should promptly consult with the SCCE and DCE. If a satisfactory resolution cannot be reached, the complaint should be taken to the Program Director and then, to the Department Chair.

CONFIDENTIALITY POLICY

All parties involved in clinical education must maintain the confidentiality of all information that is of a sensitive or personal nature. This policy minimally applies to patient information, student information, CI information, and clinical site information. The following excerpt from the APTA Guide for Professional Conduct is emphasized:

1. *Information relating to the physical therapist-patient relationship is confidential and may not be communicated to a third party not involved in the patient's care without the prior written consent of the patient, subject to applicable law.*
2. *Information derived from component-sponsored peer review shall be held confidential by the reviewer unless written permission to release the information is obtained from the physical therapist that was reviewed.*
3. *Information derived from working relationships of physical therapists shall be held confidential by all parties.*
4. *Information may be disclosed to appropriate authorities when it is necessary to protect the welfare of an individual or the community. Such disclosure shall be in accordance with applicable law.*

Patient Information:

All current HIPAA guidelines must be followed as stated by NSU, the PT Program, the APTA, and policies of each clinical center. Each student must take and successfully complete the HIPAA training module(s) given by NSU on Canvas and maintain a copy of his/her certificate(s) of completion in their compliance binder for presentation to the SCCE or CI at each experience or during other patient care experiences.

Student Information:

SCCEs and CIs in each clinical center must keep all student health records, educational records, and any other personal information, strictly confidential in compliance with applicable laws governing student records. Student compliance binders are the property of the individual student. Copies of materials contained therein may be obtained only with the permission of the student.

Clinical Site Information:

Information received from clinical sites shall be held in a secure location within the DPT department. Selected information from these files is made available for student review prior to the individual student's experience. Furthermore, students are to hold confidential all proprietary information about a clinical site obtained during a clinical experience.

Social Media

Students, CIs, and SCCEs should refrain from putting information about the clinical education experience, patients, or individuals on any form of social media including Facebook, Twitter, Instagram, and Snapchat. Doing so could result in violation of HIPAA, FERPA, or NSU's Student Code of Conduct.

OCCURRENCE OR INCIDENT REPORTING

NSU's policy is that students report all occurrences or incidents that occur during a clinical experience regardless of whether someone is harmed, or property is damaged. The following procedure should be followed:

1. The student must immediately notify the CI of the incident.
2. The student must immediately notify their DCE of the incident.
3. The student must furnish the DCE with any documents notifying of a potentially compensable event i.e., professional liability claims or action.

4. The DCE will furnish the written documentation or oral report to the appropriate NSU authorities.
5. The student will promptly comply with all requirements of the NSU Health Professions Division Risk Manager regarding the incident.

MALPRACTICE INSURANCE

All matriculated students on scheduled clinical experiences are covered for professional liability by Nova Southeastern University. All incidents involving students and patients must be reported immediately by phone to the DCE by the student and the student's CI, and at request, in writing, to the Tampa Bay DPT Program. An electronic copy of the Insurance Declaration will be forwarded to the clinical center prior to an assigned student's start date.

EMERGENCY PROCEDURES AND EXPOSURE PLAN

In the event of an emergency, injury, or identification of potential risk during clinical education courses, students are responsible for coordinating their own medical care and all costs associated. The student is responsible for all subsequent costs involved in follow-up medical care, treatment, counseling, hospitalization, or preventive care.

1. Students are required to follow OSHA Universal Precautions. If an exposure occurs, however, students should:
 - a. Use gloves to remove and dispose of all contaminated personal protective equipment (PPE). Wash the exposed area thoroughly with soap and running water. Use non-abrasive, antibacterial soap, if possible. If blood is splashed in the eye or mucous membrane, flush the affected area with running water for at least 15 minutes.
 - b. Report the exposure to their supervising Clinical Instructor AND to the DCE as soon as possible.
 - c. It is the student's responsibility to coordinate any post-exposure medical care and cover the costs incurred of any necessary treatment. If post-exposure treatment is offered by the Clinical Site, the student may accept, but is responsible for any costs associated. The NSU Health Care Center is available to all students and has a specific set of procedures that they will follow for all post-exposure cases consistent with the Centers for Disease Control (CDC) policy and procedures in such cases. Any costs incurred at the NSU Health Care Center are the sole responsibility of the student.
 - d. Students that are exposed and become carriers of an infectious disease may be required to withdraw from the course or program, make up time, or reschedule or add clinical experience which may delay graduation.
2. Students that sustain any injury, illness, or debilitating condition, during an experience (at the clinic or at home) that may endanger the safety of patients, themselves, and others, may not return to the clinic until medically cleared. They must immediately notify the DCE and CI. To return, written medical clearance must indicate the student is able to participate in all activities without any potential for endangering themselves, patients, or others (including an unborn child). This is considered an excused absence, please see *Attendance* section.
3. If clinical experience poses a known, potential personal risk to the student (or if pregnant, the unborn child) the DCE will review the potential risk with the student, the SCCE and the CI. If the student chooses to discontinue an assigned experience based on potential risk, policies for Leave of Absence based on medical reasons will be followed. Supporting documentation from a physician must be submitted.
4. Once informed, should a student decide to continue the experience despite risk, they will be required to provide a written physician's statement containing recommendations and any restrictions applicable to the clinical experience. Restrictions that substantially limit student participation may result in the termination of the experience. Resumption of the experience will require a physician's clearance to

resume all required activities and will be rescheduled based on clinic availability. In cases of pregnancy, a written Informed Consent signed by a spouse/partner may also be required (see ADA policy).

ADA ACCOMMODATIONS IN THE CLINIC

Students with disabilities requesting reasonable accommodation will be referred to the university ADA coordinator. Per the CHCS handbook, each student should discuss his or her needs with the disability service representative before the start of classes. Refer to CHCS handbook, *Disabilities* section.

Students who request reasonable accommodations at the clinical center must meet with the DCE within one week of receiving their clinical assignment(s) and provide written consent for the DCE to discuss the approved accommodations and their implications with the SCCE of the clinical center prior to the student's arrival. These requests are subject to the approval of the SCCE at the assigned clinical center. Facilities have the right to refuse clinical placement for a student requesting approved accommodation or informal requests for accommodations.

If a student has a disability that may impact clinical performance and clinical course success it is strongly encouraged that the student discloses pertinent information to the SCCE and/or CI at the assigned clinical center, for the purposes of making accommodations that may maximize a student's chances for success in the clinical course. The DCE, NSU Program Director, or the student's Academic Advisor can assist students to prepare for such conversations.

If a student chooses to not disclose a disability prior to the clinical course, that student waives the right to appeal any course decisions on the grounds of disability after the fact.

SEVERE WEATHER AND DISASTER PLAN

At the onset of the experience, the student is expected to familiarize himself or herself with Site Disaster and Storm Plans as part of their facility orientation. Students will keep updated contact information, including email and phone number, on file with the DCE, HE-DPT Department, and CI/SCCE.

In the event of impending severe weather condition (i.e., tropical storm, hurricane, severe snowstorm):

1. Students will comply with facility expectations of them as a student intern.
2. Students are expected to participate in storm preparations and follow up in the clinical setting.
3. Students are expected to stay in contact with their CI/SCCE and DCE before and after a severe storm or hurricane. Communication is the responsibility of the student.
4. Students will report to the experience when the conditions safely permit.
5. Students are not expected to drive through hazardous conditions due to severe snowstorm, tropical storm, or hurricane to attend experiences.
6. Absences due to severe weather are considered excused and do not have to be made up unless they exceed 2 days. Anything more requires that the student make-up time (see excused absences).

Following a severe weather event, if a clinical center is destroyed or closed for an extended or indefinite time, the student will be reassigned as quickly as possible by the DCE in a comparable clinical center. Every attempt will be made to conserve the experience course; however, delay of graduation may occur. Frequent communication is important in these situations to facilitate swift action to reassign a student if necessary.

CHANGE IN CLINICAL INSTRUCTOR

The student will immediately notify the DCE as soon as he or she is notified of a CI's planned or unexpected extended absence and the plan for temporary or permanent substitution of the CI. Notification should occur via email or cell phone during work hours and include contact information for the substitute CI. The DCE is responsible for any follow-up with the new CI and/or SCCE.

In the event of a short, temporary absence (for example a 1/2 day off) of an assigned Clinical Instructor, the CI or his/her designee will identify a qualified substitute CI to supervise the student or pre-arrange for another educational activity pertinent to the student's learning goals. It is the student's responsibility to inform the DCE of the CI's absence and the alternative learning experiences that occurred. The DCE is responsible for any follow-up with the student, CI, or SCCE, particularly if a pattern of these substitutions emerges.

At no time will the student provide patient care without having a qualified, licensed CI clearly identified as his or her CI and physically present to directly supervise the student.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) RELATED TO CLINICAL EDUCATION

The HE-DPT department follows the privacy procedures of the CHCS as described in the CHCS Handbook *Privacy of Records* section outlining the Family Educational Rights and Privacy Act of 1974 (FERPA). The student's clinical education records file (hard-copy file) will be maintained in a secured location of the HE-DPT department offices. Any electronic files will be maintained under password protection. Access to these records will be restricted to those faculty and staff directly involved in the Clinical Education Program.

Student clinical education files, electronic or hard copy, will routinely be thinned one (1) year from the date of a student's graduation from the program.

