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INTRODUCTION
The Physical Therapy Program at the University of North Florida is a part of the Department of Clinical & Applied Movement Sciences within the Brooks College of Health (http://www.unf.edu/brooks/movement_science/graduate_program.aspx). Students have completed a Bachelor’s degree prior to admission into the physical therapy program, and are awarded a Doctor of Physical Therapy degree (DPT) upon completion. The program includes three years of a combination of course work and clinical internships (see Forms Index). The first two years are primarily dedicated to didactic coursework, with a part-time clinical practicum included in the spring. The first two full time clinical internships of 8 weeks duration each occur in the summer (sixth semester). The program culminates in the third year with two 8-week internships and the award of an entry-level Doctor of Physical Therapy degree.

Experiential learning is an integral component of the program. During the second semester (spring of year one), students are assigned to sites for a clinical practicum (14 half-day visits). These early experiences help to prepare students for clinical education, as they offer the opportunity to interact with a variety of healthcare professionals, patients, and patients’ families.

Clinical education is an essential component of the physical therapy program at UNF. Clinical education internships play a valuable role in the preparation for transition from student to independent healthcare professional. The Program and College are committed to providing the resources needed to maintain a clinical education program that is mutually beneficial to our students, the local community, and our clinical affiliates.

The physical therapy program is located in Building 39, 2nd floor. The main telephone number is 904-620-2841. The fax number is 904-620-2848. Questions and concerns are welcome at any time.

MISSION STATEMENT
The faculty of the Physical Therapy Program at the University of North Florida is dedicated to preparing students for entry-level physical therapy clinical practice by utilizing an evidence-based curriculum, engaging students in on-going research, and participating in clinical internships that stimulate critical inquiry. The program is committed to life-long learning and seeks to provide opportunities to engage students, faculty and the community in professional development and service.

PHILOSOPHY OF THE PROGRAM
The program faculty believes that faculty and students function best in an environment that fosters personal and professional growth. The learning environment is designed to challenge students to become confident, competent, and compassionate health care professionals able to practice autonomously and ethically within a changing health care environment. Students are encouraged to identify and accomplish
goals within the areas of teaching/learning, research and service. Opportunities for development are provided by program requirements and activities on campus and in the community.

Faculty and students are encouraged to mutually foster intellectual and professional development. This stimulation requires the use of creative and interactive approaches to teaching and learning. Scientific inquiry and clinical research are essential to maintaining a dynamic program that responds to the health care needs of society, and contribute to the professional knowledge base that shapes physical therapy practice.

The faculty regards physical therapy as a healthcare profession having as its primary role, the responsibility to meet the health needs of society. Scientific principles to identify, assess, correct, or alleviate disability, impairment or movement dysfunction. The physical therapist promotes optimum health and function through the integration of elements of care that maximize patient outcome. A constantly changing healthcare environment combined with a multiplicity of practice settings, professional commitment and accountability creates the need for the physical therapist to withstand social transformation. In a dynamic healthcare environment the physical therapist needs to respond to the diversity of health care consumers and the circumstances for which they seek care with empathy, compassion and respect for the individual. This role for physical therapists requires critical and logical thinking and proficient problem solving through the use of examination, evaluation, diagnosis, prognosis and intervention strategies closely related to outcome management.

In addition to providing services, the physical therapist’s role is to advocate for the advancement of the profession, strengthen health care policy and standards of practice, and strive to ensure the availability, Accessibility, and excellence in the delivery of physical therapy services. In addition to the examination and intervention of individuals with physical disability, faculty and students endorse an important role for physical therapists in preventive health care. The program seeks to develop leadership, with faculty and students serving as agents and advocates for positive change.

**CLINICAL INTERNSHIPS: CURRICULUM AND PLAN**

Students at the University of North Florida complete one part-time clinical practicum, and four 8-week full-time clinical internships. Expectations for the level of competence advance as the student progresses through each successive internship experience. The expectations for all clinical internships are included in the syllabus that accompanies each experience (see Forms Index).

In the spring of each year, the Director of Clinical Education (DCE) at UNF will contact sites to identify which sites are able to accommodate students for the following year, and for which specific internships (see Clinical Site Availability below).
Definitions

Director of Clinical Education (DCE): a faculty member employed by a physical therapy program or department who is responsible for developing and maintaining the clinical education component of the physical therapy curriculum.

Center Coordinator of Clinical Education (CCCE): a clinician employed by or owning a clinical site who is responsible for developing and maintaining a relationship with the DCE to plan and provide clinical education experiences to physical therapist students.

Clinical Instructor (CI): a clinician employed by or owning a clinical site who is responsible for the direct supervision and evaluation of physical therapist students during their clinical education practicum or internship experiences. A minimum of one year of clinical experience is required. Completion of the APTA Credentialed Clinical Instructor Program is recommended.

Clinical Internships at UNF

The Part-Time Clinical Practicum occurs during the second semester of year one. Students are assigned to a clinical site located in the greater Jacksonville/St. Augustine area. Students attend their clinical sites on Wednesday mornings from 8:30 AM – 12:00 PM and then return to campus to attend classes. Each student completes a total of 14 sessions. Students are not required to attend during the spring break week. Courses completed before the start of the clinical practicum include Gross Anatomy, Professional Practice Issues, Basic Clinical Skills, Human Physiology, and Clinical Education Prep. During the practicum, students will be enrolled in Kinesiology, Examination and Intervention, Neuroscience I, and Clinical Inquiry I (see Forms Index).

Clinical Internships DPT 2A & DPT 2B are scheduled for two consecutive 8-week periods during the summer after year two. At this time, students will have completed, in addition to the above, Orthopedic Physical Therapy I and II, Pathology/Pharmacology, Neuroscience II, Neurology I and II, Management of the Integumentary System, Exercise Physiology/Cardiopulmonary Physical Therapy, Therapeutic Modalities, Imaging, Leadership in PT, and Clinical Inquiry II. The students will be prepared to complete more advanced examination, evaluation, diagnosis, prognosis, and interventions for more complex patients (see Forms Index).

Clinical Internships 3A & 3B are scheduled for two consecutive 8-week periods during the spring semester of year three. Students will have completed, in addition to the above, Differential Diagnosis, Spinal Cord Injury and Prosthetics, Lifespan Pediatrics and Geriatrics, and Special Topics in Physical Therapy. At this time, students will have completed all course work and will be moving towards functioning at entry-level (see Forms Index).

Requirements for Clinical Education

Prior to participating in the Clinical Education component of the Physical Therapy curriculum, all students must complete the stated requirements. Documentation of compliance is maintained in the clinical education...
office. Students also keep copies to present to their CIs or CCCEs as necessary. A copy of the Requirements for Clinical Education form is located in the Forms Index.

**Liability/Malpractice Insurance**
Students registered for clinical internships have insurance coverage through a policy maintained by the University of North Florida. Under this plan, the student is covered for one million dollars per occurrence and three million dollars aggregate. As such, the student does not have an individual policy but is covered under the University group plan. It is the responsibility of the student to clear any potential blocks to registration with registrar, and other parties before going out on a clinical internship. Unregistered students are not covered under the liability insurance policy and cannot participate in clinical education.

**Health Insurance**
All University students are required to have personal health insurance coverage or to sign a waiver indicating they will be responsible for any personal health costs. Insurance may be available for students through UNF Student Health Services. It is not the responsibility of the clinical education facility or the University to offer or provide health insurance to the students.

Clinical interns are not considered employees of the clinical site and therefore are not entitled to employee benefits. Specifically, they are not covered under the Workers Compensation Act. In the case of an accident or emergency, the internship site may provide emergency care at the student’s expense.

