



Department of Physical Therapy

Clinical Education Experience Manual

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Foreword

This manual is intended to be a reference for students and clinical education facilities in the Marquette University Doctor of Physical Therapy program for guidelines and outlining policies and procedures pertaining to Clinical Education Experiences (CEE) along with the MUPT student handbook. Within this manual are details pertaining to CEEs in order to promote student success. Other information included will be expectations related to attendance, professionalism, and social media.

Students are expected to be familiar with all the information in this manual. Please be aware that policies and procedures are subject to change and the MUPT program reserves the right to modify or change the content in the manual as indicated. This handbook will be reviewed and updated annually.



DEPARTMENT OF PHYSICAL THERAPY MISSION

The mission of the Department is to prepare future health care practitioners and researchers with an education rich in clinical experiences, community outreach, and research opportunities to develop leaders guided by the values of “Cura Personalis.”

DOCTOR OF PHYSICAL THERAPY (DPT) PROGRAM

Vision

The Physical Therapy Department at Marquette University will be among the best educational programs in preparing Physical Therapy graduates who excel in academics, leadership, clinical practice, and service to others.

Mission

To graduate entry-level physical therapist professionals who are ethical practitioners, knowledgeable of current practices, skillful in applying their knowledge, motivated to address the needs of the underserved community, self-directed lifelong learners who will become leaders in their profession and community.

Furthermore, in an effort to meet the current health care needs in under-served areas, the department is committed to supporting programs of outreach that will enhance the enrollment and training of disadvantaged students and service to disadvantaged populations.

Our primary goal is to graduate physical therapists that are recognized by consumers and other health care professionals as general practitioners of choice to whom consumers have direct access for diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health.

Philosophy

Consistent with the Ignatian practice of Examen which makes a Jesuit education unique, the Department of Physical Therapy aspires to transform students into critical thinkers who respect the dignity and worth of others, through the process of reflection and discernment.

The teaching-learning process is recognized as a dynamic interaction of shared responsibility among the academic faculty, clinical faculty, and students. The Department of Physical Therapy supports the educational view that students learn in a multitude of ways, necessitating a variety of learning experiences. These experiences are important for the development of a life-long autonomous learner who is self-motivated and self-directed.

The departmental faculty are a resource and role model in the development of these traits by providing quality instruction, contributing to the general body of knowledge through an active research agenda, maintaining personal clinical competence including the operation of on-campus Physical Therapy clinic, demonstrating professionalism, respecting the dignity of others and advocacy for patient and professional causes. It is the goal of the faculty to help students to become educated members of society, active members of their profession and role models for peers and future physical therapists.

Course Sequence- Clinical Education Overview
Marquette University Physical Therapy
DPT Curriculum Class of 2020-2026

DPT-4	Fall Semester	Spring Semester	Summer Session
	Patient Management I	Clinical Pathology & Pathophysiology	Differential Diagnosis
	Culture and Disability	Patient Management II	Physical Technologies/Electrotherapy
	Human Gross Anatomy	Tests and Measures	Diagnostic Imaging and Testing
	Human Physiology	Geriatric Rehabilitation	Intro Evidence Based Decision Making in Clinical Practice
	Health Care Policy/Management	Kinesiology I (UE)	Wound Management/Integumentary PT
	Medical Ethics	Pharmacology in PT	
DPT-5	Fall Semester	Spring Semester	Summer Session
	Orthopedics I (UE)	Advanced Kinesiology	<i>Clinical Education Experience II (10 weeks)</i>
	Kinesiology II (LE/Spine)	Neuroanatomy	(Any 10 wks from May-Aug)
	Patient. Management III	Neurological Rehab I	
	Physiology of Activity	Intro to Peds: Typical Development	
	<i>Clinical Education Experience I (last 4 weeks of the semester)</i>	Orthopedics II (LE/Spine)	
		Pain Mechanisms	
DPT-6	Fall Semester	Spring Semester	
	Applied Evidence Based Decision Making	<i>Clinical Education Experience III & IV (each 9 weeks long)</i>	
	Pediatric Disorders/Intervention Strategies		
	Cardiovascular and Pulmonary PT		
	Clinical Issues and Decision Making		
	Neurological Rehabilitation II		
	Advanced Electives	May Graduation	

Course Sequence- Clinical Education Overview
Marquette University Physical Therapy
DPT Curriculum Class of 2027 and beyond

DPT-4	Fall Semester	Spring Semester	Summer Session
	Patient Management I	Clinical Pathology & Pathophysiology	Test & Measures
	Culture and Disability	Patient Management II	Physical Technologies/Electrotherapy
	Human Gross Anatomy	Neuroanatomy	Diagnostic Imaging and Testing
	Human Physiology	Geriatric Rehabilitation	Intro Evidence Based Decision Making in Clinical Practice
	Pharmacology in PT	Kinesiology I (UE)	Wound Management/Integumentary PT
	Medical Ethics		
DPT-5	Fall Semester	Spring Semester	Summer Session
	Orthopedics I (UE)	Advanced Kinesiology	<i>Clinical Education Experience II (10 weeks)</i>
	Kinesiology II (LE/Spine)	Cardiopulmonary PT	(Any 10 wks from May-Aug)
	Patient. Management III	Neurological Rehab I	
	Physiology of Activity	Intro to Peds: Typical Development	
	Differential Diagnosis	Orthopedics II (LE/Spine)	
	<i>Clinical Education Experience I (last 4 wks of the semester)</i>	Pain Mechanisms	
DPT-6	Fall Semester	Spring Semester	
	Applied Evidence Based Decision Making	<i>Clinical Education Experience III & IV (each 9 weeks long)</i>	
	Pediatric Disorders/Intervention Strategies		
	Clinical Issues and Decision Making		
	Neurological Rehabilitation II		
	Advanced Electives		
May Graduation			

**Course Sequence- Clinical Education Overview: Marquette University Physical Therapy
DPT Curriculum **Class of 2027 and beyond** with Business Specialization**

DPT-4	Fall Semester	Spring Semester	Summer Session
	Patient Management I	Clinical Pathology & Pathophysiology	Test & Measures
	Culture and Disability	Patient Management II	Physical Technologies/Electrotherapy
	Human Gross Anatomy	Neuroanatomy	Diagnostic Imaging and Testing
	Human Physiology	Geriatric Rehabilitation	Intro Evidence Based Decision Making in Clinical Practice
	Pharmacology in PT	Kinesiology I (UE)	Wound Management/Integumentary PT
	Medical Ethics	Principles of Business, Management, and Leadership for the Rehab Professional—Specialization track course	Business, Management, and Leadership for the Rehab Professional Practicum—Specialization track course
DPT-5	Fall Semester	Spring Semester	Summer Session
	Orthopedics I (UE)	Advanced Kinesiology	Clinical Education Experience II (10 weeks)
	Kinesiology II (LE/Spine)	Cardiopulmonary PT	(Any 10 wks from May-Aug)
	Patient. Management III	Neurological Rehab I	
	Physiology of Activity	Intro to Peds: Typical Development	
	Differential Diagnosis	Orthopedics II (LE/Spine)	
	Clinical Education Experience I (last 4 wks of the semester)	Pain Mechanisms	
DPT-6	Fall Semester	Spring Semester	
	Applied Evidence Based Decision Making	Clinical Education Experience III & IV (each 9 weeks long)	
	Pediatric Disorders/Intervention Strategies		
	Clinical Issues and Decision Making		
	Neurological Rehabilitation II		
	Advanced Electives		
	Business and Leadership for the Rehab Professional Capstone—Specialization track course	May Graduation	



CEE Course Descriptions

PHTH 7974 Clinical Education Experience I (CCE-1)	
Credit Hours	4 cr.
Clock Hours	40 hrs/wk x 4 weeks
Course Prerequisite	Enrolled in PHTH DPT program and completion of PHTH coursework in sequence; exceptions made on a case-by-case basis at the discretion of the department chair

Course Overview:

Students meeting the minimum academic requirements of the department will complete 4-week CEE as approved by the Directors of Clinical Education (DCE). This course is a continuation of PHTH 7505 and will continue the application of writing instructions provided. PHTH 7974 will provide further instruction on the writing process within clinic/patient specific documentation and the opportunity to progress writing skills with the completion of multiple writing assignments. Both the clinical instructor (CI) and the student will utilize the written comments and documentation on the PT Clinical Performance Instrument (CPI) and Weekly Planning Forms (WPF) to evaluate the student's clinical performance. The student will also complete the Learning Units (LU) and the Professional Behaviors Self-Assessment (PB) writing intensive assignments and discuss and receive feedback with his/her clinical instructor. Each student will be expected to complete the CPI with favorable written comments in the midterm and/or final assessment that reflect the performance expectations.

For PHTH 7974: Clinical Education Experience 1, the 4-week CEE, the student must be at or above Advanced Beginner Performance on all CPI skills, as assessed by the clinical instructor. Students will also complete the following written assignments: Learning Units assignments to the satisfaction of their CI, the Professional Behaviors self-assessment tool and APTA's Weekly Planning Forms.

Course Objectives:

At the completion of each CEE, the student will:

1. Successfully complete CEE-1 as reflected by performance expectations at the completion of each CEE.
2. Adhere to attendance guidelines set forth by the DCE for the CEE.
3. Perform the skills from the CPI at the required level of at least Advanced Beginner.
4. Electronically submit (Exxat) all identified and necessary evaluative materials to the DCE within 2 days of completing the CEE.
5. Demonstrate successful writing skills, reflecting effective clinical reasoning and decision making, within the WPF, PB, and the LU writing intensive assignments.

PHTH 7975 Clinical Education Experience II (CCE-2)	
Credit Hours	10 cr.
Clock Hours	40 hrs/wk x 10 weeks
Course Prerequisite	Enrolled in PHTH DPT program and completion of PHTH coursework in sequence; exceptions made on a case-by-case basis at the discretion of the department chair

Course Description:

Students meeting the minimum academic requirements of the department will complete a 10-week CEE as approved by the Directors of Clinical Education (DCE). Both the clinical instructor (CI) and the student will utilize the written comments and documentation on the PT Clinical Performance Instrument (CPI) and Weekly Planning Forms (WPF) to evaluate the student's clinical performance. The student will also complete the Professional Behaviors self-assessment (PB) documentation tool and discuss with his/her clinical instructor. Each student will be expected to complete the CPI with favorable written comments in the midterm and/or final assessment that reflect the performance expectations.