GLOSSARY OF CLINICAL EDUCATION TERMS

* Adopted from the American Council of Academic Physical Therapy (ACAPT) Clinical Education Glossary *

Site Coordinator of Clinical Education (SCCE)

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

Clinical Education Site

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

Clinical Education

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

Clinical Instructor (CI)

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

Clinical Experience

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

Full-Time Clinical Experience

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

Terminal Full-time Clinical Experience

A single, or set of, full-time clinical education experience(s) designated to achieve the minimum number of weeks set forth by CAPTE that occurs after the student has completed the didactic curriculum of a physical therapist professional education program. Students may return to the academic program for didactic instruction that does not require additional clinical education experiences. The expected outcome of the final, or last terminal experience is entry-level performance.

Clinical Internship Evaluation Tool (CIET)

The CIET is a validated outcomes assessment instrument developed by the Pittsburg University to evaluate the performance of physical therapy students based on a specific set of criteria related to Professional Behaviors and Patient Management. The CIET is the primary grading tool of the clinical education program.

Director of Clinical Education (DCE)

The NSU-Tampa DCE is responsible for planning, directing, and evaluating the clinical education program for the DPT program to ensure adherence to the curriculum; university, college, and program missions and goals; and professional and regional accreditation standards. The DCE coordinates the administration of the clinical education program with academic and clinical faculty, students, and clinical centers.

APPENDICES

Appendix A – Tampa DPT Curriculum

Appendix B – Tampa DPT Course Descriptions

Appendix C– Essential Functions of the DPT Student

Appendix D – Lab Kit Equipment Requirements

Appendix E – PT CIET Instructions

Appendix F – Sample Affiliation Agreement

Appendix G – Student Compliance Checklist

Appendix H – Student Clinical Schedule Form

Appendix I - Description of Capstone Project

Appendix J – Weekly Review Form

Appendix K – Blank CIET Form

Appendix L – NSU CIET Expectations

Appendix A: Tampa DPT Curriculum
Nova Southeastern University: DPT Tampa Curriculum

Summer Year I	CH	Summer Year 3	CH
PHTT 5400 Physiology for Physical Therapists	3	PHTT 6816 Motor Control Across the Lifespan	3
PHTT 5420 Anatomy for Physical Therapists I	2	PHTT 6820 Musculoskeletal II	2
PHTT 6701 Communication & Cultural Competence	2	PHTT 6820L Musculoskeletal II Lab	2*
PHTT 5611 Professional Issues in Physical Therapy	3	Fall Year 3	
Fall Year 1		PHTT 6821 Musculoskeletal III	3
PHTT 6705 Essentials of Exercise Physiology	3*	PHTT 6821L Musculoskeletal III Lab	2*
PHTT 6741 Systems Management I	3	PHTT 6817 Pediatrics	3**
PHTT 5421 Anatomy for Physical Therapists II	4	Winter Year 3	
Winter Year 1		PHTT 6830 Neuromuscular I	3
PHTT 6710 Clinical Skills I	3#	PHTT 6830L Neuromuscular I Lab	2*
PHTT 6715 Essentials of Biomechanics and Kinesiology	3	PHTT 6836 Systems Management III: Differential Diagnosis for PT	3
PHTT 6761 Systems Management II	3#	PHTT 6812 Topics in Clinical Education	2**
PHTT 6822 Health Promotion, Disease Prevention & Wellness	2	Summer Year 4	
Summer Year 2		PHTT 6914 Neuromuscular II	2
PHTT 6700 Introduction to Evidence Based Practice	3	PHTT 6914L Neuromuscular II Lab	2*
PHTT 6720 Clinical Skills II	3*	PHTT 6920 Systems Management IV: Applied Clinical Decision Making of Complex Patients	4#
PHTT 6623 Practice Management	3	Fall Year 4	
Fall Year 2		PHTT 6944 Clinical Experience I (12 weeks)	6***
PHTT 6722 Integumentary PT	2	PHTT 6954 Clinical Experience II (12 weeks)	6***
PHTT 6815 Physical Agents	3	Winter Year 4	
PHTT 6916 Patient/ Client Management Post Amputation	2*	PHTT 6964 Clinical Experience III (11 weeks)	6***
PHTT 6802 Application of Evidence Based Practice	3	PHTT 6930 Wrap Up and Review	2
Winter Year 2		PHTT 6904 Evidence in Practice Capstone Project	2
PHTT 6810 Musculoskeletal I	3		
PHTT 6810L Musculoskeletal I Lab	2*		
PHTT 5423 Neuroanatomy & Neurophysiology	3		
PHTT 6725 Cardiovascular and Pulmonary PT	4#		
		Total Curriculum	117

CH= Credit Hour

#Includes Patient Simulation

*Include Patient Experiences

**Includes Integrated Clinical Experience

***Full-time Terminal Clinical Experiences

Appendix B – Tampa DPT Course Descriptions

Year 1

PHY 5400 Physiology

The course is intended to provide students in the Physical Therapy Program with an understanding of the basic physiochemical concepts and physiological principles underlying the development, maintenance, and propagation of human life. It provides an examination of the physiological processes essential for students in the College of Health Care Sciences and reference to clinical applications is made where appropriate. Topics covered include basic examinations of cellular processes, membrane mechanisms, muscle physiology, the cardiovascular system, the nervous system, renal physiology, the respiratory system, endocrinology, reproductive physiology, and gastrointestinal physiology. (3 credits)

ANA 5420 Anatomy

This foundational science course develops the knowledge of human anatomy necessary for the practice of the profession. It presents the anatomy of the human body in both lecture and lab format. It addresses gross structures of the human body and integrates topographic and radiographic anatomy, stressing the importance to clinical practice. (5 credits)

PHTT 6705 Essentials of Exercise Physiology

Exercise physiology describes the response to exercise and training on the cardiac, pulmonary, musculoskeletal, neural, and endocrine systems of the human body. The various methods of training for increased strength, hypertrophy, power, cardiovascular fitness, and endurance, and the effects of physical activities and work-related stress on the human organism will be discussed. Energy liberation, circulation and respiration, physical work capacity, physical training, energy cost of various activities, nutrition and performance, temperature regulation, factors affecting performance and fitness, and will be covered. Students will gain the knowledge required for designing exercise programs in the general and special populations based on established needs for function and performance. (2 credits)

PHTT 6714 Pharmacology

The course will be clinically oriented to address the physical therapist's knowledge of clinical pharmacology to the Doctor of Physical Therapy level. Prescription, over-the-counter, and common herbal supplements will be included. Drug classification, pharmacokinetics, pharmacodynamics, mechanism of action, and indications for use will be addressed. Drug action, therapeutic dosage schedules, drug interactions, and common side effects will be brought into the clinical perspective of patient management. Recognition of expected drug effects, side effects, idiosyncratic reactions and signs of abuse or non-compliance will be explored. Emphasis will be placed on the therapist's incorporation of pharmacotherapeutic knowledge into physical therapy patient-client management. (3 credits)

PHTT 5610 Clinical Applications of Anatomy for Physical Therapists

Clinical Applications of Anatomy for Physical Therapists addresses anatomical knowledge specific to the practice of physical therapy. This course is an in-depth study of musculoskeletal anatomy including bony landmarks, muscular attachments, ligamentous structures, neural structures. Palpation of key bony and soft-tissue structures will be introduced. (1 credit)

PHTT 5611 Professional Issues in Physical Therapy

The professional roles and responsibilities of physical therapists provide a framework for discussion of contemporary health care issues and the history of the American Physical Therapy Association. Ethical principles, core values, standards of practice, and key professional documents that guide clinical practice serve as the basis for student socialization into the profession of physical therapy. This transition into the profession of physical therapy is celebrated symbolically during the White Coat Ceremony. This course also addresses the roles of physical therapists (patient manager, educator, consultant, critical inquirer, and administrator) in their professional development over time from novice to expert practitioner. Students analyze their roles as

members of health care teams and determine the broader position of the profession in society. Additionally, this course introduces compliance issues related to clinical education to prepare students for clinical experience. (3 credits)

PHTT 6700 Introduction to Evidence-Based Practice

Evidence-based practice (EBP) integrates evidence from three sources to answer clinically relevant questions: 1) research literature, 2) clinician knowledge, experience, and judgment; and 3) patient preferences, values and circumstances. This course introduces the role of the physical therapist as a scientific, evidence-based practitioner of physical therapy and provides a foundation for the integration of critical inquiry and evidence-based practice throughout the curriculum. Emphasis will be on research evidence from primarily quantitative research about diagnosis, prognosis, interventions, and outcomes. (3 credits)

PHTT 6715 Essentials of Biomechanics and Kinesiology

This is a basic science course to introduce physical therapy students to the study of Biomechanics and Kinesiology. The students will integrate their anatomy knowledge of muscle and joint structure into the study of joint motion and functional movements. The course introduces the student to basic principles of biomechanics including kinetics, kinematics, and tissue biomechanics. Basic biomechanics serve as the foundation for understanding kinesiology. The study of kinesiology will be separated by body parts: kinesiology of the upper extremity, kinesiology of the lower extremity, and kinesiology of the spine. Once the regional knowledge of kinesiology is understood, the final outcome of the course will be to facilitate the students to learn and comprehend complex kinesiological analysis: gait, posture, and functional movements. (3 credits)