**Health Clearance**
The University requires an annual health assessment and appropriate immunizations for all students prior to beginning any clinical experience. An annual update of health information is required. Required immunizations include:
- MMR (Positive titer or 2 immunizations)
- Varicella Titer (Written proof of immunity)
- PPD (Proof of negative test within 12 months or chest x-ray within 3 years of each clinical internship)
- Hepatitis B (Series of 3 vaccinations and a positive titer, or a signed waiver)

It is the student’s responsibility to be aware of the health clearance policy and to ensure that all necessary items are completed. It is also the student’s responsibility to be aware of any specific health requirements of the internship site and to comply with these requests.

**OSHA Training/HIV/AIDS Instruction**
Students are required to demonstrate a clear understanding of OSHA regulations regarding universal precautions and blood borne pathogens prior to attending the first clinical experience. Documentation of attendance and course certificate will be provided to internship sites upon request.

**HIPAA Training**
The Health Insurance Portability and Accountability Act of 1995 (PL-104-191) is a federal law which, among other things, requires that health care providers develop and implement policies and procedures to
ensure the integrity and confidentiality of patient information. Students are required to demonstrate an understanding of the law prior to attending their first clinical experience. Documentation of training will be provided to clinical sites upon request.

**Background Checks and Drug Testing**
All students are required to complete both Level 1 and Level 2 (fingerprint scan) background checks and a drug test prior to beginning their first clinical experience. The background checks and drug test are updated annually. Background checks and drug tests are documented on Certified Background and reviewed by the DCE prior to student placement. Copies of the Level 1 background check will be made available to internship sites upon request. Results may preclude placement at internship sites.

**RESPONSIBILITIES OF THE STUDENT, DCE, CCCE, and CI**

**Student Responsibilities**
Clinical education internships are designed to allow students to put into practice those skills they learned in the classroom, and to prepare them for entry-level clinical practice. While on clinical assignments, students share responsibility for their success and education. Responsibilities demonstrating a commitment to learning include, but are not limited to, the following:

- Completing and providing the Student Data Form and Student Letter of Introduction to the CCCE in time frame as directed. (See Forms Index).
- Checking the UNF email account for communication purposes on a frequent and consistent basis.
- Notifying the DCE or the administrative assistant of any changes in contact information (i.e., name, address, phone, etc.)
- Completing the CI Information Form during the first week of the clinical experience, and submitting it to the UNF clinical education staff as directed (see Forms Index).
- Adhering to the internship facility’s policies and procedures, including work hours (which may include weekends and/or holidays), and dress code.
- Demonstrating awareness and compliance with patient confidentiality and patient rights.
- Requesting and responding appropriately to feedback from CIs.
- Maintaining an appropriate level of communication with CIs.
- Maintaining professional behavior during all interactions with staff and patients.
- Following appropriate APTA Code of Ethics and Standards of Practice.
- Being aware of and in compliance with State Practice Acts.
- Assuming personal responsibility for professional development.
- Demonstrating awareness and compliance with safety and infection control guidelines.
- Attending scheduled meetings, including staff/department meetings, rounds, care conferences, and in-services.
- Completing all internship documentation in a timely manner.
- In case of illness or emergency, notifying the DCE and the CI ASAP, and working with the CI to “make up” missed days.
- Completing and signing the midterm and final Clinical Performance Instrument (CPI) Web in time frame directed.
- Completing and forwarding the site evaluation, any requirements specified by DCE (case study, reflections, etc.), and in-service evaluation or project documentation as appropriate, in time frame directed.
- Abiding by all policies and procedures in the UNF Graduate Student Handbook and the Physical Therapy Student Handbook.

**DCE Responsibilities**
The Director of Clinical Education (DCE) is responsible for overseeing the students’ clinical education experiences. This includes, but is not limited to:

- Developing and maintaining relationships with clinical sites to assure that students have the opportunity to complete clinical internships in a wide variety of settings including inpatient, outpatient, and specialty centers.
- Working with University counsel and representatives from the Dean’s office to establish and maintain clinical education affiliation agreements.
- Preparing students for clinical internships.
- Assuring that students meet all clearance requirements prior to beginning an internship.
- Requesting clinical site availability for the following year during each preceding year.
- Posting site availability for students.
- Guiding students through the site selection process to assure a variety of experiences.
- In conjunction with program faculty, assigning students to appropriate clinical education placements.
- Confirming finalized placements with sites and students. Providing sites with student contact information, and students with site contact information.
- Assuring that students contact sites in a timely manner to discuss dress code, hours, etc. and provide data forms and letter of introduction.
- Assigning appropriate physical therapy faculty to complete midterm conferences.
- Being available to students and CIs to assist with any problems or concerns that may arise during the clinical education experiences.
- Collecting appropriate data related to clinical education to comply with accreditation guidelines.
- Reviewing mid-term and final CPI for all students.
- Compiling input from all stakeholders regarding clinical education and reporting to academic faculty.

**CCCE Responsibilities**
The Center Coordinator of Clinical Education (CCCE) is responsible for overseeing the students’ clinical education experiences at the site. This includes, but is not limited to:

- Communicating with the DCE to establish appropriate clinical education plans.
- Assisting in the negotiation of clinical education affiliation agreements. This includes communicating with the DCE and the individuals responsible for signing the affiliation agreements at the site to expedite and/or facilitate the process.
- Completing the Clinical Site Information Form, preferably on the CSIF Web (see Forms Index). This form provides specific information about the site which is needed for students to select clinical placements, and for documentation for accreditation purposes.
- Reviewing clinical site availability forms. Completing forms and returning to the DCE in a timely manner.
- Planning orientation programs for students.
- Orienting new CIs to the site’s clinical education program.
- Contacting students prior to the start of clinical internships to inform them of any special site requirements including dress code, hours, satellite locations, etc.
- Providing students with information packets as appropriate.
- Assigning students to appropriate CIs.
- Notifying the DCE as early as possible if there is a need to cancel an agreed upon clinical so that the student can be reassigned in a timely manner.
- Assisting CIs with any problems or questions that arise during student internships.
- Contacting the DCE early in the clinical experience if there are any issues that might adversely affect the student’s ability to successfully complete the clinical experience.

**CI Responsibilities:**
The Clinical Instructor is responsible for the on-site supervision and training of the student. This includes, but is not limited to:

- Preparing for the student’s arrival by reviewing the student’s data sheet and letter of introduction.
- Providing the student with orientation to the department and/or facility.
- Working with student during the first week to complete and submit the CI Information Form to the UNF DCE (see Forms Index).
- Defining, with the student’s input, the goals of the affiliation.
- Maximizing the learning experiences available and determining additional experiences for the student within the facility (e.g., direct care, a varied caseload, participation in team meetings, rounds, department meetings, in-services, observation of other disciplines such as Occupational or Speech Therapy, and/or observation of surgery as available).
- Providing on-site supervision and timely feedback to the student.
- Meeting with the student on a frequent or weekly basis to review and revise goals and objectives. See Forms Index for forms to assist with this process.
- Supporting the student’s professional behavior by serving as a professional role model.
- Providing patient care at a level that meets the needs of the department and also maintains the integrity of the student experience.
- Reviewing and cosigning as appropriate all documentation completed by the student.
– Coordinating site visits or midterm conferences with academic faculty.
– Immediately notifying the DCE at UNF should there be a concern regarding satisfactory completion of the internship. At this point, a remediation plan will be developed as appropriate (see Forms Index).
– Completing and signing the Clinical Performance Instrument (CPI) at midterm and at the completion of the internship and reviewing the results with the student (see Forms Index).
– Planning and supervising the student’s in-service presentation or administrative project as appropriate and signing the appropriate forms if indicated (see Forms Index).

**BENEFITS TO CLINICIANS**

While there are many responsibilities associated with supervising students, there are also many benefits and rewards. Some of these benefits are tangible and others arise from the rewards of supporting the next generation of physical therapists.