For PHTH 7975: CEE-2, 10-week summer Clinical Education Experience, the student must be at or above Advanced Intermediate Performance on all CPI skills, as assessed by the clinical instructor. Students must also complete the Professional Behaviors self assessment tool and the APTA Weekly Planning forms.

Course Objectives:

At the completion of each CEE, the student will:

1. Successfully complete CEE-2 as reflected by Advanced Intermediate performance expectations at the completion of the CEE.
2. Adhere to attendance guidelines set forth by the DCE for CEE.
3. Perform the skills from the CPI at the required level of at least Advanced Intermediate.
4. Electronically submit (Exxat) all identified and necessary evaluative materials to the DCE within 2 days of completing the CEE.
5. Demonstrate successful self assessment skills, reflecting effective clinical reasoning and decision making, within the provided PB and WPF writing assignments.

PHTH 7976 Clinical Education Experience III (CCE-3) AND PHTH 7977 Clinical Education Experience IV (CEE-4)			
Clinical Education Experience III (CCE-3)		Clinical Education Experience IV (CEE-4)	
Credit Hours	9 cr.	Credit Hours	9 cr.
Clock Hours	40 hrs/wk x 9 weeks	Clock Hours	40 hrs/wk x 9 weeks
Course Prerequisite	Enrolled in PHTH DPT program and completion of PHTH coursework in sequence; exceptions made on a case-by-case basis at the discretion of the department chair	Course Prerequisite	Enrolled in PHTH DPT program and completion of PHTH coursework in sequence; exceptions made on a case-by-case basis at the discretion of the department chair

PHTH 7976 and PHTH 7977 Course Description:

Students meeting the minimum academic requirements of the department will complete the 9-week CEE as approved by the Directors of Clinical Education (DCE). Both the clinical instructor (CI) and the student will utilize the written comments and documentation on the PT Clinical Performance Instrument (CPI) and Weekly Planning Forms (WPF) to evaluate the student’s clinical performance. The student will also complete the Professional Behaviors self-assessment (PB) documentation tool and discuss with his/her clinical instructor. Each student will be expected to complete the CPI with favorable written comments in the midterm and/or final assessment that reflect readiness for entry level practice

For PHTH 7976: CEE-3 and PHTH 7977: CEE-4 the student must be at or above Entry Level Performance on all CPI skills, as assessed by the clinical instructor. Students must also complete the Professional Behaviors self assessment tool and the APTA Weekly Planning forms.

Course Objectives:

Prior to the start of the CEE, the student will:

1. Write 5 personal learning objectives for each of the 2 final CEEs. The objectives will address areas they feel they need to improve upon, based on previous CEEs and personal goals.

At the completion of each CEE, the student will:

1. Successfully complete each CEE as reflected by entry level performance at the completion of the CEE.
2. Adhere to attendance guidelines set forth by the DCE for CEE.
3. Perform the skills from the CPI at the required level with favorable written comments in the mid-term and final assessments, and with final assessment comments that reflect readiness for entry level practice.
4. Electronically submit (Exxat) all identified and necessary evaluative materials to the DCE within 2 days of completing the CEE.
5. Demonstrate successful self-assessment skills, reflecting effective clinical reasoning and decision making, within the provided PB and WPF writing assignments.



Clinical Education Policies

Clinical Education Advising

Each student is assigned a clinical advisor (Director of Clinical Education - DCE) they will meet with multiple times during the program to create and modify an individualized clinical education plan. The DCE will work closely with the student to determine an appropriate clinical education plan to facilitate meeting CEE setting requirements, student needs, and interests. The DCE can also provide insight into what areas of contemporary PT practice clinical sites have to offer. Any of the DCE are available to answer questions students might have. Do not hesitate to contact them with any needs at any time (before, during, and after clinical education experiences). Please utilize the following email address for clinical education needs: MUPTClinicalEducation@marquette.edu. All clinical education plans must be approved by the DCE prior to student selection..

Clinical Education Experience Setting Requirements

- One fulltime OP-orthopedic clinical experience that is at least 9 weeks long.
- At least 9 weeks of IP hospital-based clinical experience. Each student needs exposure to at least 9 weeks of a hospital-based setting(s) that can include both IP-acute AND IP-rehab/subacute (SA).
- Exposure to inpatient (IP)-acute clinical experience in some capacity.

Process of Acquiring Commitments for Clinical Education Experiences

Every March 1st the Directors of Clinical Education send information out to our clinical sites and ask them to commit to taking MU DPT students. Sites can choose the timeframe and type of experiences they are able to offer. Some sites commit to multiple timeframes and experiences, while others may only commit to one timeframe and/or one type of experience, or no experiences at all. These commitments change yearly, and thus, it is impossible to predict what will be offered from year to year. Beginning March 1, the commitments for the following academic year start rolling in. As sites commit, students will have the opportunity to get real time updates on what is being offered via Exxat-PRISM.

Clinical Education Data Management and Wishlist Student Site Selection

MU DPT program utilizes a software management system called Exxat-PRISM, to manage all the information related to clinical education, including student requirements and clinical site information. Exxat-PRISM is also used to list and communicate to students the sites available for clinical education experiences in each time frame and to assign students in the site selection process via a randomized electronic process called the Wishlist Auto-Draft. Each student creates a 'Wishlist' from the list of clinical sites available for any given time frame. Information on the clinical sites and the types of patients/experiences seen are available to the students to research through Exxat-PRISM to create their Wishlist.

Wishlists are submitted by the student by set deadlines to participate in the site selection process. If students do not submit their Wishlist by the designated date and time, they will be paired with any of the remaining open CEE slots after the wishlist is run at the discretion of the DCE. The Wishlist auto draft process runs on an algorithm set by Exxat-PRISM. The system pairs as many students as possible with their top choices. The chances of getting the student's top choice depends on how many students are also selecting that placement on their Wishlist as a top choice. If 22 students have selected the same location as their #1 or #2, the chances of getting that clinical location are low. If a student is the only student that selects a location as #1, then they will have a 100% chance of getting the placement. There could also be a potential for getting "bumped" during the auto draft process. This means that a student can come out of the Wishlist auto draft process without a placement. If this happens, the DCE will work with the student to find them a placement that meets their clinical education plan. The student is not permitted to seek out a site on their own if they are "bumped".

To maintain equity throughout the site selection process, the following items must occur:

- The Wishlist CEE assignments are FINAL.
- Trading of sites post-Wishlist assignment is strictly prohibited.
- Students will not participate in the Wishlist process if they secure a CEE using the first come first serve process.

The Directors of Clinical Education reserve the right to make modifications regarding clinical placements based on an ethical, legal, or professional conflict with the site or mitigating circumstances. Mitigating circumstances are those that are

beyond the student's control, such as: 1) serious illness or injury to the student; 2) death or serious illness of an immediate family member; or 3) other special circumstances that could not have been foreseen. Please note that financial burdens will not be considered a mitigating circumstance.

Medical Withdrawal from Clinical Education Experience

In the event a student is unable to complete a CEE due to medical issues, the following process must occur:

- The student must notify and meet with CI and DCE to alert of inability to participate in the CEE.
- The DCE and student will discuss appropriate accommodations and options based on medical needs. If a Withdrawal from CEE is recommended, the student must complete Withdrawal per University policy. A plan must be developed during the withdrawal period to address medical accommodations required before being permitted to re-enroll in the CEE.
- The student must meet with the DCE and Department Chairperson to finalize a plan in writing.
- The DCE will work with the clinical site to determine if the student can return to the same location to complete their clinical placement. If the site is unable to accommodate, the DCE will work with the student to find a clinical education site to meet the requirement needs of the student.

Clinical Education Experience Site Cancellation

A CEE site may need to cancel a confirmed CEE placement for a variety of reasons including but not limited to staffing needs, inadequate supervision available at site for student, or poor learning environment. Occasionally, a facility closes or merges with another organization and the confirmation of placement cannot be honored. If a cancellation should occur, the student and DCE will meet to discuss options, and the DCE will work closely with the student to find an alternative site.

Clinical Education Experience Accommodations

Students should be aware that classroom accommodations may not be deemed reasonable during clinical education experiences. Students with disabilities seeking reasonable accommodations during CEE should contact the Office of Disability Services (ODS) (<https://www.marquette.edu/disability-services/>) prior to each individual CEE. The ODS staff, with input from the DCE, will determine if the accommodations are reasonable during each CEE. If the accommodations request is approved, the staff at ODS, the DCE, and the clinical site SCCE and/or CI, will meet to determine if the approved accommodations are reasonable and applicable at the site. The clinical site will determine if their site can reasonably accommodate the students' request. If a site cannot reasonably accommodate the request, the student will work with the DCE to determine another potential placement to meet their needs (please note this may delay the clinical education timeline). When requesting accommodations, a student should notify the DCE as early as possible to allow for coordination of reasonable accommodations in the clinical setting to avoid any possible delay of implementing the accommodations.

Criminal Background Check Policy

All students are required to complete the Wisconsin Criminal Background Check, both the general and caregiver forms. Additionally, the Background Information Disclosure Form (BID) for the State of Wisconsin Department of Justice is required for students who do not conduct their criminal background checks using Castle Branch. If a background check identifies unlawful activity, the student is required to disclose this to the Directors of Clinical Education within one week of the receipt of the completed background check. Background results may limit options for clinical education placement and/or restrict options for experiential learning. In the event a student has unlawful activity during enrollment in the MUPT program, it is the responsibility of the student to disclose to the DCEs within 7 days and complete a current criminal background check within 7 days. Results of the background check are shared with program constituencies as appropriate.

Inherent Challenges of Clinical Education

It is important students are aware of the process and the inherent challenges encountered in the selection of clinical education experiences. While the MU DPT program has 800+ clinical contracts that cover clinical facilities across the country, securing clinical sites early on is always a challenge, especially for the 4-week experience and inpatient placements. Regardless of the challenges, note that we will always find the CEE setting experience type students need to meet their clinical education requirements and plan.