PHTT 6716 Medical Pathology for Physical Therapists

This course provides an introductory overview of medical pathology across the lifespan commonly seen by physical therapists. Students will be introduced to immunity, tissue response to injury and healing processes. Students will also gain knowledge of signs and symptoms, pathogenesis and differential diagnosis of selected pathological disorders. Medical management of selected disorders will be introduced as well as prognosis associated with each disorder. Application of the Disablement Model will be used to determine the effect of pathological disorders on functional ability. Students will also gain a brief understanding of the role of the physical therapist in prevention and treatment of selected pathological and biopsychosocial disorders. Discussion will take place regarding cultural and other factors affecting diagnosis, treatment and prevention of pathological disorders and biopsychosocial disorders currently affecting society. (3 credits)

PHTT 6701 Communication and Cultural Competence

This course explores concepts of cultural competence related to healthcare delivery. Inter-professional and interpersonal communication and group processes needed to function effectively as part of a team in the healthcare environment will also be addressed. Communication (written, verbal and non-verbal) methods used to enhance interactions with the patient/client; families and other members of the healthcare team will be discussed. Discussions will include epidemiology and healthcare access issues as they relate to cultural barriers. (2 credits)

Year 2

PHTT 6710 Clinical Skills I

This course introduces students to physical therapy examination and evaluation, including: a) obtaining a history from patients and other sources; b) performing systems reviews; c) administering culturally appropriate and age-related tests and measures including reflexes, posture, gait, balance, range of

motion/muscle length, muscle strength; and d) producing documentation of examination. Students will also learn to evaluate data from the history review, system's review, and tests/measures in order to make clinical judgments and determine the diagnosis, prognosis, and goals. Both psychomotor skills and clinical reasoning skills are addressed based on the descriptions in the *Guide to Physical Therapist Practice*. (3 credits)

PHTT 6720 Clinical Skills II

This course introduces students to basic clinical skills that are used in physical therapy interventions related to therapeutic exercise and functional training as described in the *Guide to Physical Therapist Practice*. Students will develop psychomotor skills in: Therapeutic exercise, including flexibility/stretching exercises, balance/coordination training, strength/power/endurance training of muscles; and functional training, including balance training, posture re-education, gait training, and assistive/adaptive device training. Students will learn how to develop and document a plan of care that includes: frequency/duration, coordination/communication, patient-related instruction, and direct interventions. (3 credits)

PHTT 6811 Introduction to Clinical Education

This course introduces the students to the clinical education program and specifically defines and differentiates the early clinical experiences of Integrated Clinical Education (ICE) and the final full-time clinical experiences. The primary focus of this course will be on documentation. The students will be instructed on the varying types of documentation, purpose of documentation, and how to document effectively and efficiently. They will be instructed in the written and electronic forms of documentation and will use this skill throughout the remainder of their program.

PHTT 6722 Integumentary PT

Integumentary PT addresses the patient/client management of patients with integumentary dysfunction or those who have the potential for integumentary disorders as described in the *Guide to Physical Therapist Practice*. The course builds on the students' knowledge of skin anatomy and physiology as related to skin structure, function, pathology, and tissue healing as well as the relationship of movement to the prevention and management of wounds. Topics include screening of the skin as a system and examination, evaluation, diagnosis, prognosis, plan of care, and interventions for people with superficial, partial-thickness, or full-thickness wounds. Students learn to use clinical reasoning along with the best available evidence to select appropriate tests/measures and apply PT interventions to address wounds of all etiologies, depths, and stages. Infection control is addressed throughout the course, as is the role of the PT as part of an interprofessional team, including the referral to other health care professionals for diagnostic testing and medical/surgical interventions. (2 credits)

PHTT 6915 Patient/client Management Post Amputation

This course focuses on the patient/client management of people with amputations, including examination, evaluation, diagnosis, prognosis, plan of care, interventions, and outcomes. Topics include the etiology, medical management, and complications of amputations; physical therapy examination and evaluation of the acute and chronic patient; prosthetic fabrication, fit, and components; and physical therapy interventions to maximize patient function and outcomes. Students will explore current literature to demonstrate an evidence-based approach to rehabilitation using prosthetics. This course also provides an introduction to the role of orthotic devices in patient/client management. The clinical indications and principles of orthotics presented in this class form the foundation for discussion of orthotic prescription and modification in subsequent patient management classes throughout the curriculum. (3 credits)

PHTT 6815 Physical Agents

This course will emphasize both cognitive and psychomotor knowledge related to the appropriate use of physical agents in physical therapy patient management. Basic science information related to physiological effects as well as indications and contra-indications for physical agents will be discussed. (3 credits)

PHTT 6802 Application of Evidence Based Practice

Evidence-based practice (EBP) integrates evidence from three sources to answer clinically relevant questions: 1) research literature; 2) clinician knowledge, experience, and judgment; and 3) patient values and circumstances. This course reviews and builds on content introduced in Introduction to Evidence-Based Practice, developing the role of the physical therapist as a scientific, evidence-based practitioner of physical therapy, and continuing to integrate critical inquiry and evidence-based practice throughout the curriculum. Emphasis will be on the use of statistical tools in appraising evidence, as well as the introduction of more complex sources of evidence, such as systematic reviews, meta-analysis, Cochrane reviews, clinical prediction rules, and clinical practice guidelines. The role of qualitative and mixed-methods research designs also will be explored. (3 credits)

PHTT 6823 The Business of Physical Therapy

Potential opportunities and career paths that can lead to mid-level and executive management positions for physical therapists are presented in the context of the complex world of contemporary health-care organizations and their unique business models. Current issues that impact the roles of leaders and managers and their responsibilities in five different types of health care settings are presented. Students will prepare a feasibility study or business plan for a new physical therapy practice or program. (3 credits)

PHTT 5423 Neuroanatomy and Neurophysiology

This course introduces physical therapy students to the study of the human nervous system's structures, pathways, connections, and functions. Students are introduced to basic anatomical and physiological principles of the brain, spinal cord and peripheral nervous system and relate these structures to the clinical signs and symptoms of neurological dysfunction. Neuroanatomy and neurophysiology serves as the basic scientific foundation for subsequent physical therapy coursework including motor control, neuromuscular systems I, and neuromuscular systems II. (3 credits)

PHTT 6813 Gender-Specific Issues in Physical Therapy

This course provides a review of diseases unique to the male and female body systems. Students will gain knowledge of gender-specific pathologic processes associated with selected diseases as well as disease-specific signs and symptoms. Common medical diagnostic and treatment approaches of gender-specific conditions are discussed, including both medical management and an introduction to physical therapy intervention. Changes to body systems during normal pregnancy will be discussed in addition to common pregnancy-related musculoskeletal problems. Topics will include male and female incontinence, prostate disease, erectile dysfunction, pregnancy-related movement dysfunction, pelvic floor dysfunction, urinary and fecal incontinence, lymph edema management, premenstrual dysphoric syndrome, female athlete triad, postmenopausal considerations, and osteoporosis. Students will be exposed to entry-level physical therapy examination techniques and interventions used to manage gender-specific diseases, including recognition of key subjective or historical information that may warrant a pelvic floor examination or referral to another professional. Basic examination and intervention techniques will be practiced in a simulated environment. (2 credits)

PHTT 6725 Cardiovascular and Pulmonary PT

This course emphasizes the physical therapy management for patients with cardiovascular and pulmonary pathologies. Diseases within each system will be presented with specific reference to etiology, pathology, and current medical management. The course emphasizes the physical therapy examination, development of appropriate clinical decision making and utilization of evidenced based interventions for these patient populations. Concurrent didactic and laboratory sessions provide students an opportunity to learn and

practice examination, evaluation and intervention skills when treating patients with cardiovascular and pulmonary dysfunction. Prerequisites: PHTT 6705 and PHTT 6714. (3 credits)

PHTT 6822 Health Promotion, Disease Prevention, and Wellness

This two-part course addresses two integral concepts in physical therapist practice: health promotion / disease prevention and education/instruction of patients, clients, and communities. In

Unit 1, students explore health promotion, disease prevention and wellness theories and models, including behavior change theories and the factors that promote or impede change. Students apply the Healthy People 2020 and the APTA's Vision 2020 initiatives to individuals and communities for primary, secondary, or tertiary prevention. In Unit 2, students explore principles of teaching and learning needed to plan and implement educational programs, in services, or patient education, including: learning theories, needs assessment, instructional strategies, and assessment of learning effectiveness. (2 credits)

Year 3

PHTT 6816 Motor Control across the Lifespan

This course provides the foundational knowledge about motor control theory and practice across the lifespan. Principles of motor control and motor learning are discussed as they relate to normal human movement from birth through older adulthood as well as movement dysfunction that results from neurologic pathology. Concepts of neuroplasticity and the recovery of function are also addressed. This class also provides the foundations for neurologic and pediatric physical therapy through a review of normal human development, postural control, mobility, and the control of reach/grasp/manipulation. Classroom activities include lectures, case studies, lab simulations, and observation / analysis of normal childhood development. Prerequisite: PHTT 5423 (3 credits)