**Faculty In-services**
The Director of Clinical Education (DCE) at the University of North Florida is available for support or consultation regarding the clinical education process. The DCE can offer advice on establishing a new clinical education program, assistance on how to more effectively handle a specific student situation, or how to implement alternative teaching models. In addition, all program faculty members are available to offer in-service education upon request.

**Student In-services and Projects**
Students may provide a professional presentation or complete an administrative project during each clinical experience. Presentations or projects may be in the form of a case study, journal article review, the development of an exercise protocol, or an in-service focused on one particular area of interest to the staff of the clinical site that is supported by current literature in order to support evidence-based practice. Topics should be selected by the student in conjunction with the CI. In the event that the site does not wish the student to provide an in-service, the student may be able to assist with an administrative project that the staff has not had the time to complete. This could vary from developing an inventory control system to developing an evaluation tool, or researching a new surgical procedure. The project should be selected by the student in conjunction with the CI and should fill a need for the facility.

**UNF PT Clinical Education Web Site**
The UNF Physical Therapy Clinical Education web page contains links to web sites of the following organizations:
*The American Physical Therapy Association, Florida Physical Therapy Association, and Florida Consortium of Clinical Educators.* In addition, forms such as the CPI and the CSIF are available.

**Continuing Education Hours**
For every 160 hours a CI provides instruction to a UNF PT student, the CI may receive 1 continuing Education Hour (CEH). A maximum of 6 CEHs are allowed per biennium for license renewal. To receive the
CEH please contact the department office (904) 620-2841. The FPTA has implemented a directive that CEH’s may only be granted to CI’s who have completed the CI Credentialing course.

Continuing Education Courses
The UNF Physical Therapy Program may from time to time sponsor both basic and advanced continuing education courses. These courses are offered to affiliating clinical facilities at a low cost as a benefit for providing clinical instruction to UNF PT students.

Tuition Waivers
Clinical instructors who complete 300 hours or more of student supervision within a two-year period are eligible for a tuition voucher to take two courses (6 credit hours) at UNF. The certificate is awarded on a one-time only basis. Clinical instructors who wish to receive a tuition waiver may request a waiver from the DCE. Documentation must include names of students supervised, hours of supervision, and indicate the semesters the student(s) were supervised. Documentation will be verified by the Program Director or his/her designee. Documentation must be signed by both the CI requesting the waiver and the PT Program Director. Information will be forwarded to the College of Education and Human Services who will issue the certificate. A copy of the guidelines can be found in the Forms Index.

Professional Recruitment
Accepting students for clinical internships can be an effective way to recruit new staff. As a prospective employer, the site will have an opportunity to share with students the unique career opportunities available at the facility. During the educational experience the staff will be able to observe the strengths and potential of each student as he or she assumes some of the roles and responsibilities required at the facility. In addition, career services hosts an annual job fair for students that is open to affiliating organizations.

Professional Growth and Rewards
There are many intangible rewards that come from working with students. Most therapists enjoy the challenge students bring to the clinical setting. Student questions, enthusiasm, and new ideas can be stimulating. Many CIs enjoy working with students and find great satisfaction in knowing they have facilitated the growth of a future physical therapist. Some CI’s present a guest lecture or assist in labs in the PT program, or become an adjunct faculty member. Other CI’s may become CCCE’s.

**POLICIES AND PROCEDURES OF UNF CLINICAL EDUCATION**

All students are expected to behave in a professional manner and abide by the APTA Guide to Physical Therapist Practice, the Code of Ethics, and the Guide for Professional Conduct. In addition, students must abide by all state rules and regulations as well as all facility policies. Students are expected to adhere to the University of North Florida policies and procedures as outlined below. At times, clinical instructors may have difficulty providing students with appropriate feedback on affective behaviors. A review of the Professional Behaviors Assessment provided in the Forms Index may assist CI’s in providing students with objective feedback.
**Attendance and Tardiness**
Students are expected to attend each day scheduled by the clinical education facility including days that the University may be closed. Tardiness is not acceptable. In cases of illness or extreme emergency, the student must notify the CI and/or CCCE as soon as the clinic opens or beforehand. Students are also required to call the DCE on any day of absence. Students are expected to make up any missed days in a manner that is acceptable to the clinical site.

The student must adhere to the schedule established by the CCCE at the clinical site. This might involve a non-traditional schedule such as working four 10-hour days or working on a weekend. If the student is requested to work more than forty hours per week, this may be counted as make-up time in the event of any missed days, if acceptable to the CI/CCCE.

**Dress Code**
All students are expected to dress in a professional manner while completing clinical education experiences. It is the student’s responsibility to determine the dress code of the facility prior to the first day of the clinical education experience and to abide by this for the remainder of the experience. If the student does not meet the dress requirements of the clinical site, the CI or CCCE has the right to ask the student to leave and return with the appropriate attire. Missed time must be made up.

Students are expected to be neatly groomed at all times. Long hair should be tied back, and nails must be short and neat. The use of artificial finger nails is not allowed. Any jewelry that may interfere with the safety or effectiveness of patient treatment is prohibited. Students are asked to refrain from the use of colognes or heavily scented cosmetics as patients may be sensitive to fragrances. Appropriateness of the student grooming and attire is determined by the CCCE and/or CI at the clinical site.

Each student must wear their name tag in a clearly visible location each day of the clinical experience. The name tag states the student’s name and “Student Physical Therapist.” Each student is required to obtain his/her own lab coat or scrubs as required by the clinical site.

**Student Evaluation**
During each internship, students are evaluated on their performance in multiple areas according to the guidelines of the Clinical Performance Instrument (CPI Web). Students must achieve minimum competencies in order to achieve a passing grade for each clinical education experience. The CPI is available on the CPI website once training through the APTA Learning Center is completed.

A weekly Progress Report may also be used to provide a mechanism for tracking student progress, particularly in areas of concern.

It is expected that the student and CI will meet regularly to discuss the student’s progress. If, at any time during the experience, either the student or the CI feels the student is having difficulty with the clinical education experience, the DCE should be notified ASAP and a written Critical Incident Report, Action Plan and/or, Remediation Plan should be put into place (see Forms Index).

**Midterm Conference**
The CI and the student need to meet to formally review the student’s performance at midterm as measured
on the CPI. Progress and areas for improvement should be noted and goals for the remainder of the experience should be set. Both the student and the CI are asked to sign the CPI. The student’s signature indicates that the student has reviewed the document, but it does not indicate agreement with the review. If the student disagrees with the CI review at midterm, the student is expected to contact the DCE and their assigned faculty member preceptor (see Forms Index).

The DCE or assigned faculty preceptor will contact the student and CI around the time of the midterm conference. Ideally, the University faculty member will be able to interview both the CI and the student. The CCCE may also participate in the midterm conference. Depending on the distance from the University and the needs of the clinical site and the student, this interview will involve a site visit or a telephone interview. The faculty member may wish to observe the student during a patient evaluation or treatment session.

The purpose of the midterm conference is to ensure that the clinical education experience is progressing well for everyone involved (students, CCCEs and CIs) and that the educational objectives are being met. This conference provides University faculty an opportunity to help identify any problems and address these in conjunction with the CI/CCCE. The university faculty member documents midterm progress (see Forms Index).

Midterm conferences also help to promote effective communication between the University faculty and the faculty at clinical sites. It enables the DCE and clinical faculty to learn about the unique educational opportunities available at each facility, establish working relationships, and ultimately, help facilitate optimal assignment of students with sites.

The midterm conference provides an opportunity to discuss the student’s strengths, areas for growth, learning style, and goals. The student’s feedback is an important component of this discussion. If the student is having difficulty achieving the required level of competency, an Action Plan or Remediation Plan may be developed. This plan will identify specific goals that need to be reached, and strategies that will be employed to remediate the deficiencies. The faculty member, the CI, and the student will sign the Plan, and follow-up phone calls or visits will occur as deemed necessary by the faculty member. The goal of the Remediation or Action Plan is to help the student and clinical instructor(s) work together to facilitate successful completion of the clinical experience.