- Other Important Information:
 - Travel and Locations of Clinical Education Experiences

- All students are responsible for travel, housing, food, etc.... during their CEE.
- No one is guaranteed a placement in the Milwaukee area or other hometown locations; as such, all students need to be prepared to travel.
- Clinical sites should be selected based on the experience that is needed and is consistent with the student's clinical education plan vs. just the location or reputation of the site (i.e., Chicago, Mayo clinic, etc.)

Financial Implications of Clinical Education Experiences

It is important to plan early for potential additional expenses of going on CEE. Please note that the DCE do not set these expenses, and they are continually changing, thus it is important to plan early and have funds saved in case of unforeseen expenses. Students are responsible for all costs associated with Clinical Education Experiences. While the DCE understands there are increasing financial pressures facing students in today's environment, it is expected that when selecting a site or creating a wishlist, students will consider their financial situation. The DCE will attempt to provide resources for students if requested, however we are unable to completely and fairly assess each student's financial situation to make an exception in the clinical education placement process.

Clinical Education Experience costs are variable based on geographic location. Students may need access to a vehicle in the event public transit is inadequate. A car may also be necessary as some sites require students to commute between multiple locations. Depending on site availability, students should be prepared to travel for Clinical Education Experiences. Students are expected to budget accordingly for expenses incurred during their CEEs. This includes, but is not limited to, transportation, parking, housing, meals, utilities, and incidental costs (clothing/uniforms, medicals requirements, etc.) Additional expenses to you before and during CEE include (but are not limited to):

- Database registration for some facilities- Can cost \$25-\$50 each clinical
- Drug tests- \$50-\$75
- Immunity Titers or other vaccinations- Up to \$200
- N95 fit testing- \$50-\$150
- Clothing required (i.e., scrub in hospital color)
- Travel and transportation- flights, car rental (if needed), gasoline, train or bus
- Housing
- Daily food expenses

Other Clinical Education Experience Information

- While the CEE site selection process can be scary and full of uncertainties, we would not send a student to a clinical site we didn't feel can provide a good learning experience.
- No preference is given to any students. Some sites require a certain skill set (i.e., experience working with kids, experience in performance-based sports, AT background, Spanish speaking). Typically, these sites will ask us to identify the most qualified candidate(s) to interview for these clinical experiences. Some will interview anyone who is interested and has the background they are asking for.
- Students cannot independently set up a clinical experience. If a student asks a DCE to reach out to a clinical site, the DCE will do so if that type of experience is needed. If a contract is established with that site, the site is placed in the general site selection pool. The student who contacted the site does not get priority selection for that site.
- Parent, family, and friend involvement in site selection: It is the students responsibility to inform parents and family members not to reach out to clinical education sites under any circumstance. Specifically:
 - Parent/family/friend may not visit a CEE site. This includes going to a facility to ask for information, asking for housing information, asking to speak to facility staff or your clinical instructor, or going into the facility with you on your first clinical day.
 - In no way should a parent/family/friend communicate on the students behalf. Communication includes: Phone calls, emails, communication through social media or visitation of the facility. Even if parents know someone personally at the site, they should not communicate on the students behalf. Parents/family/friends should not be involved in your clinical interactions in any way.

Certificate of Insurance

In lieu of certificate of insurances, our risk management department has constructed a pdf document outlining the insurance coverage summary. This document is available sometime between January 2 - 6 every year. The DCE will make every effort to post a new certificate as soon as we have it. You can request a copy of the certificate as needed.



Clinical Education Experience (CEE) Requirements

MUPT ensures the following requirements are in place for all students participating in a CEE.

- ✓ **Proof of Medical Insurance Coverage** (yearly): i.e. copy of insurance card, letter from provider, etc.
- ✓ **CPR** (infant, child, 1 and 2 person adult, AED): CPR certification must be maintained through professional phase of DPT program. AHA CPR certification required prior to first CEE start date.
- ✓ **MMR**: Requires documented proof by a health care provider of two vaccinations or titer
- ✓ **TB Test**: completed within one year of CEE end date, or as required by clinical facility if different.
- ✓ **Tdap**: One time dose
- ✓ **Tetanus vaccine**: within last 10 years
- ✓ **OSHA Training** (yearly): completed at Marquette University, submit quiz on Exxat
- ✓ **Hepatitis B**: 3 vaccinations or a signed waiver form*
- ✓ **Criminal Background Check**: Completed for all states in which students have lived or worked since they were 18, including WI and the WI Caregiver Background Check.
 1. **Background Information Disclosure Form**: State of WI Department of Justice. Wisconsin Criminal background check, both general and caregiver (2 forms)- Only if background check not completed through Castle Branch.
- ✓ **Annual Influenza vaccination** or completed waiver form*: The regular seasonal intramuscular flu shot or intranasal vaccination is adequate for most facilities.
- ✓ **HIPAA Quiz**- self guided learning module with quiz
- ✓ **COVID-19 Vaccination/Boosters**- Proof of COVID vaccine and booster or Marquette University approved exemption*
- ✓ Any additional requirements the site may have. Additional requirements may include, but are not limited to: drug testing, criminal background checks, chest x-ray, physical, fit testing for N95 mask, a specified GPA, etc. The results of those checks and/or tests may affect the student's eligibility for specific clinical education experience placements.

**Waivers and Exemptions: Some sites will not accept a waiver or approved university exemption. In such cases, it is the responsibility of the student to follow facility specific policies and processes for site approval. There will be instances where waivers or exemptions will not be approved by the facility or site, and the student will forfeit the clinical placement.*

When students have fulfilled all MUPT requirements listed above, they will share the results of these requirements with their CEE site through an electronic link stating these requirements have been met and documents are uploaded to the student's Exxat profile.

MUPT does not send copies of the requirements to the students' specific CEE sites. Students are required to maintain their own portfolio of this information on the Exxat database. If a facility requires paper copies, it is the student's responsibility to send copies to the facility.

Additional facility requirements

We realize that facilities may have clinical requirements beyond those of Marquette University. Students are instructed to check the most recent facility contracts on Exxat, CSIF's and facility information contained in the Exxat database, as well as to inquire within their introductory letters about any additional requirements the facility may have. Students are then required to upload these additional requirements on Exxat once completed for verification and approval (this includes any signed affidavits or paperwork that is completed for the site).



Professional Behaviors

Attendance Policy for CEEs

Student attendance during the CEE is mandatory 100% of the time with no excused days given upfront. The only excused absences given throughout the CEE are communicable illness, personal health emergencies, and/or family emergencies. In the event of an absence from the CEE, the DCE and the Clinical Instructor (CI) must be notified by the student no later than one hour before the start time. It is the responsibility of the student to discuss with their supervisor the procedures for notification in the event of an absence. The plan for making up the missed days must be submitted in writing to the DCE as quickly as possible. Make-up times are determined by facility and staff availability.

Sick Time

The student is allowed one sick day during the course of the CEE. It is up to the discretion of the CI as to whether the student needs to make up that missed day. If the student is sick more than one day, they must call the DCE to notify them of the absences and will need to make up this time.

Time off

There is no time off allowed during the course of clinical education experience, except for emergencies or illnesses (see sick time policy). In the case of an emergency, please contact the DCE. If the student is off from their clinical due to a single holiday, it is strongly recommended they make up this time. Ultimately, this decision is at the discretion of the CI. Time off for residency interviews, conferences and other APTA professional activities, or board examinations, must first be approved by the DCE and further approved by the clinical education sites. Sites have ultimate approval of time off for these potential exceptions.

Vacation Time

Absolutely no vacation time is allowed during the course of a CEE.

Make up time

Any make up time must be related to patient care experiences. Extra time needed to complete duties that should be completed in the course of a typical clinical day should not be included in make-up time (i.e. staying late one hour each day to complete documentation, billing, scheduling, etc).

Arrival and Departure

Punctual arrivals are expected, and students should arrive no later than 15 minutes prior to the scheduled start time and will be released at the end of the day per their clinical instructor's instructions. Late arrivals or early departures will be reported to the DCE. While there are minimal time requirements put in place for all CEE, those hours are considered the minimum number of hours as the student should follow the hours/days/times set forth by the CI.

Holidays and Schedule

Students should follow the schedule in place for the facility and CI, not the academic calendar for Marquette University. This means students may work extended hours, evenings, weekends and/or holidays.

Conflict Management

Constructive feedback is an important piece of the CEE. Students must understand that clinical education is an extension of the classroom; therefore, accepting and responding to feedback in the appropriate manner is critical to ensure development of professional and clinical skills. However, conflict may arise regarding student/CI relationship and/or student performance during the CEE. In a situation in which this occurs, the DCE team should be notified in a timely manner and open communication with the DCE team should continue until a resolution is established.

The DCE will initiate the following protocol should a conflict occur:

1. The student and DCE will meet (in person or via phone/TEAMS) to discuss the issue. The student should come prepared with ideas as to how they plan to address the conflict. The DCE can provide ideas to address deficits and how the student should communicate with CI.
2. Meeting with the student and CI. The student and CI should meet to identify the problem and work to find a resolution. The DCE should be informed of the outcome of the meeting in writing by the student. Should a resolution be found, there is no further action needed. Should the issue remain unresolved, the DCE will determine the next steps.
3. Meeting with the DCE, student and CI (in person or via phone/TEAMS). The DCE may meet with the student and CI separately before all meeting together. During this meeting, the three parties will work collaboratively to determine an appropriate plan/resolution.
4. Follow-up on plan. The student and/or CI will follow-up with the DCE via email or phone regarding the progress of the plan/resolution. The timing of this follow-up will be based on what was determined during the resolution planning meeting.
5. Should the issue(s) remain unresolved, the program director will become involved, and a learning contract and remediation plan may be put in place. The DCE, program director and student must all sign the learning contract and remediation plan.