PHTT 6810 Musculoskeletal I

This is the first of three courses designed to introduce the entry-level D.P.T. student to the elements of musculoskeletal/orthopedic patient/client management. This course will emphasize the musculoskeletal system and follow both the sequence and nomenclature outlined in the *Guide to Physical Therapist Practice* including examination, evaluation, diagnosis, prognosis, intervention, and outcomes. Specific areas to be covered will include: communication and history taking, systems review, symptom physiology, selecting and administering tests and measures, principles of manual therapy, soft tissue/myofascial interventions, extremity and spinal joint mobilization (non-thrust), common musculoskeletal disorders and injuries, musculoskeletal radiography/imaging, and principles of musculoskeletal disorder/injury management. Students will acquire the cognitive, psychomotor, and affective skills necessary to conduct a general musculoskeletal examination and perform interventions relevant to physical therapy practice. At the completion of this course students will have acquired the requisite knowledge to learn the advanced diagnosis and intervention skills covered in PHTT 6820, PHTT 6820(L), PHTT 6821 and PHTT 6821(L). Case studies will be utilized with interactive teaching and learning methods to integrate didactic knowledge into real-life clinical scenarios. (2 credits)

PHTT 6810L Musculoskeletal I Lab

Laboratory sessions will emphasize the psychomotor and affective skills required to perform the examination and interventions addressed in PHTT 6810. (2 credits)

PHTT 6820 Musculoskeletal II

This is the second of three courses designed to build upon the introduction to the elements of the musculoskeletal/orthopedic patient/client management. This course will emphasize the musculoskeletal system of the upper and lower extremities and follow both the sequence and nomenclature outlined in the *Guide to Physical Therapist Practice* including examination, evaluation, diagnosis, prognosis, intervention, and outcomes. Specific areas to be covered will include extremity specific: communication and history taking, selecting and administering tests and measures, principles of manual therapy including advanced extremity

mobilization (thrust and non-thrust), joint/region specific musculoskeletal disorders and injuries, joint/region specific radiography/imaging, and selected specific interventions. Students will acquire the skills necessary to conduct an examination of the upper and lower extremity and perform interventions relevant to physical therapy practice required to manage and prevent disorders of the musculoskeletal system. Case studies are utilized in conjunction with lecture to assist students in integrating the didactic knowledge into simulated and real-life scenarios. (3 credits)

PHTT 6820L Musculoskeletal II Lab

This class focuses on the psychomotor and affective skills required to perform the examination and interventions addressed in PHTT 6820. Students will acquire the skills necessary to conduct an examination of the upper and lower extremity and perform interventions relevant to physical therapy practice required to manage and prevent disorders of the musculoskeletal system. Corequisites: PHTT 6820 (2 credits)

PHTT 6835 Differential Diagnosis for Physical Therapists

This course reviews information related to differential diagnosis of the major body systems including cardiovascular, pulmonary, hematological, gastrointestinal, renal and urinary, hepatic and biliary, endocrine, and immune systems. It provides students the opportunity to recognize and identify patients with medical conditions outside the scope of physical therapy practice. The focus is on differential diagnosis through thorough history taking and physical examination. The course will also discuss the findings of imaging tests in diseases affecting the musculoskeletal system including cancer, infection, cardiovascular disease and inflammatory arthritis. Students are expected to apply the information learned in this course to their clinical experiences and future practice. This course is taught under the assumption of direct access practice. Prerequisites: PHTT 6810 and PHTT 6716 (3 credits)

PHTT 6817 Pediatrics

This course focuses on the physical therapy management of the pediatric patient/client and role of family-centered care. Students gain an understanding of typical infant and child development as it relates to movement. Using this foundation, students will analyze movement dysfunction exhibited in high-risk infants and children who have common childhood pathologies. Typical development is presented in the context of applying current motor control theories to predictable developmental sequences, motor progressions, and achievement of motor milestones. Atypical child motor dysfunction related to developmental delays; CNS damage; orthopedic conditions, respiratory conditions; sensory processing dysfunction; multisystem impairments; and congenital, neurological, and neuromuscular disorders content is covered to promote critical thinking and establishment of appropriate physical therapy management. Students become familiarized with commonly used pediatric screens, tests, and measurements. Guide to Physical Therapist Practice patterns (examination, evaluation, diagnosis, prognosis, and evidence-based interventions) are applied in context. Management incorporating use/need for assistive devices, technologies, adapted equipment (i.e., wheelchair prescription and seating), orthotics, and bracing, as well as use of newer interventions for the pediatric patient/client, are presented. Delegation and supervision of support personnel, legal/ ethical issues related to delivery of care, documentation, interdisciplinary team management, cultural issues, reimbursement, and patient/family and teacher education are explored. Content is presented through lecture, lab, case studies, large and small group discussion, and community-based activities. (3 credits)

PHTT 6821 Musculoskeletal III

This is the third of three courses designed to build upon the elements of musculoskeletal/orthopedic patient/client management and will emphasize an evidence-based approach to the management of musculoskeletal disorders of the spine including: lumbar, thoracic, costal, cervical, sacroiliac, pelvis, temporomandibular and craniocervical disorders. This course follows both the sequence and nomenclature

outlined in the *Guide to Physical Therapist Practice* including examination, evaluation, diagnosis, prognosis, intervention, and outcomes. Specific areas to be covered will include spine/axial specific: communication and history taking, selecting and administering tests and measures, principles of manual therapy including advanced mobilization (thrust and non-thrust), specific musculoskeletal disorders and injuries, specific radiography/imaging, and selected specific interventions. Students will acquire the skills necessary to conduct an examination of the spine and related joints and perform interventions relevant to physical therapy practice required to manage and prevent disorders of the musculoskeletal system across the lifespan and the broad range of health care settings. Case studies are utilized in conjunction with lecture to assist students in integrating the didactic knowledge into simulated and real-life scenarios. (2 credits)

PHTT 6821L Musculoskeletal III Lab

Laboratory sessions will emphasize the psychomotor and affective skills required to perform the examination and interventions addressed in PHTT 6821. Corequisite: PHTT 6821 (2 credits)

PHTT 6830 Neuromuscular Systems I

Neuromuscular Systems I addresses the examination and interventions for adults with neuromuscular disorders. Students will apply knowledge from Neuroanatomy and Neurophysiology and Motor Control across the Lifespan to the clinical management of patients with neuromuscular disorders. Neuromuscular Systems I provides the foundational concepts and clinical reasoning for choosing tests and outcome measures used during the PT examination of the neurological patient, including sensory and motor tests, examination of motor function, motor learning, coordination, cranial nerve integrity, functional mobility, self-care, activities of daily living, community function, arousal, attention, cognition, balance, gait, and disease-specific tests. The foundational concepts and clinical reasoning for procedural interventions related to neurorehabilitation will be addressed, including indications, precautions, contraindications and evidence-based recommendations for: therapeutic exercise; balance and gait retraining; manual techniques and facilitation; electric stimulation; mobility training; upper extremity reach, grasp, and manipulation training; positioning, supportive, and protective devices; wheelchair and community re-entry. (3 credits)

PHTT 6830L Neuromuscular Systems I Lab

This course is the laboratory component of Neuromuscular Systems I which addresses the psychomotor skills and clinical reasoning needed for the examination and treatment of patients with neuromuscular disorders. Students will become competent in performing and documenting a variety of clinical tests and outcome measures including: patient history; sensory testing (superficial, deep, and cortical sensations) by both peripheral nerve distribution and dermatome; myotome and manual muscle testing; motor function and coordination testing; balance, gait, and mobility testing; arousal, attention, and cognitive tests; environmental, home, and work/play barriers; self care and home management (including ADL's and IADL testing); job/school/play reintegration testing; and assistive/adaptive device testing. Disease specific tests and measures will also be performed. Students will demonstrate competence in psychomotor intervention skills including: balance and gait training, including body weight supported treadmill training; therapeutic exercise to improve muscle performance, mobility, balance and coordination for the neurological patient; functional training, self-care and home management in ADL's, IADL's, and work/play integration, positioning, and facilitation; prescription and application of assistive and supportive devices; as well as physical agents and electrotherapeutic modalities. Documentation of all aspects of care is also emphasized. (2 credits)

PHTT 6812 Topics in Clinical Education

Topics in Clinical Education is designed to prepare students for full-time clinical experiences that take place in the fall and winter semesters of the 4th year. Topics include professional expectations related to the clinical setting, documentation, and goal setting. Students will be trained how to use the Clinical Internship Evaluation Tool (CIET) and how to effectively use the CIET for self-assessment and goal-writing. Federal and state practice regulations, including those related to documentation, supervision, billing, and delegation will be reviewed to ensure compliance during clinical experiences. Students will be introduced to the capstone project and other expectations related to the clinical experience including CIET assessments, in-service

presentations, and student completion of the CSIF. The clinical education handbook will be reviewed in detail in order for students to prepare for and engage in 36 weeks of full time clinical education. (2 credits)

Year 4

PHTT 6914 Neuromuscular II

Neuromuscular II integrates concepts from Neuroscience and Neuromuscular Systems I to engage students in the patient/client management of patients with neuromuscular dysfunction. Students are exposed to a variety of case studies, representing all adult neuromuscular practice patterns in the Guide to Physical Therapist Practice, to integrate and apply previously learned neuromuscular skills to patient scenarios. Emphasis is placed on clinical reasoning during all steps of patient/client management, the ability to apply evidence in practice, design and execution of patient/client-related instruction, delegation to support personnel, and documentation of all aspects of care. This class also addresses primary, secondary, and tertiary prevention for patients with neuromuscular conditions. (2 credits)