The DCE is always available to offer assistance to sites and students should any issues arise during the clinical education experience. The student, CI, and/or CCCE are encouraged to contact the DCE with any questions or concerns.

**Final Conference**
At the end of the clinical experience, the student and the CI will meet formally to review the completed CPI. Again, the CPI should be signed by both parties.

**Grading**
In accordance with APTA and University policies, the DCE is responsible for assigning the final grade utilizing the criteria described below. Assigned grades are based on the information contained in the CPI and in consultation with the student, CI, and CCCE. The type of clinical internship, type of patients seen,
degree of challenge presented, pace, and expectations of the clinic are all considered. Students will receive a grade of Pass, Fail, Withdrawal, or Incomplete. Any student who does not meet the minimum passing criteria for any clinical education experience cannot receive a grade of Pass. Any course which does not end with a grade of Pass must be repeated. Criteria for grading are as follows:

Pass
- Minimum competency levels, as defined for each course, have been reached by the end of the clinical experience and all required documentation has been submitted.

Fail
- Minimum competency levels, as defined for each course, have not been reached by the end of the clinical experience;
- The gap between student competence and clinic expectation is so great that the student will be unable to meet the objectives and is asked to leave the facility before the end of the assigned timeframe; or
- The CCCE and/or CI requests removal of the student for good cause (e.g. insubordination, non-compliance with policies or procedures, unsafe, unprofessional, or unethical behavior).

Withdrawal
In addition to University policy, the following criteria may also be met to receive a grade of Withdrawal:
- Student is unable to complete the clinical due to illness (medical documentation is required);
- Student is unable to complete the clinical due to family crisis or emergency; or
- Student, CCCE, and DCE agree that the site is unable to meet or accommodate the student’s learning needs.

Incomplete
A grade of Incomplete is warranted with these conditions:
- For CPI Criteria 1-6, the student has reached the competency level required for this clinical course; and
- The DCE has determined that failure to meet minimum competency levels required for this clinical course for CPI Criteria 7-18 is due to extenuating circumstances; or
- Student does not submit supporting documentation in time for the DCE to submit a grade for the semester.

Clinical Internship Course Probation
Any student who receives a grade of “F”, withdrawal, or incomplete, for a clinical internship will be required to complete a remediation plan. Once this plan is accepted by the DCE, the DCE will work with the student on an intervention or place the student on a repeat clinical internship as determined by the DCE. This must be completed before the student can continue in the Program. Upon receiving an “F” in a clinical internship, a student will have one, and only one opportunity to remediate the clinical internship by repeating the clinical internship. Should the student receive a second grade of “F” for a clinical internship then they will be dismissed from the Program.

Dismissal
Grounds for dismissal from the Doctor of Physical Therapy Program based on clinical performance include any of the following:

- Failure to remediate successfully the failed clinical internship rotation.
- Failure of a subsequent clinical internship.

**Compliance with Policies and Procedures**

The Physical Therapy Program emphasizes to each student the importance of conforming to the appropriate rules and regulations of the clinical site. Students are required to follow all rules and policies, whether provided by the University or the clinical site. The CI and the CCCE have the right to enforce the policies of the facility and to expect that the student will follow the policies of the University as established in this manual. As stated in the agreement for clinical internships, the clinical education site has the right to request the University to remove any student upon good cause. Should any problem arise with non-compliance of policies or procedures, the CCCE or CI should notify the DCE who will assist the facility and the student in resolving the difficulties. If no mutually satisfactory resolution can be reached, the student will be removed. Any insubordinate, unsafe, or unethical behavior which results in the clinical site requesting removal of a student may result in a grade of Fail for that student.

Failure to report to the clinical site on any assigned day or leaving the clinical site without permission of the CI/CCCE or DCE may result in removal from the site and a grade of Fail. This excludes emergencies or sick days for which prior permission is not possible. Documentation will be required for any extended period of illness or emergency.

**CLINICAL SITE AVAILABILITY**

Every effort is made to vary a student’s clinical experiences by having the student complete clinical internships at different types of facilities including urban hospitals, community hospitals, skilled nursing facilities, trauma centers, rehabilitation centers, private practices, and specialty settings, including, but not limited to: pediatrics, school systems, home health care agencies, burn units, and sports medicine centers. The UNF PT Program strives to ensure that each student will complete a minimum of one inpatient, one outpatient, and one specialized setting prior to graduation. Each student is required to complete 1 inpatient (acute care or skilled nursing facility), 1 outpatient facility, and 1 out of area internship. Students may not intern at their site of employment.

While students will be provided with the opportunity to give input into clinical placements, the final decision on clinical placement for all students rests with the program faculty. The primary considerations in site selection are a quality and diverse educational experience for each student to promote the goal of each student successfully completing the internship to achieve clinical competence.

Changes in facility staffing, cancellations, and other unexpected circumstances may create the need to reassign a student following initial placements. Students are advised that cancellation and/or reassignment of a clinical internship may occur at any time prior to or during a clinical placement due to unforeseen circumstances either of the student or of the clinical facility. Every effort will be made to assist the student
in preventing these situations from interfering with graduation. However, circumstances could require altering the student's desired time frame for graduation.

Information regarding an individual student's academic and/or clinical performance may be communicated or released to the Center Coordinator of Clinical Education (CCCE) and/or Clinical Instructors (CI’s) as deemed necessary for the clinical faculty to assist the student in the achievement of learning objectives.

**AFFILIATION AGREEMENT DEVELOPMENT PROCESS**

Clinical education experiences are established based upon the educational opportunities offered and the type of practice and supervision provided. The DCE initiates affiliation agreements. Depending on the current workload of the Legal Department, a student may be able to request one new site agreement with at least one year’s notice. The student may not contact the site to set up an agreement, but is required to provide all site information to the DCE, so the DCE may initiate contact.

All agreements are negotiated by University counsel in conjunction with the site representative. A written agreement executed by both the University and the clinical site must be in place before students will be allowed to begin a clinical experience. The agreement defines responsibilities of each party. If a student requests a new site and the process is successful, the student must fulfill an internship at that facility, if one is offered.

**SITE SELECTION PROCESS**

Once a written agreement is in place, the CCCE is asked to complete a Clinical Site Information Form (CSIF) online. This form was developed by the American Physical Therapy Association (APTA) and provides pertinent information about the site to university faculty as well as to students. CSIFs are made available for students to review prior to consideration of clinical placements.

**Site Requests:** During March of each year, the DCE will submit requests for clinical availability for the upcoming year to each CCCE. CCCEs complete the forms and return them to the DCE. A list of available internship opportunities will be posted for student review (see Forms Index)

**Student Preferences:** Following review of available sites and CSIF’s, students submit a preference list to the DCE for consideration. Preference lists have a specified due date, and if a student does not turn in a list or turns it in late, the student will choose from sites still available after the initial round of placements. Preferences are entered into the Clinical Education data base and the site placement generator will be used to assign students to their clinical placements. Placements will be reviewed by faculty prior to student notification to assure that each student receives appropriate inpatient, outpatient, and specialty experiences, and to assure optimal fit between students and sites.
Out of Area Requirements:
Students are expected to complete at least one clinical internship outside of the local area. The following areas will be considered local sites: Amelia Island, St. Augustine, Fleming Island, Orange Park, and Green Cove Springs. A distance of 55 miles from the UNF campus is utilized as the threshold for determining non-local sites. However, all determinations are subject to DCE approval.

Student Responsibility for Costs:
Students are responsible for their transportation and housing costs incurred during clinical internships.