Follow-up, monitoring and outcome of the conflict will be determined mutually. There are four potential outcomes:

1. The issue is resolved, and the student continues and completes CEE as planned.
2. The issue takes longer to resolve, and the student continues the CEE past the scheduled end date in order to successfully complete the rotation.
3. The student is removed from the CEE prior to the scheduled end date, resulting in a failure of CEE. This will trigger an Academic Standard process. (See Academic Standards Policy and Procedures)
4. The student remains in the clinical education experience; however, the CEE results in a Fail grade. This will trigger an Academic Standard process. (See Academic Standards Policy and Procedures)

It is encouraged that conflict be resolved between the student and CI whenever possible; however, the DCE is available for assistance when needed. While the DCE will attempt to keep the interaction via a virtual TEAMS meeting or phone, a face-to-face meeting(s) may be necessary. If this is the case, the DCE will travel to the CEE site (within reason).

Professional Attire

Students are expected to abide by the dress code of the assigned clinical site and are required to always dress professionally. Students must always wear their Marquette DPT student assigned name badge or clinic site assigned name badge in a visible place.

Communication Expectation

Electronic communication will be the primary form of communication between the student and DCE while on CEE. Students must have access to email and D2L and are expected to check both daily (at least once every 24 hours) as issues may arise that require prompt attention. Students must respond to emails/announcements (as

applicable) from the DCE within 48 hours, unless otherwise noted in the communication. Failure to check email/D2L does not excuse students if a missed action or missed communication takes place.

It is expected that students both solicit feedback from the DCE, Clinical Instructors, and other clinicians while on their clinicals and are open to unsolicited feedback from the above parties. The DCE understands the skill in which these parties deliver feedback can vary, however, the expectation is that students are willing to listen and make improvements based on that feedback.

Social Media Policy

Students must always maintain professionalism and confidentiality while on CEE, including in relation to social media. It is imperative that students consider the APTA Code of Ethics as it relates to social media and patient care and utilize discretion when posting on social media. Students must also follow all site-specific social media policies. RC 23-12 from the APTA House of Delegates Standards of Conduct in the Use of Social Media states:

- Adoption of a position that, in using social media, PTs and PTAs should:
 - Consider whether and how to interact with patients through social media.
 - Be clear when speaking as an individual as opposed to a representative of an organization.
 - Identify and correct mistakes.
 - Apply the Code of Ethics for PTs and Standards of Ethical Conduct for PTAs to their engagement in social media.

Confidentiality guidelines are in place to protect the confidentiality and privacy of clinical educators, faculty and staff, fellow students, clients, family members and caregivers. Students are responsible for what is posted online and should never post information that violates HIPAA, information about their clinical site, information about their CI, criticism of the clinical site, or any other confidential information related to patients, the site, or the rehabilitation department.

Do not ask or accept requests from CI's, clinic staff members, or patients to be your 'friend' or follow on social media during the CEE. Once the CEE is complete, it is the personal discretion of the student, CI, staff, and/or patient as to whether they follow each other on social media. Violations of any of the above will result in disciplinary action.

Confidentiality, Privacy and HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) protects all health information related to client care, including spoken, written, or electronic communication. Students should be mindful to protect all written and electronic documentation, including closing and/or logging out of computers if walking away from the station to avoid accidental sharing of information. Sharing confidential information with individuals not involved with the care of the client is a violation of HIPAA and is not acceptable under any circumstance. If a violation does occur, it will be treated as a serious misconduct and may result in an immediate removal and failure from the CEE. The American Physical Therapy Association has provided the following information regarding HIPAA guidelines: <https://www.apta.org/your-practice/compliance/hipaa>

Employment During CEE

It is understandable that students may require a job during a CEE; however, it is expected that the CEE takes top priority and missing or leaving the clinical early for employment is not acceptable. Should a student continue to work during a CEE, the student is expected to rearrange their work schedule to meet the needs of the CEE site. If student employment is impacting the student's performance on their clinical experience, additional discussions between the student and DCE may be necessary.



Clinical Site information

Clinical Affiliation Agreements

If you would like to utilize the standard affiliation agreement of Marquette University, you can download the appropriate agreement from the MU Clinical Education web site. If you wish to utilize your facility specific agreement, please email MUPTClinicalEducation@marquette.edu and we will initiate the process. All contract development and site coordination must be completed by the DCE Clinical Education team. Students are not permitted to contact facilities to initiate clinical education experiences or contracts.

Scheduled Communication (Emails) to Clinical Sites

SAVE THE DATE AND SITE UPDATE EMAIL (JANUARY)

The clinical education team will send out an email with updates and department information in late January. This email serves as a reminder for the upcoming March mailing. We also request any updates in clinical requirements, contact information, or site changes.

ANNUAL SLOT REQUEST MARCH MAILING (MARCH)

Marquette University follows the APTA's voluntary uniform mailing dates. Our Annual Slot Requests are emailed March 1st of each year via Exxat.

SITE SELECTION CONFIRMATION EMAIL (JUNE-JULY)

Our students complete site selection in mid-May through early June for all clinicals. Once site selection is completed, we will send confirmation emails via Exxat to each facility that offered a CEE slot, indicating whether the slot was selected by a student, and if so, the name of the student. We will not send confirmation emails to facilities offering slots on a first come, first served basis unless an MU student has been confirmed with that facility. We will send emails to release unused CEE slots by September 1 each year.

STUDENT INTRODUCTION EMAIL (SEPTEMBER-NOVEMBER)

Students are required to send introductory emails to their clinical sites well in advance of the clinical dates. Within this letter, students will include a link to their student Exxat profile which includes the student's learning style and student information listing past work/volunteer experiences and goals for the clinical experience.

Benefits to Clinical Sites

As a benefit for providing clinical education to our students, Marquette University offers the following benefits:

- Every clinical instructor that takes a Marquette PT student is eligible for a stipend that can be used towards Marquette PT CEU's offerings. As a benefit to our clinical instructors, we offer a stipend for your time and commitment to the education of our students. The stipend can be utilized initially for the Credentialed Clinical Instructor Course (CCIP) Level 1 offered at Marquette annually. If those courses have been completed, or the courses are not available, you can use the stipend toward any of our Marquette CEU offerings. If travel/distance are prohibitive to attending an MUPT course, the stipend may be used for our online courses. The stipend is \$5.00 per week for each student that you had in the clinic during the previous year, up to \$50 per academic year. In order to process this stipend email MUPTClinicalEducation@marquette.edu when you register for a course.



Performance Expectations for CEE-1

This first CEE occurs in the Fall semester (Nov. - Dec.) of the DPT5 year (2nd academic year). Students will come into this CEE with varying levels of skill and knowledge due to previous work experience. As this is an integrated internship, all academic coursework has not yet been completed. See enclosed MUPT DPT curriculum for courses student will have completed prior to this experience.

Learning Units

All students are required to complete daily structured learning units during the 4-week CEE. (See attached). The learning units are designed to assist the student in developing clinical decision-making skills and utilize a variety of resources, rather than relying on CI input and/or observation. The CI can help guide the student in selecting appropriate patient cases and in seeking out other resources for completion of the learning units. The learning units allow the CI the flexibility to complete other activities, without the student having to be with the CI the entire time, i.e. Learning Unit #1 requires the student to research the pathophysiology of primary and secondary medical and physical therapy diagnosis.

APTA Weekly Planning Forms

Students are expected to self-assess and reflect on their weekly performance, progress toward goals, as well as areas for improvement. We expect the students to show weekly progress and identify multiple goals for the following week based on their reflection. To achieve this outcome, the student will use the **APTA Weekly Planning Forms** at the end of each week of the internship. Weekly goals must be written in a 'SMART' format (specific, measurable, achievable, results oriented, time bounded). Students are expected to write their own goals with CI input after (edit and/or add as needed). We do ask that CIs please take time to provide written feedback each week to assist the student in setting goals and in gauging progress and accuracy of self-assessment.

Professional Behaviors

The student completes the Professional Behaviors self-assessment at the **end** of the experience. The CI does not have to complete the form but is asked to review the student's self-assessment and provide feedback as appropriate.

PT Clinical Performance Instrument 3.0

Please refer to the PT CPI Web "Appendix C" to guide comments and ratings.

Midterm Evaluation: Due to the short duration of CEE 1, the formal mid-term assessment is minimized. There is no need to complete a formal online CPI rating for the midterm time frame. However, we ask that the midterm summary comments page (students will have a copy for you) be completely filled out. This should be completed by CI and student prior to midterm discussion.

Final Evaluation: A formal final assessment of all skills on the PT CPI 3.0 is required. Please rate and comment on each section completely.

We have established the following minimal performance criteria on the PT CPI 3.0:

- **The student must be at or above Advanced Beginner Performance on all CPI skills, as assessed by the clinical instructor.**



Clinical Education Experience Assessment Checklist – CEE 1

- Day 1 – Student is to upload CI information to Exxat.**
- Daily – Learning Units (as indicated on the learning units). It is the student’s responsibility to ensure completion of the learning units and seeking feedback from the CI. Learning Units must be uploaded to Exxat at the end of the CEE for review from DCE to achieve a Satisfactory grade.**
- End of Week 1**
 - **Weekly Planning Form - Weekly Planning Form-** The student summarizes the week’s performance and writes goals for the following week. Weekly reflections should include: 1) overall self-assessment on performance and how felt; 2) progress toward goals; and 3) areas for improvement. CI reviews and adds comments, may revise goals as appropriate. Weekly goals must be written in a ‘SMART’ format (specific, measurable, achievable, results oriented, time bound). Students must write their own goals with CI input as needed.
- End of Week 2**
 - **Weekly Planning Form** - as above
 - **Student and CI complete midterm SUMMARY COMMENTS**– we do not require formal midterm rating on the CPI skills for the midterm assessment of this first clinical experience.
- End of Week 3**
 - **Weekly Planning Form** - as above
- End of Week 4 (end of clinical)**
 - **Weekly Planning Form-** as above, no need for goals
 - **CPI** – one CPI is completed by student, one by the CI. Students are expected to complete their CPI prior to discussion at the final assessment. Use of the *Performance Dimensions* and *Anchor Criteria* are required to defend ratings.
 - We have established the following **minimal performance criteria** for the PT CPI 3.0:
 - The student must be **at or between Advanced Beginner Performance and Intermediate Performance** on all CPI skills, as assessed by self and the clinical instructor.
 - **Professional Behaviors** – completed by student only, CI reviews and provides comments as needed and signs off.
 - **Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction** - completed by the student to provide feedback to the facility and CI. NOTE: This information will be made available to future students going through the site selection process only if it has been shared with the CI.
 - **Facility specific requirements** – the student is expected to complete any additional requirements that the facility may have.