PHTT 6914L Neuromuscular II Lab

This course is the laboratory component of Neuromuscular II. In it, students will perform all aspects of patient/client management including examination, evaluation, diagnosis, prognosis, development of a plan of care, procedural interventions, and outcome measurement. Students will apply these techniques to a variety of case studies, representing the scope of adult practice patterns in the Guide to Physical Therapist Practice. Neuromuscular II culminates in an intense, one-week laboratory experience, the Neuro Boot Camp, in which students work with real patients who have complicated neuromuscular disorders in a faculty-supervised setting. Students are responsible for performing a thorough examination, writing a comprehensive plan of care, performing procedural interventions, providing patient instruction, and communicating with caregivers. (2 credits)

PHTT 6920 Applied Clinical Decision Making

This course integrates diagnostic (hypothesis-driven) and narrative (patient experience-driven) clinical reasoning skills using complex clinical cases through all elements of patient/client management: examination, evaluation, diagnosis, prognosis and plan of care, and interventions. Content experts facilitate student psychomotor skills and clinical decision-making through small group work, discussion, and analysis. Paper and video cases help students develop metacognitive and reflective skills while considering ethical/legal issues, business management, delegation, documentation, patient-related instruction, and reimbursement. Students use the best available evidence to guide their decision making in order to defend their clinical decisions. (4 credits)

PHTT 6944 Clinical Experience I

This is the first of three full-time, clinical affiliation courses occurring in the 4th year. This course will provide senior physical therapy students the opportunity to intern in a physical therapy practice setting. Students will apply their knowledge and skills to patient client management, clinical decision making, and evidence based practice. All 4th year clinical experiences are 12 weeks in length and occur during the fall and winter semesters. The culmination of these 3 experiences is achievement of entry-level practice in all criteria of the APTA Clinical Internship Evaluation Tool. Over the 3 experiences, students are required to participate in settings that in total represent the depth and breadth of physical therapy practice including: continuum of care, acuity, lifespan and medical complexity. During the full-time clinical experiences, students will execute the patient/client management model utilizing the Guide to Physical Therapist Practice by performing patient

examinations, evaluations, establishing diagnoses & prognoses, developing the Plan of Care and performing interventions. (6 credits)

PHTT 6954 Clinical Experience II

This is the second of three senior, full-time, clinical affiliation courses. See PHTT 6911. (6 credits)

PHTT 6964 Clinical Experience III

This is the last of three, full-time, clinical affiliation courses. See PHTT 6911. (6 credits)

PHTT 6930 Wrap-up & Review

This course provides a conclusion to the clinical experiences as well as the didactic portion of the curriculum. Students present their Values portfolio and participate in licensure examination preparation classes and seminars. (1 credit)

PHTT 6904 Evidence in Practice Capstone Project

Students present their Evidence in Practice Capstone to faculty and classmates. This presentation is the culmination of work completed during Tier II clinical experiences and demonstrates the ability to apply research evidence in clinical practice through the development of a case report. (2 credits)

Appendix C: Essential Functions of the NSU DPT Student

Essential Functions Requirements: Doctor of Physical Therapy Students

Essential functions, as distinguished from fund of knowledge standards, refer to those physical, cognitive, and behavioral abilities required for satisfactory completion of all aspects of the curriculum, including clinical education and the development of professional attributes required of all students at graduation. The essential functions required by the curriculum are in the following areas: cognitive, affective and communication, and psychomotor. Physical therapy students must be able to perform each of these essential functions to fully participate in the program and successfully complete the requirements for the Doctor of Physical Therapy degree.

Cognitive Functions

1. Comprehend, retain, and retrieve complex information from the liberal arts, basic sciences, mathematics, psychological, and clinical sciences and apply this information to professional course work.
2. Comprehend, synthesize, and integrate information from all program sources; written materials, demonstration, lectures, class discussions, laboratory practice sessions, internet-based resources, and real and simulated patients.
3. Apply information obtained from classroom, laboratory, internet-based sources and written materials to the examination, evaluation, interventions, and referral of real and simulated patients.
4. Procure evidence-based information and apply it to the practice of physical therapy.
5. Critically analyze information taken from lectures, class discussion, written materials, research literature, laboratory, and patient demonstrations and other sources to develop and support the rationale for appropriate patient examinations, evaluations, and interventions.
6. Determine the physical therapy needs of any patient with potential movement dysfunction or when physical therapy is not indicated.
7. Develop, document, and implement a physical therapy plan of care for any patient with movement dysfunction.
8. Demonstrate management skills including planning, organizing, supervising, and delegating.
9. Develop and apply programs of prevention and health promotion in a variety of client and patient populations.
10. Participate in the process of scientific inquiry.
11. Document the elements of patient/client management using standards set forth by the profession and health care regulatory agencies.
12. Integrate reimbursement principles into decision making during the patient/client management process.

Affective and Communication Functions

1. Establish professional, empathic relationships with individuals from a variety of backgrounds, ages, and needs, based on mutual trust.
2. Recognize the impact and influence of lifestyle, socioeconomic class, culture, beliefs, race, and abilities on patients, caregivers, and colleagues.
3. Engage in respectful, non-judgmental interactions with individuals from various lifestyles, cultures, beliefs, races, socioeconomic classes, and abilities.
4. Develop and maintain effective, respectful working relationships with professional colleagues, peers, patients, families, and the public.
5. Work effectively as part of an interprofessional team.
6. Utilize appropriate professional verbal, nonverbal and written communication with faculty, patients, families, colleagues, and others.

7. Recognize the psychosocial impact of movement dysfunction and disability on the client and family; integrate these needs into the evaluation and plan of care.
8. Apply teaching and learning theories and methods in the healthcare and community environments.
9. Meet externally imposed deadlines and time requirements, including punctuality for class, clinic, appointments, assignments, and mandatory screenings or paperwork.
10. Effectively and consistently manage personal stress and the stress of others.
11. Effectively attend to people, information, and tasks in a complex, highly stimulating environment during an entire workday.
12. Practice in a safe, ethical, and legal manner, following guidelines for standard practice as established by federal, state, and local law, the University, clinical facilities, the APTA, and related professional organizations.
13. Demonstrate responsibility for self-assessment and the development of a life-long plan for professional growth and development.
14. Accept responsibility for all actions, reactions, and inactions.
15. Respond to medical crisis and emergencies in a calm, safe, and professional manner.
16. Speak and write effectively in English to convey information to other individuals and groups.
17. Understand and interpret the verbal, non-verbal, and written communications of others and respond in an appropriate, professional manner.
18. Demonstrate at all times integration of the 9 core values of the American Physical Therapy Association: Accountability, Altruism, Collaboration, Compassion/Caring, Excellence, Inclusion, Integrity, Professional Duty, & Social Responsibility.

Psychomotor Functions

1. Safely, reliably, and efficiently perform tasks that include the following physical requirements:
 - a. Ability to lift patients using appropriate biomechanical techniques frequently throughout the course of a workday/shift. Must be capable of easily lifting fifty (50) pounds dead weight alone.
 - b. Ability to walk, bend, squat, stand and reach (all planes) constantly during a workday/shift.
 - c. Visual acuity (near and distant) sufficient to evaluate, diagnose and monitor patient needs and to maintain accurate records, recognize people and provide directions.
 - d. Ability to speak and hear sufficiently to understand and give directions.
 - e. Ability to push wheeled equipment through the facility and in the community.
 - f. Possess fine motor skills for legible and accurate writing of reports, charting, scheduling, daily correspondence, and presentations, either manually or through use of dictation equipment.
 - g. Possess fine motor skills for effective and efficient handling of diagnostic or therapeutic equipment.
2. Safely, reliably, and efficiently perform appropriate physical therapy tests/measures to examine the functional skills and gross motor system of patients across the lifespan. These include but are not limited to:
 - a. Cognitive, mental, emotional status
 - b. Endurance
 - c. Skin integrity
 - d. Palpation of soft tissue, bony, and organ structures
 - e. Sensation
 - f. Strength
 - g. Joint motion and mobility

- h. Muscle tone and reflexes
 - i. Movement patterns
 - j. Coordination
 - k. Balance
 - l. Developmental milestones
 - m. Pain
 - n. Posture
 - o. Gait
 - p. Functional mobility/abilities, including activities of daily living and instrumental activities of daily living
 - q. Assistive technology
 - r. Cardiopulmonary status
 - s. Segmental length, girth, and volume
2. Demonstrate the ability to observe and practice universal precautions.
 3. Demonstrate the ability to perform CPR and emergency first aid.
 4. Safely, reliably, and efficiently perform physical therapy interventions for patients across the lifespan, using procedures that are appropriate for the patient's status and plan of care. These include, but are not limited to:
 - Therapeutic exercises to improve strength, ROM, or endurance
 - Developmental activities
 - Gait activities
 - Prosthetic and orthotic training
 - Wound care
 - Wheelchair training
 - Neuromotor and neurosensory techniques
 - Thermal agents and electrotherapy
 - Balance and coordination training
 - Environmental/Adaptive Modification
 - Positioning techniques
 - Cardiopulmonary rehabilitation
 - Joint mobilization/manipulation and soft tissue procedures
 - Functional activities, bed mobility, transfers
 - Patient/caregiver education
 5. Safely and reliably read meters, dials, printouts, and goniometers.
 6. Manipulate and operate physical therapy equipment and monitoring devices.
 7. Demonstrate appropriate body mechanics and react safely and appropriately to sudden or unexpected movements of patients/classmates.
 8. Demonstrate the ability to work in an environment that requires significant physical activity and mobility throughout the workday in a way that does not compromise patient or therapist safety.
 9. Recognize adverse reactions and respond appropriately.
 10. React calmly and appropriately in emergency or urgent patient related situations.