Hardship Considerations:
If a student believes they have extenuating circumstances regarding their clinical placements, they may discuss their situation with the DCE and claim a “hardship”. Eligibility for a hardship will be determined by a task force including the DCE, program director, and an additional faculty member. Hardships could include: caring for an ill family member, being a single parent caring for a small child, etc. Hardships do not include financial or housing considerations. Hardships should be discussed with the DCE prior to submitting the preference list.

Confirming Placement to Site:
After confirmation of student placement, CCCE’s are notified which placements will be used, and given the student names and contact information. Sites which have not been selected will be notified, so the openings may be made available to other schools.

RESPONSIBILITIES FOLLOWING SITE PLACEMENT CONFIRMATIONS

DCE
The DCE notifies the CCCE that a placement has been confirmed and supplies the CCCE with contact information for the assigned student(s).

STUDENT
1. 6-8 weeks prior to internship, mail or email to the CCCE:
   – Letter of introduction (see Forms Index).
   – Student Data Form describing previous experiences (see Forms Index).
2. At the end of the first week of the internship, submit to drop box:
   – CI Information Form (see Forms Index).
   – End of Week 1 Assignment Form (see Forms Index).

CCCE
1. The CCCE assigns a CI to be responsible for the student and notifies the CI of the student’s background and assigned internship dates.
2. Approximately 6 weeks prior to start date of internship, notifies student of any additional site requirements, CI name if known, and orientation information.
EVALUATION COMPONENT OF PROGRAM

Evaluation is an important component of the clinical education program. This includes ongoing assessments of clinical sites, clinical instructors, students, and the curriculum of the PT program. Mechanisms are in place for formal evaluations of students, sites, and CIs, as well the UNF PT program DCE (forms are included in the Forms Index).

In addition, informal feedback is sought through midterm conferences and on an on-going basis. Additional feedback from CIs, CCCE’s or students is always welcome to assist in quality improvement of the program.
Forms Index

A. DPT Curriculum
B. Syllabus for Clinical Internships
   1) Practicum Experience
   2) Internship 2
   3) Internship 3
   4) Internship 4
   5) Internship 5
C. Clearance Form for Clinical Education Requirements
D. Reports
   1) Weekly Progress
   2) Action Plan
   3) Remediation Plan
   4) Weekly Planning Form
   5) Critical Incident Report
E. Professional Development
   1) Professional Behavior Assessment
F. Clinical Site Information Forms
   1) Standard UNF Affiliation Agreement
   2) CSIF
   3) Request for Clinical Education Placements
   4) Site Selection Form
   5) Confirmation of Student Assignment
   6) Confirmation of Site Placement
   7) Student Data Form
   8) Student Letter of Introduction (sample)
   9) CI Information Form
   10) Clinical Internship End of Week 1 Assignment Form
G. Evaluation
   1) CPI
   2) Site Evaluation
   3) In-Service Evaluation
   4) Practicum Evaluation
   5) Mid-Term Conference Evaluation

H. UNF Clinical Internship Introduction Letters
   1) Practicum Experience Introduction Letter
   2) Clinical Internship 2 & 3 Introduction Letter
   3) Clinical Internship 4 & 5 Introduction Letter
# DPT Curriculum – 2014-2015

<table>
<thead>
<tr>
<th>FIRST YEAR</th>
<th>SECOND YEAR</th>
<th>THIRD YEAR</th>
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University of North Florida  
Brooks College of Health  
Doctor of Physical Therapy Program  
PHT5806-Clinical Practicum

Credits: 1  
Contact Hours: Clinical assignment once weekly 9:00 am – 12:00 noon (unless otherwise notified) for 14 weeks  
Lecture and discussion sessions as scheduled  
Course Instructor: Director of Clinical Education  
Clinical Instructors as assigned at individual clinical sites

COURSE DESCRIPTION: This course is designed to facilitate the integration of clinical skills taught in the academic setting, to allow students to observe and practice those skills in a clinical environment, and to assist students in developing a better understanding of the roles and responsibilities of the physical therapist in clinical settings.

Prerequisites: Successful completion of previous courses in the DPT curriculum.

Clinical Prerequisites: documentation of the following:  
- Background Check completed through Certified Background  
- 10-panel Drug Screen  
- Up-to-date BLS certification  
- Yearly health examination  
- MMR immunization proof  
- Tuberculosis check: Written proof of negative Tb skin test within twelve months, or chest x-ray within three years  
- Hepatitis B: Written proof of immunity via titer, or a signed waiver  
- Varicella: Written proof of immunity via titer  
- Tetanus/Diphtheria immunization  
- Professional Liability Insurance – provided by UNF  
- Additional requirements may be imposed by the clinical site.

Instructional Methods: Students receive clinical mentoring on site by a licensed physical therapist at their assigned clinical internship site. Students are expected to demonstrate adult learning behaviors by
seeking out learning opportunities and clearly communicating goals and expectations to clinical mentors and faculty.

**Self-Assessment Activities:** Students will be expected to establish individual goals, review goals with on-site clinical instructors, and evaluate their personal performances. In addition, students will be expected to complete a reflection assignment to help them question their own actions, define moments of success and/or failure, and validate their professional development. Students will be expected to participate in an informational session, and in a debriefing group activity scheduled toward the end of the semester.

**Written Assignments:** All written assignments should be typed using a 12 point font. Students are expected to check their work prior to submitting it to the instructors. Spelling and grammar errors are not acceptable and will result in points being deducted from the grade. Assignments must be submitted at scheduled times either in person or through Blackboard.

**Attendance and Punctuality:** Due to the nature of this experience, much of the learning takes place during the clinical sessions. Attendance is expected for all scheduled classes and clinical sessions. The Physical Therapy Program at the University of North Florida strongly believes that professional behavior patterns begin during the student’s academic preparation and continue in the clinical setting. Students are expected to notify both the course instructor and the clinical instructor in advance in the event of an absence from the scheduled session. If a student must miss a clinical session due to an unavoidable emergency, student should attempt to work with the clinical instructor to schedule a time to make up the lost hours. If a student is ill and feel his/her presence would put patients at risk, the student must notify the clinical instructor prior to the start of the assigned session. Make-up sessions will be at the discretion of the instructor.

Punctuality is important in both clinical sessions and in the classroom. Students are expected to arrive on time (this is defined as 15 minutes prior to the scheduled clinical session and prior to the instructor initiating the session). If a student is absent from a clinical session without notification, the final continuance at the setting will be at the discretion of the course instructor and the clinical instructor. If a student is late, he/she will receive a written warning.

**Dress Code:** Students will be expected to be appropriately dressed. For this course appropriate is defined as UNF PT Program Polo shirt, solid color pants (no denim), UNF PT Program nametag, and close-toed shoes. For student and patient safety, long, dangling earrings or large loop earrings are not allowed. Hair should be pulled back if it will potentially dangle when leaning over. Artificial fingernails are not allowed.

**Disability Statement:**
If for any reason a student is concerned about meeting the objectives and expectations of this course, the student shall notify the instructors within five (5) weekdays of the start of class so that accommodations may be implemented where indicated.
Students with disabilities who seek reasonable accommodations in the classroom or other aspects of performing their coursework must register with the UNF Disability Resource Center (DRC) located in Building 57, Room 1500. DRC staff members work with students to obtain required documentation of disability and to identify appropriate accommodations as required by applicable disability laws including the American with Disability Act (ADA). After receiving all necessary documentation, the DRC staff determines whether a student qualifies for services with the DRC and if so, the accommodations the student needs will be provided. DRC staff prepares a letter for the student to provide faculty advising them of approved accommodations. For further information, contact the DRC by phone (904) 620-2769, email (kwebb@unf.edu), or visit the DRC website (http://www.unf.edu/drc/).