Upon completion of the CEE, it is the student’s responsibility to ensure that all evaluation materials are uploaded to Exxat within two business days. Failure to successfully upload all required materials by stated deadlines may result in an incomplete or unsatisfactory grade.



Performance Expectations for CEE-2

This CEE occurs in the summer between the DPT5 and DPT6 year in the program (between 2nd and 3rd academic year). Students will have just one semester of didactic work remaining before their terminal CEEs. The remaining coursework for that final semester consists of neurological treatment, pediatrics, cardiopulmonary, and an advanced elective in their specialty area of choice. See attached curriculum to determine completed coursework.

Determination of Dates

Agreed upon 10 weeks during the summer session starting mid-May and ending on Friday the week before classes are scheduled to begin for the Fall semester (2nd to last or last week of August). If the CEE site does not specify specific dates on the commitment form, dates are determined between the student and the clinical site.

APTA Weekly Planning Forms

Students are expected to self-assess and reflect on their weekly performance, progress toward goals as well as areas for improvement. We expect the student to show weekly progress and identify multiple goals for the following week based on their reflection. To achieve this outcome, the student will use the **APTA Weekly Planning Forms** at the end of each week of the CEE. Weekly goals must be written in a ‘SMART’ format (specific, measurable, achievable, results oriented, time bounded). Students are expected to write their own goals with CI input after (edit and/or add as needed). We do ask that CIs please take time to provide written feedback each week to assist the student in setting goals and in gauging progress and accuracy of self-assessment.

Professional Behaviors

The student completes the Professional Behaviors self-assessment at the **midterm and final** point of the CEE. The CI does not have to complete the form but is asked to review the student’s self-assessment and provide feedback as appropriate.

PT Clinical Performance Instrument 3.0

Please refer to the PT CPI 3.0 “appendix C” to guide comments and ratings.

Midterm Evaluation: A formal midterm assessment on all of the skills on the PT CPI Web is required at midterm. This should be completed by the CI and one by the student prior to midterm discussion. The student should sign off prior to the review so that their comments and ratings can be seen and so that they do not change them based on discussion. When changes are made based on discussion; this no longer constitutes self-assessment which is a valuable tool in guiding future learning experiences.

Final Evaluation: A formal final assessment on all of the skills on the PT CPI Web is required at final as above. Please rate and comment on each section completely.

Performance Expectations

At the final evaluation of the 10-week CEE, the student is expected to be **at or above Advanced Intermediate Performance** for all skills of the CPI. Use these expectations as a guideline for gauging student progress throughout the 10 weeks and to establish learning objectives with the student(s) as needed, and/or to call the DCE if you feel the student will not be able to meet these expectations. Advanced Intermediate Performance is defined as:

- A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is **capable of** maintaining 75% of a full-time physical therapist’s caseload.



Clinical Education Experience Assessment Checklist – CEE 2

- Day 1 – Student is to upload CI information to Exxat.**

- End of each Week 1-10**
 - **Weekly Planning Form** – Student summarizes the week’s performance and writes goals for the following week. Weekly reflections should include: 1) overall self-assessment on performance and how felt; 2) progress toward goals; and 3) areas for improvement. CI reviews and adds comments, may revise goals as appropriate. Weekly goals must be written in a ‘SMART’ format (specific, measurable, achievable, results oriented, time bound). Students must write own goals with CI input as needed.

- End of Week 5 (Midterm Evaluation)**
 - **Weekly Planning Form** – as above
 - **Student and CI complete midterm CPI** – One CPI is completed by student, one by the CI. Students are expected to complete their CPI and sign off prior to discussion at the midterm assessment. We require formal midterm comments and ratings on each of the CPI skills. Use of the *Performance Dimensions* and *Anchor Criteria* are required to defend ratings.
 - **Professional Behaviors:** midterm assessment completed by student only, CI reviews and provides comments as needed.

- End of Week 10 (Final Evaluation)**
 - **CPI Final:** Student and CI complete the final evaluation portion of each CPI Skill on the PT CPI 3.0 along with the SUMMARATIVE COMMENTS prior to formal discussion. Use of the *Performance Dimensions* and *Anchor Criteria* are required to defend ratings.
 - We have established the following **minimal performance criteria** for the PT CPI 3.0:
 - The student must achieve **Advanced Intermediate** Performance at the final assessment on all CPI skills as assessed by self and clinical instructor(s).
 - **Professional Behaviors** – final assessment completed by student only, CI reviews and provides comments as needed, CI signs off.
 - **APTA Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction** - completed by the student to provide feedback to the facility and CI. NOTE: This information will be made available to future students going through the site selection process only if it has been shared with the CI.
 - **Facility specific requirements** – the student is expected to complete any additional requirements given by the facility.

Upon completion of the clinical, it is the student’s responsibility to ensure that all evaluation materials listed above are uploaded to Exxat within two business days. Failure to successfully upload all required materials by stated deadlines may result in an incomplete or unsatisfactory grade.



Performance Expectations for CEE 3 & 4

The final CEEs occur in the Spring semester (January - May) of the DPT6 year (3rd academic year). Students will come into each CEE with varying levels of skill and knowledge due to previous work and clinical education experiences. As these are the final CEEs prior to graduation; students are expected to achieve entry level performance on all skills in each of the final 2 CEEs as they have completed all academic coursework and will not be revisiting these practice settings prior to graduation.

APTA Weekly Planning Forms

Students are expected to self-assess and reflect on their weekly performance, progress toward goals as well as areas for improvement. We expect the students to show weekly progress and identify multiple goals for the following week based on their reflection. To achieve this outcome, the student will use the **APTA Weekly Planning Forms** at the end of each week of the CEE. Weekly goals must be written in a 'SMART' format (specific, measurable, achievable, results oriented, time bounded). Students are expected to write their own goals with CI input after (edit and/or add as needed). We do ask that CIs please take time to provide written feedback each week to assist the student in setting goals and in gauging progress and accuracy of self-assessment.

Professional Behaviors

The student completes the Professional Behaviors self-assessment at the **midterm and final** point of the CEE. The CI does not have to complete the form, however, is asked to review the student's self-assessment and provide feedback as appropriate.

PT Clinical Performance Instrument 3.0

The PT CPI Web has a nice "cheat sheet" that defines all *Performance Dimensions* and *Anchor Criteria* that should guide your comments and ratings. We suggest you keep this next to you as a reference when writing comments and determining ratings.

Midterm Evaluation: A formal midterm assessment on all of the skills on the PT CPI is required at midterm. This should be completed by the CI and student prior to midterm discussion. The student should sign off prior to the review so that their comments and ratings can be seen and so that they do not change them based on discussion. When changes are made based on discussion; this no longer constitutes self-assessment which is a valuable tool in guiding future learning experiences.

Final Evaluation: A formal final assessment on all the skills on the PT CPI is required at final as above. Please rate and comment on each section completely.

Performance Expectations

The student must be at Entry Level Performance on all CPI skills at the **Final** assessment as assessed by self and CI. Any ratings below Entry Level must be justified. If a student or CI anticipates that a rating of entry level will not be achieved on a skill or skills by the end of the CEE; we ask that you please contact the DCE to discuss a strategy to address the deficits. While many CEE settings require advanced skills to practice effectively and efficiently, we ask that you please keep in mind what is required for **entry level** and not advanced practice. Remember, a student will not look like their CI at the end of a final CEE as the CI has at least one more year of experience.



Clinical Education Experience (CEE) Assessment Checklist – CEEs 3 & 4

- Day 1 – Student is to upload CI information to Exxat.**

- End of each Week 1-8**
 - **Weekly Planning Form** – Student summarizes the week’s performance and writes goals for the following week. Weekly reflections should include: 1) overall self-assessment on performance and how felt; 2) progress toward goals; and 3) areas for improvement. CI reviews and adds comments, may revise goals as appropriate. Weekly goals must be written in a ‘SMART’ format (specific, measurable, achievable, results oriented, time bounded). Students must write their own goals with CI input as needed.

- End of Week 4**
 - **Student completes midterm comments on Professional Behaviors** - CI reads through and comments as necessary and signs off.
 - **Student and CI complete midterm CPI** – One CPI is completed by student, one by the CI. Students are expected to complete their CPI and sign off prior to discussion at the midterm assessment. We require formal midterm comments and ratings on each of the CPI skills. Use of the *Performance Dimensions* and *Anchor Criteria* are required to defend ratings.

- End of Week 9 (end of clinical)**
 - **Student completes final comments on Professional Behaviors** - CI reads through and comments as necessary and signs off.
 - **CPI** – One CPI is completed by student, one by the CI. Students are expected to complete their CPI and sign off prior to discussion at the final assessment. Use of the *Performance Dimensions* and *Anchor Criteria* are required to defend ratings.

We have established the following **minimal performance criteria** for the PT CPI 3.0:

- ✓ The student must achieve **Entry Level** Performance at the final assessment on all CPI skills as assessed by self and clinical instructor(s).
- **Professional Behaviors** – Completed by student only, CI reviews and provides comments as needed.
- **Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction** - Completed by the student to provide feedback to the facility and CI. NOTE: This information will be made available to future students going through the site selection process only if it has been shared with the CI.
- **Facility specific requirements** – The student is expected to complete any additional requirements that the facility may have.

Upon completion of the CEE, it is the student’s responsibility to ensure that all evaluation materials are uploaded to Exxat within two business days. Failure to successfully upload all required materials by stated deadlines may result in an incomplete or unsatisfactory grade.



CEE Assessment Expectations/Forms

Marquette University utilizes the PT Clinical Performance Instrument 3.0 (CPI), APTA Weekly Planning Forms, and Professional Behaviors for all CEEs. Through use of these tools and listening to CI and student feedback, we have developed specific expectations for each CEE. (See individual CEE information for performance expectations).

PT CPI 3.0

The PT CPI 3.0 includes 12 performance criteria that describe the essential aspects of professional practice of a physical therapist clinician performing at entry-level. The performance criteria are grouped by the aspects of practice that they represent.