All items on the list are mandatory lab supplies:

- 1 – 6’ or 8’ plastic “round” Goniometer
- 1 – large 12’ Goniometer
- tape measure - soft retractable
- Cardiac stethoscope
- Sphygmomanometer; manual blood pressure cuff (do not buy the automatic type)
- Reflex hammer-triangle head
- Large gait belt – 54” (Nylon)
- 1 Box of non-sterile exam gloves latex or vinyl (You will need to periodically renew your “stock” of gloves)
- Patient type hospital gown
- Small penlight
- Stopwatch
- Alcohol swabs or packets
- Small scissors – bandage type
- Tuning fork – 256 MHz
- Fingertip pulse oximeter
- Semmes Weinstein Filaments (5.07, LOPS)
- Bubble inclinometer
- 2-point discrimination kit
- Fingernail clippers *
- 2 bed sheets – flat, twin, any color(s)*
- 1 pillowcase*
- 1 small towel (hand towel) *
- Washable Skin marker(s)*
- Hand sanitizer*
- Small bag of cotton balls*
- Electric tape*
- Carrying bag to keep equipment contained **

Appendix E – PT CIET Instructions

CLINICAL INTERNSHIP EVALUATION TOOL (CIET) INSTRUCTIONS

Introduction

When the University of Pittsburgh’s Department of Physical Therapy was developing the CIET

they recognized that in the present-day health care environment, a student graduating from an entry-level physical therapy program must be ready to “hit the ground running.” The graduate should be able to skillfully manage patients in an efficient manner while achieving an effective outcome. For this tool to be an effective and reliable measure, students must be rated against the standard of a competent clinician who meets the above criteria.

Using the Form

This form is composed of two sections. The first section, *Professional Behaviors*, evaluates Safety, Professional Ethics, Initiative, and Communication Skills in the clinic. Safety behaviors address whether the student is following all health and safety precautions required at your facility along with taking any other measures needed to maintain both the patient’s safety and their own safety. Professional Ethics addresses the student’s knowledge of, and compliance with, all rules, regulations, ethical standards, legal standards, and their professional appearance and conduct in the clinic during all interactions. Initiative addresses the student’s ability to maximize all opportunities for learning during their clinical affiliation, begin to problem solve independently, seek out, accept, and implement constructive criticism, and develop teamwork and flexibility in the clinical setting. Communication Skills looks at both their ability to verbally communicate with patients, families, and other healthcare professionals along with their written skills with documentation, home programs, and other required paperwork.

When evaluating the student on *Professional Behaviors*, the frequency of appropriate behavior is the construct being measured. The occurrence of the appropriate behavior is rated as: *Never* (0% occurrence), *Rarely*, *Sometimes* (50% occurrence), *Most of the Time*, or *Always* (100% occurrence). From the onset of the fieldwork experiences, our expectation is that the student shows safe, professional behavior and demonstrates a great deal of initiative. Note that you cannot mark “Not Observed” on these behaviors. You may mark “not observed” for Communication Skills if the student has not had the opportunity to demonstrate a particular skill. For instance, if the student has had no opportunity to communicate with other professionals this would be “not observed.” Please use the “comments” section to explain a low mark or provide additional feedback to the student.

The second section, *Patient Management* evaluates the student’s ability to efficiently manage a patient with an effective outcome. It is divided into four sections, Examination, Evaluation, Diagnosis/Prognosis, and Intervention. These elements of patient management are defined in the APTA Guide to Physical Therapist Practice. The examination includes all aspects of gathering data from the patient including obtaining a history, a systems review, and performing tests and measures. The evaluation is the analysis and synthesis of the data gathered in order to determine a diagnosis and plan of care for the patient. The student should demonstrate the development of their critical thinking skills during the evaluation process of patient management including determining the patient’s impairments and functional limitations. Diagnosis/Prognosis involves all aspects of developing a plan of care for the patient including determining a diagnosis for physical therapy management (not the medical diagnosis), determining the prognosis or outcome for this episode of physical therapy care, determining the appropriate frequency and duration of care including criteria for discharge, and determining the appropriate treatments. Intervention includes the student’s ability to apply the treatments, perform patient/family education, monitor the patient’s response to treatment and adapt accordingly, and recognize when the outcome has been reached. For all areas of patient management, the student should be using the best available evidence in their decision making.

When evaluating the student's *Patient Management* skills, please keep in mind that the student should be compared to a 'competent clinician who skillfully manages patients in an efficient manner to achieve an effective outcome'. This form is designed for use with all patient types, and in any clinical setting, thus the student should be evaluated based on your clinic population and the expectation for productivity/efficiency in your specific clinic. In considering the student's scores for their Patient Management skills, please review the operational definitions which are presented as an additional resource.

Please use the comment page for specific areas of concern and/or positive feedback. On the last page you are asked to make a global rating about how the student compares to a competent clinician on a scale from 0 to 10. The bottom of the scale indicates a student *Well Below a Competent Clinician* and the top of the scale represents a student *Above a Competent Clinician*.

On the last page please also indicate whether the student is performing at a satisfactory level for their current level of education. Please let the DCE know immediately if there is a problem in any area of **Professional Behaviors** or the student is not meeting the expected goals in a timely manner. In the comment section, please explain a *No* response and give an overall summary of the student's performance.

References

1. American Physical Therapy Association. Guide to Physical Therapist Practice, ed. 2. Physical Therapy 81[1]. 2001
2. Sackett et al. Clinical Epidemiology A Basic Science for Clinical Medicine. 1991.
3. World Health Organization (2001) International Classification of Impairments, Disabilities and Health. Geneva: World Health Organization.

Appendix F – Sample Affiliation Agreement

AGREEMENT BETWEEN

NOVA SOUTHEASTERN UNIVERSITY, INC.

AND

THIS AGREEMENT is entered into by and between NOVA SOUTHEASTERN UNIVERSITY, INC., a Florida not for profit corporation (hereinafter referred to as the "UNIVERSITY"), whose address is 3200 South University Drive, Fort Lauderdale, Florida 33328, and _____ (hereinafter referred to as the "FACILITY"), whose address is _____. The UNIVERSITY is entering into this Agreement on behalf of its College of Health Care Sciences' Physical Therapy Program.

WHEREAS, the UNIVERSITY's College of Health Care Sciences' educational program for the development of physical therapists has responsibility for the training of students who require clinical education in various medical and health-related settings to complete their professional development; and

WHEREAS, the Physical Therapy education program ("Education Program") will be enhanced because of opportunities for and students to participate in patient care through the cooperative efforts of the FACILITY and the UNIVERSITY; and

WHEREAS, the FACILITY is willing to provide such opportunities for participation in patient care and administrative responsibilities to the UNIVERSITY's physical therapy students (the "STUDENT(S)") and is further willing to assign staff to serve as clinical instructors pursuant to this Agreement; and

WHEREAS, the purpose of this Agreement is to establish a mutually beneficial affiliation between the UNIVERSITY and the FACILITY by providing UNIVERSITY's STUDENTS a clinical educational experience at the FACILITY to enhance the development of such STUDENTS in the attainment of their professional goals.

NOW, THEREFORE, for and in consideration of the premises and the mutual covenants and agreements herein contained, the parties agree as follows:

1. RESPONSIBILITIES OF THE UNIVERSITY

A. The UNIVERSITY shall assign certain STUDENT(S) to the FACILITY for purposes of clinical rotations as part of the Education Program. All assigned STUDENTS shall have completed the prerequisite didactic portion of the Education Program.

B. The UNIVERSITY shall provide to the FACILITY the current clinical course objectives of the Education Program and forms to be completed regarding the evaluation of STUDENTS.

C. The UNIVERSITY shall inform STUDENTS that they must comply with the applicable FACILITY policies and procedures.

D. The UNIVERSITY shall inform STUDENTS that they must comply with the FACILITY's health requirements prior to beginning their clinical rotations at the FACILITY.

E. The UNIVERSITY agrees to maintain, for itself and the STUDENTS, professional liability insurance with limits no less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) annual aggregate. A certificate of insurance evidencing this coverage shall be provided to the FACILITY prior to the arrival of the first student at the FACILITY.

G. The UNIVERSITY agrees to provide STUDENTS with training in universal precautions (OSHA standards) for prevention of HIV and other infectious diseases.

2. RESPONSIBILITIES OF THE FACILITY

A. Prior to the commencement of STUDENT clinical rotations, the FACILITY shall provide to the UNIVERSITY a current set of the FACILITY's rules, regulations, policies and procedures with which STUDENTS are expected to comply.