**Evaluation Methods:**
- Attendance at all class meetings scheduled before and after experience 10%
- Attendance at all scheduled clinical sessions 30%
- Adherence to professional, legal, and ethical standards of practice 20%
- Final reflection paper 20%
- Satisfactory completion of all items on Student Evaluation Form as determined by the DCE in conjunction with the CI 20%
- Total 100%

**COURSE OBJECTIVES:**
Upon completion of this course the student should be able to:

1. Identify the need for effective time management in the clinical environment. (1.0) (CC-5.1, CC-5.2)
2. Begin to communicate in a professional manner with professional and support staff at a level appropriate to the experience. (1.0) (CC-5.11, CC-5.17, CC-5.18, CC-5.40)
3. Observe the foundations of safe, professional, ethical and legal practice. (1.0) (CC-5.1, CC-5.2, CC-5.3, CC-5.10, CC-5.11)
4. Adhere to proper body mechanics and safety procedures at all times. (2.0) (CC-5.43)
5. Apply patient confidentiality practices and HIPAA regulations. (3.0) (CC-5.1, CC-5.3, CC-5.11, CC-5.10)
6. Determine factors that may affect communication with patients, therapists, and physicians, and develop strategies that will aid in communication and facilitate learning. (3.0) (CC-5.17, CC-5.18, CC-5.8, CC-5.9, CC-5.11)
7. Demonstrate ability to gather and communicate pertinent patient information contained in the medical record. (3.0) (CC-5.1, CC-5.31, CC-5.42)
8. Implement basic patient interventions and instructions as assigned by the Clinical Instructor. (3.0) (CC-5.39, CC-5.41)
9. Reflect on experiences and reactions in the clinical environment; consider steps to take in adjusting future reactions. (5.0) (CC-5.4, CC-5.12)
Academic Integrity Code And Academic Misconduct Policies:

Students are expected to abide by the graduate school’s policy on academic integrity available at http://www.unf.edu/president/policies_regulations/02-AcademicAffairs/EnrollmentServices/2_0640P.aspx

The academic integrity of UNF and the Physical Therapy Program will be strictly enforced. Academic dishonesty will not be tolerated. Violations of academic integrity include, but are not limited to: Cheating, Fabrication and Falsification, Multiple Submissions, Plagiarism, Abuse of Academic Materials, and Complicity in Academic Dishonesty. Adherence to this policy is consistent with behaviors expected of a health care professional and reinforces the APTA Code of Ethics that forms the foundation for ethical practice of physical therapy. Failure to abide by the UNF policy on academic integrity will result in immediate dismissal from the Physical Therapy Program.

COURSE SCHEDULE:
- Orientation to Clinical Education Practicum
- Alternating Wednesdays at scheduled times throughout spring semester
- Wrap-up and assessment of experience

*The above schedule, policies, and assignments in this course are subject to change.*
Credits: 4

Contact Hours: 40+/-hours per week non-lecture (commensurate with full-time employee)

Class Schedule: Per clinical facility

Instructors: Director of Clinical Education
Clinical Faculty Members
Assigned Academic Faculty Members

Course Description: Clinical Internship I is a full-time six week clinical internship experience. Students may be placed in inpatient hospital or rehabilitation settings, outpatient clinics, and/or skilled nursing facilities. Patients with orthopedic, musculoskeletal, neurological, and/or cardiopulmonary diagnosis may be encountered. Under direct supervision, and with the clinical instructor's assistance, the student will integrate all prior academic work. Students will apply basic physical therapy examination techniques and initiate treatment activities with non-complicated patients. Students will practice in accordance with the American Physical Therapy Association Code of Ethics and Guide to Physical Therapist Practice; the practice act of the state in which they are interning; and according to the policies and procedures of the individual facility where they are assigned.

Prerequisites: Successful completion of previous courses in the DPT curriculum.

Clinical Prerequisites: The following is required prior to clinical placement:

- Background Check completed through Certified Background
- 10-panel Drug Screen
- Up-to-date BLS certification
- Yearly health examination
- MMR immunization proof
- Tuberculosis check: Written proof of negative Tb skin test within twelve months, or chest xray within three years.
- Hepatitis B: Written proof of immunity via titer, or a signed waiver
- Varicella: Written proof of immunity via titer
- Tetanus/Diphtheria immunization
- Professional Liability Insurance – provided by UNF
- Additional requirements may be imposed by the clinical site.
**Instructional Methods:**
Students receive clinical mentoring on site by a licensed physical therapist at their assigned clinical internship site. Students are expected to demonstrate adult learning behaviors by seeking out learning opportunities and clearly communicating goals and expectations to clinical mentors and faculty.

**Course Accommodations:**
If for any reason a student is concerned about meeting the objectives and expectations of this course, the student shall notify the instructors within five (5) weekdays of the start of class so that accommodations may be implemented where indicated.

Students with disabilities who seek reasonable accommodations in the classroom or other aspects of performing their coursework must register with the UNF Disability Resource Center (DRC) located in Building 57, Room 1500. DRC staff members work with students to obtain required documentation of disability and to identify appropriate accommodations as required by applicable disability laws including the American with Disability Act (ADA). After receiving all necessary documentation, the DRC staff determines whether a student qualifies for services with the DRC and if so, the accommodations the student needs will be provided. DRC staff prepares a letter for the student to provide faculty advising them of approved accommodations. For further information, contact the DRC by phone (904) 620-2769, email (drc@unf.edu), or visit the DRC website (http://www.unf.edu/drc/).

**Academic Integrity Code And Academic Misconduct Policies:**
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The academic integrity of UNF and the Physical Therapy Program will be strictly enforced. Academic dishonesty will not be tolerated. Violations of academic integrity include, but are not limited to: Cheating, Fabrication and Falsification, Multiple Submissions, Plagiarism, Abuse of Academic Materials, and Complicity in Academic Dishonesty. Adherence to this policy is consistent with behaviors expected of a health care professional and reinforces the APTA Code of Ethics that forms the foundation for ethical practice of physical therapy. Failure to abide by the UNF policy on academic integrity will result in immediate dismissal from the Physical Therapy Program.

**Required Texts/Resources:**
*Guide to Physical Therapist Practice*
Clinical Performance Instrument Web training completed
Copy of the APTA Student Site Evaluation Form (Available on Blackboard)
Copy of the n-service evaluation form (Available on Blackboard)

**Recommended Texts:** Students will benefit from utilizing materials and texts associated with previous academic courses and course notes related to the type of internship in which they will be participating.
Grading Criteria:
The on-site clinical instructor will assess and document the student’s performance of skills and written and verbal communication with patients, families, and colleagues utilizing the CPI Web at midterm and during the final week of the internship. Students will also self-assess their clinical performance and professional behaviors using the CPI Web at midterm and during the final week. Students and clinical instructors should meet on an on-going basis throughout the internship to discuss goals and objectives, strengths and weaknesses, and to plan future learning experiences.

Minimal acceptable criteria for this internship are as follows:

1. Satisfactory completion of all prerequisite requirements as outlined above. Immunizations and certifications must be in compliance with site policies.
2. Attendance at scheduled clinical internship sessions.
3. Timely completion of any written or oral assignments by the DCE/CCCE/CI. Completion of an n-service on a topic selected in consultation with the CI or DCE, or an educational or administrative project, as required.
4. Completion and submission of documentation provided to the DCE according to deadlines provided. Documentation includes, but is not limited to: reflection assignments, midterm and final CPI completed and signed by student and the CI, n-service evaluation if performed and, Student Evaluation of Clinical Experience.
5. Satisfactory completion of performance criteria on the CPI as determined by the DCE in conjunction with the CI. DCE to determine final grade.
6. No “Unresolved significant concerns” by the CI on the CPI.