- Items 1-3 are related to Professionalism: Ethical Practice, Legal Practice, Professional Growth.
- Items 4-5 are Interpersonal: Communication, Inclusivity.
- Items 6-9 are Technical/Procedural: Clinical Reasoning, Examination/Evaluation/Diagnosis, Plan of Care/Case Management, Interventions/Education.
- Items 10-11 are Business related: Documentation, Financial Management/Fiscal Responsibility
- Item 12 is related to Responsibility: Guiding and Coordinating Support Staff.
- The rating scale was designed to reflect a continuum of performance ranging from “Beginning Performance” to “Beyond Entry-Level Performance.” The rating scale was not designed to be a visual analog scale. Each performance criterion is rated relative to entry-level practices as a physical therapist, where entry level is defined as:
 - *A student who requires no guidance or clinical supervision with simple or complex patients. Consults with others and resolves unfamiliar or ambiguous situations. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. The student is able to maintain 100% of a full-time physical therapist’s caseload in a cost effective manner. See Appendix C (attached) for the complete anchor definitions.*

Information regarding the CPI 3.0 can be found [here](#). A paper version of the PT CPI can be found [here](#). CPI 3.0 training courses can be found [here](#):

- CI/SCCE https://learningcenter.apta.org/p/CPI-3_CI-SCCE

To assist in the use of the CPI, we recommend the use of ‘Appendix C’ (below). This serves as a nice "cheat sheet" that defines all **Performance Dimensions** and **Anchor Criteria** that should guide your comments and ratings. We suggest you keep this next to you as a reference when writing comments and determining ratings. Please feel free to call us with any questions regarding the internship assessment of our students at your facility.

This definition encompasses the five performance dimensions that should be considered in your evaluation of the student on each skill (see CPI instructions): Supervision/Guidance required, Quality of Care, Complexity of Tasks/Environment, Consistency of Performance, and Efficiency of Performance. Please keep these performance dimensions in mind when completing the rating scale and providing supportive comments for each skill. If you rate a student below minimal expectations (as defined in the following sections) for a skill, please utilize the performance dimensions in your comments to support your rating of the student’s performance. Hopefully, this will help you and the student to develop learning objectives/plan of action for the remainder of the internship and/or help us establish learning objectives with the student for the next internship experience.

To us, the CPI definition of entry-level does not necessarily mean that an entry-level clinician can independently treat a case load, but that they can efficiently and effectively manage a case load. This would include the ability to determine what a patient needs and provide that care and/or determine who is most appropriate to provide that care.

Following are two specific examples of entry-level interpreted in this manner:

- 1) I am a new grad and just evaluated a cervical patient that I feel has a facet problem. However, I am not proficient at performing the joint mobilizations necessary for that patient to maximally benefit from PT services. Realizing this, I consult with a colleague who I feel can provide that component of the treatment.

- 2) My student has never treated a Guillian-Barre patient, but has shown excellent clinical problem-solving and critical thinking skills when faced with other diagnosis for the first time. Based on this judgment, I feel confident that when presented with a patient with this diagnosis for the first time, the student would effectively evaluate and provide treatment to that patient and seek out appropriate resources as needed.

**APPENDIX C
DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS**

CATEGORY	DEFINITIONS
Performance Dimensions	
Supervision/ Guidance	Level and extent of assistance required by the student to achieve entry-level performance. <ul style="list-style-type: none"> As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
Quality	Degree of knowledge and skill proficiency demonstrated. <ul style="list-style-type: none"> As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
Complexity	Number of elements that must be considered relative to the task, patient, and/or environment. <ul style="list-style-type: none"> As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
Consistency	Frequency of occurrences of desired behaviors related to the performance criterion. <ul style="list-style-type: none"> As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely
Efficiency	Ability to perform in a cost-effective and timely manner. <ul style="list-style-type: none"> As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
Rating Scale Anchors	
Beginning performance	<ul style="list-style-type: none"> A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner. Performance reflects little or no experience. The student does not carry a caseload.
Advanced beginner performance	<ul style="list-style-type: none"> A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. The student may begin to share a caseload with the clinical instructor.
Intermediate performance	<ul style="list-style-type: none"> A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. The student is <u>capable of</u> maintaining 50% of a full-time physical therapist’s caseload.
Advanced intermediate performance	<ul style="list-style-type: none"> A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. The student is <u>capable of</u> maintaining 75% of a full-time physical therapist’s caseload.
Entry-level performance	<ul style="list-style-type: none"> A student who is <u>capable of</u> functioning without guidance or clinical supervision managing patients with simple or complex conditions. At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. Consults with others and resolves unfamiliar or ambiguous situations. The student is <u>capable of</u> maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.
Beyond entry-level performance	<ul style="list-style-type: none"> A student who is <u>capable of</u> functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations. At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others. The student is <u>capable of</u> maintaining 100% of a full-time physical therapist’s caseload and seeks to assist others where needed. The student is capable of supervising others.



Weekly Planning Form

Dates: _____

Week #: _____

REVIEW OF THE WEEK

WHEN COMPLETING THIS FORM CONSIDER THE FIVE (5) PERFORMANCE DIMENSIONS: QUALITY OF CARE, SUPERVISION/GUIDANCE REQUIRED, CONSISTENCY OF PERFORMANCE, COMPLEXITY OF TASKS/ENVIRONMENT, AND EFFICIENCY OF PERFORMANCE.

Student:

CI:

OBJECTIVE GOALS FOR THE UPCOMING WEEK

Student's Signature: _____

CI Signature: _____



COLLABORATIVE/PROBLEM BASED CLINICAL EDUCATION Learning Units

Introduction

Health care continues to evolve at a very rapid pace. No longer can therapists consider themselves to be sole practitioners. As all patients/clients who we see require different expertise, and different professions involved in their care, Concordia University and Marquette University have chosen to begin their Physical Therapist clinical education training with an experience designed to emphasize the case-management, decision-making, and collaborative responsibilities of the Physical Therapist.

CEE-1 I at Marquette University is an introductory clinical experience in any clinical practice setting intended to provide the student with as much problem solving and hands-on opportunities as appropriate to their level of academic preparation. It is intended to be an interactive experience that exposes the student to all aspects of patient care and management while applying the concepts of the learning unit model around the patient/client management model.

Ideally students are assigned to clinical facilities in groups of 2 or more. This model has, however, been used with traditional 1:1 experiences in cases where the clinical facility does not feel they could accommodate multiple students. Each student is assigned a small caseload of 1-2 patients each day for whom they have responsibility to complete the daily learning unit for that clinical day. When in a collaborative experience, students are expected to work as a group to solve the general problems of each daily learning unit, to personalize each daily learning unit to their specific patients/clients and patient/client needs, to be prepared for the clinical experience on a daily basis, and to participate as a colleague to assist in problem solving of other group members.

This is not a grading tool, but rather a guide and structure for the clinical experience. Students should be provided time in the clinic to complete requirements for daily learning units within the context of the clinic. However, it should be noted that not all resources are immediately available and consultation and research both in and outside of the clinical day is expected. Students should plan their time in and outside of the clinic accordingly. The grading tool used by Marquette University will be skills within the Clinical Performance Instrument consistent with their academic preparation.

Learning Units

1. Physical Therapy Evaluation - Pathophysiology
2. Alternative Discharge Options/Community Supports
3. Physical Therapy Examination - Subjective and Objective Components
4. Physical Therapy Evaluation - Assessment
5. Physical Therapy Evaluation - Treatment planning
6. Implementation and Progression of the Treatment Plan
7. Delegation
8. Documentation
9. Reimbursement and Cost of Care
10. Interprofessional Education
11. Pharmacology
12. Case Study

Responsibilities of the Student

The student assumes responsibility for completing the daily learning unit. The clinical instructor is a “guide on the side”, a facilitator, a resource and a mentor, but not responsible for supervising the work of the student(s) on the daily learning units. There is considerable independent time, and the student(s) is responsible for structuring the day such that all requirements for completing the daily learning units are met. When working with patients/clients, the student(s) recognizes that the clinical instructor is the primary care provider who delegates to the student(s) consistent with the students’ academic knowledge and experience.

Students remain responsible for completing the requirements as outlined by the grading tools used by their university. The learning units are designed such that students should meet all requirements of the clinical experience through completing the learning units.

As students will be using support materials that may be proprietary, students are expected to maintain confidentiality of records, and confidentiality of policies and procedures, unless otherwise approved by the clinical facility. No records are to leave the clinical facility without direct knowledge and consent of the clinical instructor.

While completing the clinical experience and learning units, numerous resources are available. In addition to the recommended resources identified for each learning unit, students should also consider course notes, journal articles, clinical guidelines, texts, (i.e., Rehab Specialist Handbook), videos, faculty (Faculty are available by phone or email, however, may or may not be immediately available. They should not be used as your primary source of information) and any other resources available within the clinical learning environment.

Responsibilities of the Clinical Instructor

The clinical instructor should serve primarily as a resource for the daily learning units and assume primary responsibility for patient/client care provided by and with the student(s). The clinical instructor is to be familiar with their caseload, and with the individuals they delegate to students for completion of the daily learning units. The clinical instructor has the sole authority to determine which patients/clients are appropriate for student intervention and can withdraw a student from patient contact at any time.

The clinical instructor should be familiar with the daily learning units. Completion of the daily learning units is the responsibility of the student(s); the role of the clinical instructor is to provide guidance, support, and structure where needed. Clinical instructors should be available for mentorship and provide clear and concise feedback on the quality of the work produced by the student(s). The clinical instructor should also complete the designated grading tool(s) required by the university.

Responsibilities of the Academic Faculty and SCCE

The SCCE should remain as the contact between the clinical facility, the student(s) and the university, and be available for training and questions as they arise. Should any questions arise, please contact the DCE immediately to have these resolved.

LEARNING UNIT 1 - PHYSICAL THERAPY EVALUATION: PATHOPHYSIOLOGY
Clinical Days 1-2

Student: _____

Clinical Instructor: _____

Unit Objective: Students will identify the pathophysiology of primary and secondary patient/client medical and/or physical therapy diagnoses and will determine the impact of those pathophysiology's on the efficacy of Physical Therapy care, patient/client safety, and in the clinical decision making process for the examination and evaluation of each patient/client.