B. The FACILITY shall designate qualified professional(s) assigned by it as clinical instructors for STUDENTS. During the term of this Agreement, the FACILITY's clinical instructors, who shall supervise STUDENTS and who shall be employees of the FACILITY, shall have the following responsibilities as they relate to the STUDENTS:

i. Meet with the STUDENTS on the first day of the clinical rotation to (i) review educational objectives for each STUDENT's rotation(s), (ii) assign clinical/work schedules, and (iii) review relevant FACILITY policies and procedures.

ii. Introduce STUDENTS to key clinical and auxiliary personnel at the FACILITY.

iii. Provide clinical instruction in accordance with the UNIVERSITY's course objectives, the availability of patients and other clinical resources at the FACILITY. Clinical assignments shall include self-study and library research of clinical topics. Such assignments shall be consistent with each STUDENT's role pursuant to this Agreement.

iv. Provide each STUDENT with hands-on clinical experience. Such experience shall include, but not be limited to, (i) eliciting patient histories, (ii) performing initial physical examinations, (iii) entering permissible chart entries (such entries denoted as "P.T. Student" and countersigned by designated supervising clinical instructor), and (iv) establishing diagnosis, goal setting, patient care planning, treatment, intervention, and discharge planning.

v. Provide each STUDENT with frequent feedback on his/her clinical and professional performance, formally review each STUDENT's progress by meeting to review evaluations at mid-rotation and during the last week of rotation, and complete and sign all evaluation forms provided by the UNIVERSITY by stated deadlines. The FACILITY may keep a copy of the evaluation only with the STUDENT's written consent.

C. Make available its classrooms, library, and cafeteria, to STUDENTS while they are assigned to the FACILITY.

D. The FACILITY shall permit the UNIVERSITY's Education Program faculty to visit the FACILITY during clinical education for purposes of ascertaining that the UNIVERSITY's educational objectives for each STUDENT's rotation are met.

E. The FACILITY shall also permit representatives of the UNIVERSITY's accrediting bodies to visit the FACILITY upon providing reasonable prior written notice.

F. The FACILITY shall be responsible for providing or arranging emergency care of STUDENTS in the event of injury or illness while STUDENTS are on their rotations at FACILITY. The cost of such emergency care shall be borne by the STUDENTS. STUDENTS shall be required to maintain medical insurance at their own expense.

G. During the term of this Agreement, the FACILITY agrees to maintain commercial general liability insurance in an amount no less than \$1,000,000 per occurrence/\$2,000,000 annual aggregate and professional liability insurance (for itself, its employees and agents) in an amount of no less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) annual aggregate. A certificate of insurance evidencing these coverages shall be provided to the UNIVERSITY prior to the arrival of the first STUDENT at the FACILITY. The professional liability insurance shall remain continuously in effect (through prior acts coverage in renewal policies, tail coverage or

otherwise) during the period of the applicable statute of limitations. The FACILITY shall ensure that any clinical supervisors who are nonemployees maintain professional liability insurance coverage as required in this Section G.

H. The FACILITY shall maintain in strict confidence all STUDENT health information, education records, or information connected therewith, background check information or drug screening information, provided to or obtained by the FACILITY, and in connection therewith shall comply with all applicable laws and regulations.

3. EXCLUDED PARTIES

Each party hereby certifies to the other that neither it nor its agents and employees involved in the operation of this Agreement at the FACILITY have been debarred, suspended, or otherwise excluded from Medicaid, Medicare and/or any other applicable federally funded health care program.

4. HIPAA REQUIREMENTS

The parties agree to comply with the Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA") and any current and future regulations promulgated thereunder, including, without limitation, the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 ("Federal Privacy Regulations"), the federal security standards contained in 45 C.F.R. Part 142 ("Federal Security Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements". The parties agree not to use or further disclose any Protected Health Information (as defined in 45 C.F.R. Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d), other than as permitted by the HIPAA Requirements and the terms of this Agreement. The parties agree to make their internal practices, books and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations. In addition, the parties agree to comply with any state laws and regulations that govern or pertain to the confidentiality, privacy, security of, and electronic and transaction code sets pertaining to, information related to patients. The UNIVERSITY may de-identify all Protected Health Information for educational purposes created or received by the UNIVERSITY under this Agreement, provided, however, that the de-identification conforms to the requirements of the Standards for Privacy of Individually Identifiable Health Information at 45CFR Part 164, Subparts A and E.

The University shall direct its STUDENTS to comply with the policies and procedures of FACILITY, including those governing the use and disclosure of individually identifiable health information under federal law, specifically 45 CFR parts 160 and 164. Solely for the purpose of defining the STUDENTS' role in relation to the use and disclosure of FACILITY's protected health information, the STUDENTS are defined as members of the FACILITY's workforce, as that term is defined by 45 CFR 160.103, when engaged in activities pursuant to this Agreement. However, the STUDENTS are not and shall not be employees of FACILITY.

5. REMOVAL OF STUDENTS FROM FACILITY

Both parties agree that in the event a conduct or performance problem arises related to the clinical rotation of any STUDENT, the FACILITY and the UNIVERSITY shall promptly attempt to effectuate a resolution. In the event a resolution of the problem cannot be reached, the FACILITY reserves the right to reasonably request withdrawal of any STUDENT whose work or conduct is not in full accord with the FACILITY's standards of performance or policies or procedures. Notwithstanding the foregoing, the FACILITY may remove a STUDENT without prior consultation with UNIVERSITY if a STUDENT poses an immediate threat to the health or safety of FACILITY's patients or employees, and in any such event the FACILITY shall promptly provide written notification to UNIVERSITY of the action it has taken and the reasons therefore.

6. RELATIONSHIP

11. LAW GOVERNING

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, without regard to its conflicts of law principles. With respect to any action arising out of this Agreement, the parties accept the exclusive jurisdiction of the state courts in Florida and agree that venue shall lie exclusively in Broward County, Florida.

REMAINDER OF PAGE LEFT BLANK

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first set forth below.

NOVA SOUTHEASTERN UNIVERSITY, INC.

By: _____

By: _____

Title: _____

Title: Dean, College of Health Care Sciences

Date: _____

Date: _____

By: _____

Title: Executive Dean, Health Professions Div.

Date: _____

Appendix G – Student Compliance Checklist

Tampa DPT Program Compliance Cover Page and Checklist

Current copies of the following documents should be labeled and in your Compliance Binder in this order and uploaded into EXXAT!

- **Emergency Contact**; Printed from Exxat
- **Current CPR Certification Card**
- **Current Health Insurance Card** (front and back) *
- **OSHA/BBP Training Course Certificate of Completion**
- **Medical Errors Prevention Training Course Certificate of Completion**
- **HIPAA Training Certificate of Completion (Privacy, Security, and Research)**
- **Proof of current APTA Membership***
- **Level 1 Background Check Summary Report** (Print from Castle Branch)
- Immunization Records (each individually labeled):
 - **Current Physical Examination Form***
 - **Negative TB or Chest X-Ray results***
 - **Immunization record (includes MMR, Varicella, Hep B, and Tetanus-Diphtheria)**

2nd Year Requirements:

- **CITI Training/IRB Certificate of Completion**
 - To be completed during “Application of Evidence Based Practice” (PHTT 6802)

3rd Year Requirements:

- The Following will be completed during your Topics in Clinical Education course (PHTT 6812)
 - **Telehealth Certificate**
 - **Covid-19 Certificate**

4th Year Requirements:

- **Level 2 Background Check Report** (Attestation uploaded to Exxat by Program after completion)
 - Completed in Summer prior to starting Clinical Experience I (PHTT 6944)
- **Drug Screen Results** (Uploaded to Exxat by program)
 - Drug screens occur on-campus during summer semester prior to Full-Time Clinical Experiences
- **Proof of Influenza Vaccine (Flu Shot)**
 - Required to begin Clinical Experience II (PHTT 6954)

* These items must be updated annually

Appendix H – Student Clinical Schedule Form



Student Clinical Schedule Form

Please complete this form and **upload it** into EXXAT on the first day of each clinical experience.

Student Name: _____
 Email Address: _____
 Phone Number: _____

Site Name: _____
 Address: _____

Please include specific notes re: your location (ie, Rehab Unit 3rd floor)

Phone Number (best number to reach the CI): _____

Clinical Instructor Name	Preferred Email for Communication with School

Planned Work Schedule:

<u>Days:</u>	<u>Hours:</u>	<u>Lunch / Break</u>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Total Clinical Work Hours per week:		

All students are required to work a full-time 40 hr/wk schedule. Please note below any variations that may occur including holidays when clinic is closed.

 Student Signature

 CI Signature

 Date

Appendix I: Description of Capstone Project

As part of our curriculum, students in the Tampa DPT Program are required to complete a Capstone project for the final course of their Evidence-Based Practice (EBP) series. This project should occur sometime during their clinical education courses. The framework we are using is based on the text ***Writing Case Reports: A How-To Manual for Clinicians*** by Dr. Irene McEwen, and Guidelines by Physical Therapy Journal (PTJ).

Students will draw on questions, ideas, and experience from their clinical education to develop a topic for the case report. A case report is not “research” but a rich description of practice. There are 7 potential focuses for case reports: Diagnosis/Prognosis, Clinical Measurement Procedures, Intervention, Application of Theory to Practice, Risk Management, Administrative/Education Process, and “Full” Traditional Case Report. Since this is a student project that must be completed within a very narrow time frame, we expect subjects will focus on a very small, well-defined aspect of PT Practice.

The course director is Dr. Kathleen Rockefeller. She will be overseeing the projects and guiding the students through the process.

The project might be based on an encounter with an actual patient. It could involve some sort of administrative or educational process at your facility. Since the case report is not research, and will only be shared with Nova faculty and students during a “wrap-up” week, formal IRB approval is not required. Of course, the student would be expected to abide by anything required by your facility related to such an experience. Dr. Rockefeller is happy to talk with you more about any questions you might have.