Attendance and Punctuality
Attendance is mandatory for scheduled work hours with the CI. These hours may vary according to the facility. Any absences must be reported to the DCE on or before the day of occurrence. Students may be required to make up absences. Multiple absences may result in termination of the clinical rotation and failure in the course. Students must be punctual throughout the internship. Failure to comply will result in termination of the clinical rotation and failure in the course.

Grading Scale:
This course will be graded on a pass/fail basis. Students must show satisfactory completion and submission of all documentation noted in the Grading Criteria section of this syllabus.

If at any time a student suspects a potential or current problem within the clinical rotation, the DCE should be notified as soon as possible. Failure to do so may negatively impact the ability of the program to assist the student in the completion of a satisfactory rotation, and may ultimately delay the student’s graduation.
Course Objectives:
Upon completion of this course, the student should be able to:

1. Maintain confidentiality by exchanging information only with appropriate professionals, and reviewing written documents in approved, secured areas according to the policy and procedures of the facility. (1.0) (CC-5.1, CC-5.3, CC-5.11)
2. Observe the Clinical Instructor in their ethical and legal direction and supervision of support personnel. (1.0) (CC-5.1, CC-5.3, CC-5.11, CC-5.14, CC-5.40, CC-5.57)
3. Practice in a safe, professional, ethical, and legal manner. (3.0) (CC-5.1, CC-5.2, CC-5.3, CC-5.35, CC-5.4, CC-5.10, CC-5.11, CC-5.14)
4. Demonstrate professional interpersonal skills and communication. (3.0) (CC-5.11, CC-5.17)
5. Integrate knowledge and skills from all previous academic and clinical coursework to perform screening and examinations properly for less complex patients with the guidance from the clinical instructor. (3.0) (CC-5.27, CC-5.28, CC-5.30)
6. Educate others using relevant and effective teaching methods with guidance and feedback from the clinical instructor. (3.0) (CC-5.26)
7. Begin to develop self-assessment skills through reflection. (3.0) (CC-5.10, CC-5.12, CC-5.13, CC-5.61)
8. Begin to utilize time and resources efficiently and effectively with education and input by the CI. (3.0) (CC-5.11, CC-5.12)
9. Execute previously established patient care plans utilizing clinical problem solving and professional judgment, with guidance from the clinical instructor. (3.0) (CC-5.19, CC-5.20, CC-5.31, CC-5.32, CC-5.33, CC-5.34, CC-5.35, CC-5.36, CC-5.38)
10. Apply foundational skills in order to examine less complex patients, review findings, carry out established interventions and plan of care, and participate in discharge planning and development of home exercise plans as an effective member of the healthcare team. (3.0) (CC-5.2, CC-5.3, CC-5.5, CC-5.10, CC-5.34, CC-5.37, CC-5.39 CC-5.42, CC-5.50, CC-5.51, CC-5.52, CC-5.56, CC-5.58)
University of North Florida Brooks College of Health
Doctor of Physical Therapy Program PHT 6823C: Clinical Internship II

Credits: 4

Contact Hours: 40+/hours per week non-lecture (commensurate with full-time employee)

Class Schedule: Per clinical facility

Instructors: Director of Clinical Education
Clinical Faculty Member
Assigned Academic Faculty Member

Course Description: Clinical Internship III targets a variety of clinical experiences based upon facility placement and patient population. Student assignments are individualized and based on the students’ areas of clinical interest, academic performance, and prior clinical education experiences and clinical performance. Students may be placed in inpatient hospital or rehabilitation settings, outpatient clinics, skilled nursing facilities, school or home care settings and/or other specialty practices. Patients with orthopedic, musculoskeletal, neurological, and/or cardiopulmonary diagnosis may be encountered. Experiences in these settings will provide the student with an opportunity to apply the knowledge and skills acquired thus far in the academic portion of the curriculum to any patient referred to physical therapy. The actual procedures and sequence of experiences will vary from student to student and will be determined by the nature of the patients available and the type of clinical setting. Under the direct supervision of a clinical instructor, the student will begin to advance their hands-on clinical skills and further develop their critical thinking abilities. Students will practice in accordance with the American Physical Therapy Association Code of Ethics and Guide to Physical Therapist Practice; the practice act of the state in which they are practicing; and according to the policies and procedures of the individual facility where they are assigned.

Prerequisites: Successful completion of previous courses in the DPT curriculum

Clinical Prerequisites: documentation of the following:

- Background Check completed through Certified Background
- 10-panel Drug Screen
- Up-to-date BLS certification
- Yearly health examination
- MMR immunization proof
- Tuberculosis check: Written proof of negative Tb skin test within twelve months, or chest x-ray within three years.
- Hepatitis B: Written proof of immunity via titer, or a signed waiver
- Varicella: Written proof of immunity via titer
- Tetanus/Diphtheria immunization
- Professional Liability Insurance – provided by UNF
- Additional requirements may be imposed by the clinical site.

**Instructional Methods:**
Students receive clinical mentoring on site by a licensed physical therapist at their assigned clinical internship site. Students are expected to demonstrate adult learning behaviors by seeking out learning opportunities and clearly communicating goals and expectations to clinical mentors and faculty.

**Course Accommodations:**
If for any reason the student feels they will have difficulty meeting the objectives and expectations of this course, the student should notify the instructor within five (5) weekdays of the start of class so that accommodations may be implemented where indicated.

Students with disabilities who seek reasonable accommodations in the classroom or other aspects of performing their coursework must first register with the UNF Disability Resource Center (DRC) located in Building 57, Room 1500. DRC staff members work with students to obtain required documentation of disability and to identify appropriate accommodations as required by applicable disability laws including the Americans with Disabilities Act (ADA). After receiving all necessary documentation, the DRC staff determines whether a student qualifies for services with the DRC and if so, the accommodations the student will be provided. DRC staff then prepares a letter for the student to provide faculty advising them of approved accommodations. For further information, contact the DRC by phone (904) 620-2769, email (drc@unf.edu), or visit the DRC website (http://www.unf.edu/drc/).

**Required Texts/Resources:**
*Guide to Physical Therapist Practice*
Clinical Performance Instrument Web training completed
Copy of the APTA Student Site Evaluation Form (Available on Blackboard)
Copy of the n-service evaluation form (Available on Blackboard)

**Recommended Texts:** Students will benefit from utilizing materials and texts associated with previous academic courses and course notes related to the type of internship in which they will be participating.

**Grading Criteria:**
The on-site clinical instructor will assess and document the student’s performance of skills and written and verbal communication with patients, families, and colleagues utilizing the CPI at midterm and during the final week of the internship. Students will also self-assess their clinical performance and professional behaviors using the CPI at midterm and during the final week. Students and Clinical Instructors should meet on an on-going basis throughout the internship to discuss goals and objectives, strengths and weaknesses, and to plan future learning experiences.

Minimal acceptable criteria for this internship are as follows:

1. Satisfactory completion of all prerequisite requirements as outlined above. Immunizations and certifications must be in compliance with site policies.
2. Attendance at scheduled clinical internship sessions.
3. Timely completion of any written or oral assignments by the DCE/CCCE/CI.
4. Completion of an n-service on a topic selected in consultation with the CI or DCE, or an educational or administrative project, as required.
5. Completion and submission of documentation provided to the DCE according to deadlines provided. Documentation includes, but is not limited to: reflection assignments, midterm and final CPI completed and signed by student and the CI, n-service evaluation if performed and, Student Evaluation of Clinical Experience.
6. Satisfactory completion of performance criteria on the CPI as determined by the DCE in conjunction with the CI. DCE to determine final grade.
7. No “unresolved significant concerns” by the CI on the CPI.

**Attendance and Punctuality**
Attendance is mandatory for scheduled work hours with the CI. These hours may vary according to the facility. Any absences must be reported to the DCE on or before the day of occurrence. Students may be required to make up absences. Multiple absences may result in termination of the clinical rotation and failure in the course. Students must be punctual throughout the internship. Failure to comply will result in termination of the clinical rotation and failure in the course.