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor's caseload at the start of the clinical day. Students are to research the primary and secondary medical and/or physical therapy diagnoses of the assigned patients/clients. Using support materials students are expected to be able to report cause and general management of the pathophysiology, and given this information suggest the impact (i.e., restrictions, precautions, necessary physical therapy examination procedures) on the Physical Therapy examination and evaluation.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Verbalize restrictions and/or precautions to the provision of Physical Therapy care
- Identify necessary physical therapy examination procedures
- Be able to verbalize patient/client and/or caregiver educational needs
- Utilize a medical database to research and obtain one article about management of an identified pathophysiology

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be uploaded to Exxat for DCE review at the completion of the course as evidence of successful completion of individual learning units.

Student(s) will provide a brief discussion of the findings to the CI at a time of their choosing.	Due at the end of the clinical day
Student(s) must provide a written summary of the information obtained on both patients/clients to the clinical instructor and DCE.	Due at the start of the following clinical day
Student(s) will reference an evidenced based research article to support their findings along with the written summary.	Due at the start of the following clinical day

Time for Completion: Each student will be provided 1 patient/client per day and will repeat the unit for 2 consecutive days. The unit should assume Day 1 and Day 2 of the clinical experience.

Recommended Resources: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Clinical Instructors and Faculty.
- Medical databases via the internet (APTA Rehab Reference Center), OVID: MEDLINE/HealthSTAR/CINAHL, PubMed: MEDLINE, SUMSearch, PEDro, Cochrane Library, MERK manual.

LEARNING UNIT 2 - ALTERNATIVE DISCHARGE OPTIONS/COMMUNITY SUPPORTS
Clinical Day 3

Student: _____

Clinical Instructor: _____

Unit Objective: Students will identify community supports and discharge options or needs for patients/clients and/or caregivers.

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor's caseload at the start of the clinical day (note: these may be the same patients/clients the student has worked with on previous units). Students are to investigate community support and discharge options, which meet the individual needs of the patients/clients or the caregivers of those patients/clients. Students are to prepare this information as though they were presenting to a group of healthcare providers with discharge recommendations.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Provide discharge recommendations as if they were planning discharge with another healthcare provider
- Locate general information important to the patient/client or caregiver about community supports in the immediate area
- Anticipate how the expected discharge environment (i.e., skilled nursing, home, outpatient services, community resources) may affect the Physical Therapy Plan of Care

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be uploaded to Exxat for DCE review at the completion of the course as evidence of successful completion of individual learning units.

Student will provide a brief discussion of the findings to the CI at a time of their choosing	Due at the end of the clinical day
Student will provide a short-written summary paragraph of the discussion and findings to the CI and DCE	Due at the end of the clinical day

Time for Completion: Each student will be provided 1 patient/client and will complete the unit in one clinical day.

Recommended Resources: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Social Services/Discharge Planners in the facility if available
- Clinical instructors and Faculty.
- Internet searches for community resources

**LEARNING UNIT 3 - PHYSICAL THERAPY EXAMINATION:
SUBJECTIVE AND OBJECTIVE COMPONENTS
*Clinical Days 4 and 5***

Student: _____

Clinical Instructor: _____

Unit Objective: Based on the pathophysiology students will identify the functional limitations and impairments a patient/client may have and hypothesize a means of testing those functional limitations and underlying impairments.

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor’s caseload at the start of the clinical day. Students are to examine the primary and secondary medical and/or physical therapy diagnoses of the assigned patients. From this alone, students should develop a subjective (patient interview questions) and objective (physical therapy tests and measures) component which could be included in a comprehensive physical therapy examination to determine the impairments, activity limitations and participation restrictions. Students should not be hindered by time, and should develop as comprehensive an examination as they feel necessary to collect all valuable information.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Develop and complete a patient/client interview
- Develop a list of physical therapy tests and measures to identify the patient’s/client’s functional limitations and impairments
- Apply tests and measures as appropriate for academic preparation with appropriate supervision
- If appropriate perform Manual Muscle Testing, ROM - emphasizing specific goniometric measurement rather than gross assessment, and gross mobility skills assessments of the patient/client in question
- Record findings of tests and measures applied by CI
- Reference one research article to support test or measure chosen
- Follow all HIPAA policies and delete all patient identifying information

Outcomes to be submitted to CI for review: The student(s) is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be uploaded to Exxat for DCE review at the completion of the course as evidence of successful completion of individual learning units.

Students will write the Subjective and Objective components of the physical therapy evaluation using the data collected in the patient/client examination	Due at the start of the following clinical day
Present the findings and evaluation to the clinical instructor for feedback	Due at the end of the clinical day
Student will reference an evidenced based research article to support their findings along with the written summary.	Due at the start of the following clinical day

Time for Completion: Each student will be provided 1 patient/client per day and will repeat the unit for 2 consecutive days.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Examples of past Physical Therapy evaluations or documentation for that facility
- APTA Guide for Physical Therapist Practice and Rehab Reference Center (available online through the APTA)
- Clinical instructors and Faculty
 - Medical databases via the internet, APTA website OVID: MEDLINE/HealthSTAR/CINAHL, PubMed: MEDLINE, SUMSearch, PEDro, Cochrane Library

LEARNING UNIT 4 - PHYSICAL THERAPY EVALUATION: ASSESSMENT
Clinical Day 6

Student: _____

Clinical Instructor: _____

Unit Objective: Students will develop a problem list and long term goals, and with guidance, provide a prognosis for reaching those goals.

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor's caseload at the start of the clinical day. This may be the patient/client assigned during Unit 3, however, given the unique nature of the clinical this may be a different patient/client. From information developed in an S and O sections, students will be guided through completion of the Assessment section of the SOAP note.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Develop a patient/client problem list including the impairments, activity limitations and participation restrictions.
- Discuss which impairments might impact the functional limitations observed
- Develop long term goals (LTGs) from the functional problem list
- Identify the following components in the documentation format used by the facility: Physical therapy diagnosis (summary/impression of the patient's major impairments); Evaluation (factors identified that may influence the patient's ability to meet PT goals, e.g., motivation, cognition); Prognosis (patient's potential for reaching goals)
- Follow all HIPAA policies and delete all patient identifying information.

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be uploaded to Exxat for DCE review at the completion of the course as evidence of successful completion of individual learning units.

Students will submit a written problem list, long term goals, prognosis, and rationale for that prognosis to the clinical instructor. This information, as it is generally part of a medical record can be handwritten. All writing must be legible, or it will be considered incomplete work.	Due at the start of the following clinical day.
Students should prepare an 'Assessment' as though part of the SOAP note.	Due at the start of the following clinical day

Time for Completion: Students will be provided 1 patient/client.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Examples of Physical Therapy evaluations or documentation for that facility (your CI can provide examples of these)
- APTA Guide for Physical Therapist Practice and Rehab Reference Center

LEARNING UNIT 5 - PHYSICAL THERAPY PLAN OF CARE
Clinical days 7 and 8

Student: _____

Clinical Instructor: _____

Unit Objective: Students will develop a beginning Physical Therapy Plan of Care.

Unit Organization and Guidelines: Students will be assigned one (1) case each day from the Clinical Instructor’s caseload at the start of the clinical day. Based on the Physical Therapy assessment completed in Unit 4, students will develop a plan of care, which will address both functional limitations and impairments. Additionally, students will develop short-term goals to measure patient/client progress.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Develop a list of the impairments, activity limitations, and participation restrictions list and objective physical therapy examination
- Develop two (2) treatment alternatives to address each impairment and provide a rationale for that approach
- Develop short term goals (STGs) for each long term goal established
- Obtain and reference one research article to support the rationale for one of the chosen treatment alternatives

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be uploaded to Exxat for DCE review at the completion of the course as evidence of successful completion of individual learning units.

Students will submit a written impairment list, and short-term goals to the clinical instructor.	Due at the start of the following clinical day.
Students should discuss treatment options selected with the student group and be prepared to demonstrate how to implement those options if requested by the clinical instructor.	Due at the completion of that clinical day.
Student will reference an evidenced based research article to support their findings along with the written summary.	Due at the start of the next clinical day.

Time for Completion: Students will be provided 1 patient/client per day. This unit will be repeated over 2 consecutive days.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Physical Therapy evaluations and documentation provided from the facility
- APTA Guide for Physical Therapist Practice and Rehab Reference Center
- Clinic or University library or other online resources (APTA website)
 - Medical databases via the internet, OVID: MEDLINE/HealthSTAR/CINAHL, PubMed: MEDLINE, SUMSearch, PEDro, Cochrane Library

LEARNING UNIT 6 - IMPLEMENTATION AND PROGRESSION OF TREATMENT
Clinical day 9

Student: _____

Clinical Instructor: _____

Unit Objective: Students will implement a Physical Therapy Plan of Care and discuss modifications to that plan of care

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor's caseload at the start of the clinical day, ideally the case will follow from days 7 and 8, but this is not required for completion of this unit. Based on the Physical Therapy assessment the student(s) will implement a plan of care (POC) and evaluate the outcome of the treatment session as well as the appropriateness of the original POC. Students will identify and discuss modifications to the POC implemented based on the response from the patient/client.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Perform specific Physical Therapy interventions developed to move the patient/client towards completion of the short term/interim goals
- Evaluate the outcome of the intervention (i.e., did the treatment meet your objectives for that session)
- Hypothesize modification of the POC based on the treatment outcomes achieved during the therapeutic implementation

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be uploaded to Exxat for DCE review at the completion of the course as evidence of successful completion of individual learning units.

Discuss outcomes of the treatment session and modifications of the POC with the student group or clinical instructor	Due at the end of the clinical day.
Present a short-written summary of outcomes and modifications of the treatment plan to the CI including recommendations from the student discussions	Due at the start of the following clinical day.

Time for Completion: Students will be provided 1 patient/client. The unit will be completed in one clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Collaborative pathways used by the clinical facilities
- Faculty
- Clinic or University library or other online resources
- Exercise files available at site (printed or electronic)
- APTA Guide for Physical Therapist Practice and Rehab Reference Center

LEARNING UNIT 7 - DELEGATION OF TREATMENT
Clinical day 10

Student: _____

Clinical Instructor: _____

Unit Objective: Students will identify the scope of responsibility of Physical Therapy when delegating components of the Physical Therapy POC.