Dr. Rockefeller will approve the topic after discussion with the student. The Clinical Instructor should also “approve” the topic of the case report but there are no expectations for you to guide the process. If you should want to be more involved, that is also fine. And the student may want to use part of the development of the case report as a potential topic for an in-service although this is not required.

We hope that this will be a good learning experience for all involved.

Please contact Dr. Rockefeller/Dr. Galley at any time if you have questions. Thank you for your help.

Sincerely,

Dr. Kathleen Rockefeller

(813) 574-5319

Dr. Robin Galley

(813) 574-5316

Appendix J - Weekly Review Form



Weekly Review Form for Clinical Experiences

Student Name: _____ **Clinic Name:** _____

Review of Week # _____ (Dates: _____ to _____)

Part I: Student's Review of the Week (What went well? What was most difficult for you? What was most helpful from the CI?)

Part II: Weekly Goals (Review of Goals from last week & New goals for next week)

Student Printed Name

Student Signature

Part III: Clinical Instructor's Review of the Week (After reviewing student's review and goals, please note any additional comments, concerns, and/or accomplishments you noted in your observation of this student)

Is student on track to meet expected CIET levels by the end of this clinical? **No** _____ **Yes** _____ **Not sure** _____

Would you like to discuss any concerns/issues with the DCE? **No** _____ **Yes** _____ (DCE will call you)

CI Printed Name

CI Signature

Appendix K – Blank CIET Form

Clinical Internship Evaluation Tool (CIET)

Part I. Standards for Professional Behaviors

Professional Behaviors: SAFETY

1. Follows health and safety precautions (e.g., universal standard precautions).
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
2. Takes appropriate measures to minimize risk of injury to self (e.g., appropriate body mechanics).
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
3. Takes appropriate measures to minimize risk of injury to patient (e.g., choose correct level of assist).
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always

COMMENTS:

Professional Behaviors: PROFESSIONAL ETHICS

1. Demonstrates compliance with all regulations regarding patient privacy, confidentiality, and security (e.g., HIPAA, DOH, State Practice Act).
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
2. Demonstrates positive regard for patients/peers during interactions.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
3. Demonstrates cultural competence (e.g., shows tolerance of and sensitivity to individual differences).
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
4. Adheres to ethical and legal standards of practice, including Practice Act and APTA Code of Ethics.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
5. Maintains appropriate appearance and attire in accordance with the facility's dress code.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
6. Maintains appropriate professional conduct and demeanor as per the Code of Professional Conduct.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
7. Demonstrates awareness of patients' rights and responsibilities.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always

COMMENTS:

Professional Behaviors: INITIATIVE

1. Recognizes and maximizes opportunity for learning.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
2. Implements constructive criticism.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
3. Utilizes available resources for problem solving.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
4. Is a positive contributor to the efficient operation of the clinic through the demonstration of teamwork and flexibility.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always

COMMENTS:**Professional Behaviors: COMMUNICATION SKILLS**

1. Communicates verbally with precise and appropriate terminology and in a timely manner with patients and families/caregivers.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
2. Communicates verbally with precise and appropriate terminology and in a timely manner with health care professionals (e.g., MD's, nurses, insurance carriers, OT, SLT, etc.).
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
3. Communicates in writing with precise and appropriate terminology and in a timely manner when completing patient documentation.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
4. Communicates in writing with precise and appropriate terminology and in a timely manner when completing documentation to professionals (e.g., plans of care, physician letters, etc.).
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always
5. Communicates in writing with precise and appropriate terminology and in a timely manner with patients and families/caregivers when creating home programs, patient instructions, etc.
Never ___ Rarely ___ Sometimes ___ Most of the time ___ Always

COMMENTS:**Part II. Standards for Patient Management****Patient Management: EXAMINATION**

1. Obtains an accurate history of current problem.
Well below ___ Below ___ At that level for familiar patients ___ At that level for all patients ___ Above
2. Identifies problems related to activity limitations and participation restrictions using standardized outcomes instruments when available.
Well below ___ Below ___ At that level for familiar patients ___ At that level for all patients ___ Above
3. Performs systems review and incorporates relevant past medical history.
Well below ___ Below ___ At that level for familiar patients ___ At that level for all patients ___ Above
4. Generates an initial hypothesis.
Well below ___ Below ___ At that level for familiar patients ___ At that level for all patients ___ Above
5. Generates alternative hypotheses (i.e., list of differential diagnosis).
Well below ___ Below ___ At that level for familiar patients ___ At that level for all patients ___ Above
6. Selects evidence-based tests and measures to confirm or disconfirm hypotheses.
Well below ___ Below ___ At that level for familiar patients ___ At that level for all patients ___ Above
7. Recognizes contraindications for further tests and measures.
Well below ___ Below ___ At that level for familiar patients ___ At that level for all patients ___ Above
8. Demonstrates appropriate psychomotor skills when performing tests and measures.

Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above

COMMENTS:

Patient Management: EVALUATION

1. Makes correct clinical decisions based on the data gathered in the examination (i.e., confirmed/disconfirms initial and alternative hypotheses).
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above
2. Identifies impairments in body structure and function (i.e., activity limitations, participation restrictions).
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above
3. Administers further tests and measures as needed for appropriate clinical decision making.
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above

COMMENTS:

Patient Management: DIAGNOSIS/PROGNOSIS

1. Determines a diagnosis for physical therapy management of the patient.
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above
2. Determines expected outcomes (using standardized indices of activity limitations and participation restrictions where applicable) of physical therapy interventions (goals).
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above
3. Selects appropriate physical therapy interventions or makes appropriate consultations or referrals.
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above
4. Determines appropriate duration and frequency of intervention (e.g., considers cost effectiveness).
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above
5. Determines criteria for discharge.
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above

COMMENTS:

Patient Management: INTERVENTION

1. Adheres to evidence during treatment selection.
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above
2. Applied effective treatment using appropriate psychomotor skills.
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above
3. Incorporates patient/family education into treatment.
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above
4. Incorporates discharge planning into treatment.
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above
5. Assesses progress of patient using appropriate measures.
Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above
6. Modifies intervention according to patient/client's response to treatment.

Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above

7. Recognizes when expected outcome has been reached & makes appropriate recommendations.

Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above

8. Recognizes psychosocial influences on patient management.

Well below __ Below __ At that level for familiar patients __ At that level for all patients __ Above

COMMENTS:

Part III. Global Rating of Student Clinical Competence

On a scale from 0-10, how does the student compare to a competent clinician who is able to skillfully manage patients in an efficient manner to achieve effective patient/client outcomes?

0 = Well below a competent clinician → 5 = Competent Clinician w/familiar pts → 10 = Above a competent clinician

0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

COMMENTS:

Professional Behaviors Expectation Safety, Professional Ethics and Initiative

Frequency of appropriate behavior rating	Definition	NSU expectation by FINAL Assessment (based on prior 2 wks performance)
Never	0%	Below- Contact DCE
Rarely	< 25% Frequent cues needed	Below- Contact DCE
Sometimes	50% Intermittent cues needed	Below- Contact DCE (if Final)
Most of the time	75%	Below- Contact DCE (if Final)
Always	100%	All Terminal Clinical Experiences (I – III)

Professional Behaviors Expectation Communication

Frequency of appropriate behavior rating	Definition	NSU expectation by FINAL Assessment (based on prior 2 wks performance)
Never	0%	Below- Contact DCE
Rarely	< 25% Frequent cues needed	Below- Contact DCE
Sometimes	50% Intermittent cues needed	Below- Contact DCE
Most of the time	75%	Terminal CE I
Always	100%	Terminal CE II & III

***Competent Clinician** = An entry-level PT or new graduate who skillfully manages pts in an efficient manner to achieve effective outcomes

Patient Management Scoring (Compared to a <i>competent clinician*</i>)	Overall Rating 0-10	Performance Description	NSU Expectations by Final Assessment (Based on prior 2 wks consistent performance)
Well Below	0	Student requires <u>guidance</u> from CI to complete an item for <u>all</u> patients	
Below	2	Student requires <u>supervision</u> and/or has difficulty with time management for <u>all</u> patients, and/or Student requires <u>guidance</u> for more <u>complex</u> presentations, while needing <u>supervision with familiar</u> patient presentations	Below – Contact DCE
	4	Progressing to independently managing familiar patients	
At That Level for <u>Familiar</u> Patients	5	Independently managing <u>familiar</u> patients = <u>At Level</u> of a competent clinician with <u>familiar</u> patient presentations <u>Supervision</u> needed to manage patients with <u>complex</u> presentations = <u>Below level</u> of a competent clinician for <u>complex</u> (all) patients	Below – Contact DCE if Final
At That Level for <u>Most</u> Patients	7	Progressing to independently managing familiar and complex patients Aka “Advanced-Intermediate Level”	Clinical Experience I
At That Level for <u>All</u> Patients	8	Independently managing <u>familiar and complex</u> patient presentations. Carries appropriate caseload for your clinic and achieves effective outcomes = <u>At Level</u> of a competent clinician of <u>all</u> patients in your setting Aka “Entry-Level” or “New Graduate”	Clinical Experiences II & III
Above	10	Performs <u>above</u> a competent clinician in your clinic. Highly effective. Carrying a higher caseload than expected. Seeks out learning opportunities independently. Mentors other students. Provides resources to other staff.	