Unit Organization and Guidelines: Based on a POC of one (1) familiar patient/client, students will develop a comprehensive perspective of delegation of the Physical Therapy POC. The student(s) should expand upon the understanding of delegation, considering not only traditional support personnel (e.g., PTA, PT Aide) but should include all members of the health care team including family, other professional staff, and the patient/client directly.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Determine theoretically all individuals to whom the PT can appropriately delegate components of the PT POC (note: students should not restrict themselves to the support personnel available at the clinical facility, but consider all options).
- Determine which components of the POC the PT can delegate to each party
- Determine the basis for these delegation choices
- Determine whether the delegation choices made are consistent with the Standards of Practice in Physical Therapy, APTA Policies and Positions, the State Practice Act, Institutional Policies and Procedures

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be uploaded to Exxat for DCE review at the completion of the course as evidence of successful completion of individual learning units.

Informally present the theoretical findings of the learning unit to the group/Clinical Instructor for discussion	Due at noon (12:00) on the clinical day
Discuss one actual delegation plan with the CI and student group by the end of the day	Due at the end of the clinical day.

Time for Completion: Students will be provided 1 patient/client. The unit will be completed in one clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- State Physical Therapy Practice Act
- APTA Guide for Professional Conduct
- APTA Policies and Positions
- Job descriptions of Physical Therapy and all support personnel available at the clinical facility
- Other clinic staff
- Family of the patient(s)/clients(s)

LEARNING UNIT 8 - DOCUMENTATION
Clinical day 11

Student: _____

Clinical Instructor: _____

Unit Objective: Students will complete various aspects of documentation in management of clients in Physical Therapy

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor's caseload at the start of the clinical day; will review the medical record with special attention to the Physical Therapy initial evaluation; and, will co-treat with the Clinical Instructor. Following co-treatment the student will be assigned all documentation requirements according to the requirements of the clinical facility.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Read, critique, and re-write in SOAP note format the physical therapy evaluation of the assigned patient/client
- On the assigned patient/client, co-treat with the CI and prepare a progress note in the required clinic format
- Prepare any ancillary documentation as assigned by the clinical instructor

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be uploaded to Exxat for DCE review at the completion of the course as evidence of successful completion of individual learning units. **Please remove all patient identifying information to maintain HIPAA compliance and privacy laws!**

Complete a Physical Therapy evaluation on the assigned client in SOAP note or facility designated format	Due at the end of the clinical day.
OR complete a PT Progress note on assigned patient/client	Due at the end of the clinical day.
Complete any ancillary documentation as required by the CI	Due at the end of the clinical day.

Time for Completion: Students will be provided 1 patient/client. The unit will be completed in one clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Documentation guidelines from the clinical facility's policy and procedure manual
- Medical records of the patient/client in question or other clients served by that clinic
- Clinical facility or health care organization chart audit review forms

LEARNING UNIT 9 - REIMBURSEMENT AND COST OF CARE

Clinical day 12

Student: _____

Clinical Instructor: _____

Unit Objective: Students will develop an understanding of fiscal responsibility in Physical Therapy client management.

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor's caseload at the start of the clinical day; will calculate all Physical Therapy charges accrued to date, as able, and will develop an understanding of the impact on reimbursement within the patient/client's reimbursement model (i.e., will understand payment based on the type of medical coverage the patient/client presents).

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Calculate all Physical Therapy charges accrued to date on the assigned patient/client
- Identify the patient/client's third party payor coverage
- Calculate the cost of care (i.e., cost of care = charges - reimbursement)
- Determine which Physical Therapy decisions need to be made based on reimbursement provided

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be submitted to the DCE at the completion of the course as evidence of successful completion of individual learning units.

Calculated Physical Therapy charges on assigned patient/client: if you are unable to get information on charges from the facility, use the Medicare Physician Fee schedule to estimate charges	Due at the start of the following clinical day
Description of third-party payor coverage	Due at the start of the following clinical day.
Complete an estimated cost of care calculation	Due at the start of the following clinical day.
Discuss findings with the student group and the clinical instructor	Due at the end of the clinical day.

Time for Completion: Students will be provided 1 patient/client. The unit will be completed in one clinical day, with work turned in the following clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Medicare Physician Fee Schedule tool: search tool: <https://www.cms.gov/medicare/physician-fee-schedule/search/overview>
- Medical records of the patient/client in question
- Billing records/business office records of the patient/client in question
- Patient/clients themselves
- Third party payor customer service information (number generally available in the medical record)

LEARNING UNIT 10 – INTERPROFESSIONAL EDUCATION
Clinical day 13

Student: _____

Clinical Instructor: _____

Unit Objective: Students will identify the roles and responsibilities of other health care providers in the management of a patient/client (i.e., RN, PA, APNP, OT, SLP, MA, etc.)

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor’s caseload at the start of the clinical day; and will identify and profile the individuals involved in care discussing the impact on the Physical Therapy Treatment plan.

NOTE TO CI: In this instance, you can present students with options of service providers who may be outside of the clinical facility directly; for example, include individuals monitoring progress at a health club, or church support, social support. This is not restricted to individuals available in the immediate clinical environment.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Identify other health care providers involved in the management of the patient/client
- Profile those health care providers
- Appreciate the impact of all health care providers in case management of an assigned patient/client
- Interview one non PT/PTA health care provider to discern their roles and responsibilities in patient/client management

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be uploaded to Exxat for DCE review at the completion of the course as evidence of successful completion of individual learning units.

Present a written profile of the health care providers participating in the care of their assigned patient/client to include a write up from the health care provider interview.	Due at the start of the following clinical day.
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Time for Completion: Students will be provided 1 patient/client. The unit will be completed in one clinical day, with work turned in the following clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- The patient/client
- Health care providers available in the care of the patient/client (be sensitive to time issues)
- Job descriptions of various health care providers available on site
- State practice acts for other health care professionals

LEARNING UNIT 11 - PHARMACOLOGY
Clinical day 14

Student: _____

Clinical Instructor: _____

Unit Objective: Students will describe the impact of over the counter and prescription medications on the clinical presentation and physical therapy intervention.

Unit Organization and Guidelines: Each student will be assigned one (1) case from the Clinical Instructor’s caseload at the start of the clinical day. The assignment will involve identification of suspected pathophysiology from a medication list and include a hypothesis on the impact of medications on the clinical presentation of the case.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Identify suspected pathophysiology of patient from their medication list
- Recognize/hypothesize impact of medications on the clinical presentation of the patient/client

Sample Cases as **alternate activity** if patients do not have multiple medications:

<i>Alternate Activity</i>	
<p><u>Outpatient case:</u> Medication list includes:</p> <ul style="list-style-type: none"> • Tylenol #3 • Flexeril • Diabinese • Feldene or Naprosyn • Xanax • Pepcid 	<p><u>Acute care case:</u> Medication list includes:</p> <ul style="list-style-type: none"> • Glyburide 5mg q am (breakfast); 2.5 mg q pm • Hydrochlorothiazide 25 mg qd • Imipramine 150mg qhs • Nifedipine 90 mg qd • Potassium Chloride 20MEQ qd • Simvastatin 20 ms qhs • Ticlopidine 250 mg bid • Acetaminophen 650 mg q4 hours prn

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be uploaded to Exxat for DCE review at the completion of the course as evidence of successful completion of individual learning units.

Students will provide a brief discussion of the findings to the CI and submit a short, written summary paragraph of the discussion and findings to the DCE	Due at the end of the clinical day.
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Time for Completion: Students will be provided 1 patient/client. Should be completed by the end of the clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Physicians’ Desk Reference (generally available in the clinic environment or available in the University library online)
- Drug Formulary
- Pharmacist
- Pharmacology based applications such as Medscape or Epocrates

LEARNING UNIT 12 - CASE STUDY
Clinical day 15

Student: _____

Clinical Instructor: _____

Unit Objective: Students will develop and present a case study based on the previous learning units.

Unit Organization and Guidelines: Students will be assigned one (1) case from the Clinical Instructor's caseload at the start of the clinical day and will prepare an oral and written case study addressing all learning units to date.

Learning Objectives: At the completion of this unit the student will:

- Identify multiple resources to assist with problem solving
- Obtain information relevant to providing a solution to the unit objective
- With guidance and collaboration interpret that information
- Integrate the previous learning units into a comprehensive understanding of Physical Therapy intervention

Outcomes to be submitted to CI for review: The student is responsible for completing the following documents and having them available to the clinical instructor within the specified time frame. All documentation will be uploaded to Exxat for DCE review at the completion of the course as evidence of successful completion of individual learning units.

Students will present an oral presentation (10 - 15 minutes) to clinical instructor (and other staff if able)	Date/time agreed upon by instructor
Provide a short-written summary of case study to the DCE. Verify that all HIPAA regulations are followed and no patient identifying information is included.	At the end of clinical via Exxat

Time for Completion: Students will be provided with 1 patient/client and will complete the entire case study within the clinical day.

Recommended Support Information: Students are encouraged to use any support information they feel helpful to solve the problem at hand. The following are recommended supports:

- Peers
- Previous learning unit materials
- All resources listed in the prior learning units can be used for this learning unit as well

APPENDIXES

The purpose of this appendices is to provide examples to augment each daily learning unit in order to clarify the rationale and intent and illustrate with examples how the daily learning unit can be completed.

Learning Unit 1: Physical Therapy Evaluation: Pathophysiology

This daily learning unit (DLU) is intended to assist the student in understanding the impact of pathophysiology on physical therapy decision making and the provision of services. Students tend to focus on details and miss the big picture when trying to prioritize and design an appropriate plan of care. This DLU will guide them in considering all aspects of patient health, wellness, fitness, illness and disability when looking at the need for physical therapy services.

Pathophysiology = diabetes: (definition), monitoring of blood sugar levels, potential for PVD/sensory losses (ergo balance, vision...), increased risk of heart disease...

= CHF: response to exercise, fatigue, exercise intolerance, weight gain

= ACL tear: tissue healing, inflammatory response, loads/torque/weight bearing....