**Academic Integrity Code And Academic Misconduct Policies:**
Students are expected to abide by the graduate school’s policy on academic integrity available at [http://www.unf.edu/president/policies_regulations/02-AcademicAffairs/EnrollmentServices/2_0640P.aspx](http://www.unf.edu/president/policies_regulations/02-AcademicAffairs/EnrollmentServices/2_0640P.aspx)

The academic integrity of UNF and the Physical Therapy Program will be strictly enforced. Academic dishonesty will not be tolerated. Violations of academic integrity include, but are not limited to: Cheating, Fabrication and Falsification, Multiple Submissions, Plagiarism, Abuse of Academic Materials, and Complicity in Academic Dishonesty. Adherence to this policy is consistent with behaviors expected of a health care professional and reinforces the APTA Code of Ethics that forms the foundation for ethical practice of physical therapy. Failure to abide by the UNF policy on academic integrity will result in immediate dismissal from the Physical Therapy Program.

**Grading Scale:**
This course will be graded on a pass/fail basis. Students must show satisfactory completion and submission of all documentation noted in the Grading Criteria section of this syllabus.

*If at any time a student suspects a potential or current problem within the clinical rotation, the DCE should be notified as soon as possible. Failure to do so may negatively impact the ability of the program to assist the student in the completion of a satisfactory rotation, and may ultimately delay the student’s graduation.*
Course Objectives:
Upon completion of this course, the student should be able to:
1. Maintain confidentiality by exchanging information only with appropriate professionals, and reviewing written documents in approved, secured areas according to the policy and procedures of the facility. (1.0) (CC-5.1, CC-5.3, CC-5.11)
2. Observe the process of Clinical Instructor’s referral to other healthcare providers. (1.0) (CC-5.27)
3. Begin to assist in directing and supervising support personnel in an ethical and legal manner. (3.0) (CC-5.1, CC-5.3, CC-5.11, CC-5.14, CC-5.40, CC-5.57)
4. Consistently practice in a safe, professional, ethical, and legal manner. (3.0) (CC-5.1, CC-5.2, CC-5.3, CC-5.35, CC-5.4, CC-5.10, CC-5.11, CC-5.14)
5. Consistently demonstrate professional interpersonal skills and communication. (3.0) (CC-5.11, CC-5.17)
6. Integrate skills in order to examine patients, review findings, modify established interventions, carry out plan of care, and participate in discharge planning and development of home exercise plans as an effective member of the healthcare team. (3.0) (CC-5.2, CC-5.3, CC-5.5, CC-5.10, CC-5.34, CC-5.37, CC-5.39 CC-5.42, CC-5.50, CC-5.51, CC-5.52, CC-5.56, CC-5.58)
7. Utilize time and resources efficiently and effectively with education and input by the CI. (3.0) (CC-5.11, CC-5.12)
8. Integrate knowledge and skills from all previous academic and clinical coursework to perform screening and examinations properly for less complex patients. (3.0) (CC-5.27, CC-5.28, CC-5.30)
9. Educate others using relevant and effective teaching methods with feedback from the Clinical Instructor. (3.0) (CC-5.26)
10. Develop self-assessment skills through reflection. (6.0) (CC-5.10, CC-5.12, CC-5.13, CC-5.61)
11. Begin to compose patient care plans utilizing clinical problem solving and professional judgment, with guidance and input from the clinical instructor. (6.0) (CC-5.19, CC-5.20, CC-5.31, CC-5.32, CC-5.33, CC-5.34, CC-5.35, CC-5.36, CC-5.38)
Credits: 4

Contact Hours: 40+/hours per week non-lecture (commensurate with full-time employee)

Class Schedule: Per clinical facility

Instructors: Director of Clinical Education
Clinical Faculty Member
Assigned Academic Faculty Member

Course Description: Clinical Internship III targets a variety of clinical experiences based upon facility placement and patient population. Student assignments are individualized and based on the students’ areas of clinical interest, academic performance, and prior clinical education experiences and clinical performance. Students may be placed in inpatient hospital or rehabilitation settings, outpatient clinics, skilled nursing facilities, school or home care settings and/or other specialty practices. Patients with orthopedic, musculoskeletal, neurological, and/or cardiopulmonary diagnosis may be encountered. Experiences in these settings will provide the student with an opportunity to apply the knowledge and skills acquired thus far in the academic portion of the curriculum to any patient referred to physical therapy. The actual procedures and sequence of experiences will vary from student to student and will be determined by the nature of the patients available and the type of clinical setting. Under the direct supervision of a clinical instructor, the student will begin to advance their hands-on clinical skills and further develop their critical thinking abilities. Students will practice in accordance with the American Physical Therapy Association Code of Ethics and Guide to Physical Therapist Practice; the practice act of the state in which they are practicing; and according to the policies and procedures of the individual facility where they are assigned.

Prerequisites: Successful completion of previous courses in the DPT curriculum

Clinical Prerequisites: The following is required prior to clinical placement:

- Background Check completed through Certified Background
- 10-panel Drug Screen
- Up-to-date BLS certification
- Yearly health examination
- MMR immunization proof
- Tuberculosis check: Written proof of negative Tb skin test within twelve months, or chest x-ray within three years.
- Hepatitis B: Written proof of immunity via titer, or a signed waiver

- Varicella: Written proof of immunity via titer
- Tetanus/Diphtheria immunization
- Professional Liability Insurance – provided by UNF
- Additional requirements may be imposed by the clinical site.
**Instructional Methods:**
Students receive clinical mentoring on site by a licensed physical therapist at their assigned clinical internship site. Students are expected to demonstrate adult learning behaviors by seeking out learning opportunities and clearly communicating goals and expectations to clinical mentors and faculty.

**Course Accommodations:**
If for any reason the student feels they will have difficulty meeting the objectives and expectations of this course, the student should notify the instructor within five (5) weekdays of the start of class so that accommodations may be implemented where indicated.

Students with disabilities who seek reasonable accommodations in the classroom or other aspects of performing their coursework must first register with the UNF Disability Resource Center (DRC) located in Building 57, Room 1500. DRC staff members work with students to obtain required documentation of disability and to identify appropriate accommodations as required by applicable disability laws including the Americans with Disabilities Act (ADA). After receiving all necessary documentation, the DRC staff determines whether a student qualifies for services with the DRC and if so, the accommodations the student will be provided. DRC staff then prepares a letter for the student to provide faculty advising them of approved accommodations. For further information, contact the DRC by phone (904) 620-2769, email (drc@unf.edu), or visit the DRC website (http://www.unf.edu/drc/).

**Required Texts/Resources:**
*Guide to Physical Therapist Practice*
Clinical Performance Instrument Web training completed
Copy of the APTA Student Site Evaluation Form (Available on Blackboard)
Copy of the in-service evaluation form (Available on Blackboard)

**Recommended Texts:** Students will benefit from utilizing materials and texts associated with previous academic courses and course notes related to the type of internship in which they will be participating.

**Grading Criteria:**
The on-site clinical instructor will assess and document the student’s performance of skills and written and verbal communication with patients, families, and colleagues utilizing the CPI at midterm and during the final week of the internship. Students will also self-assess their clinical performance and professional behaviors using the CPI at midterm and during the final week. Students and Clinical Instructors should meet on an ongoing basis throughout the internship to discuss goals and objectives, strengths and weaknesses, and to plan future learning experiences. Minimal acceptable criteria for this internship are as follows:

1. Satisfactory completion of all prerequisite requirements as outlined above. Immunizations and certifications must be in compliance with site policies.
2. Attendance at scheduled clinical internship sessions.
3. Timely completion of any written or oral assignments by the DCE/CCCE/CI.
4. Completion of an in-service on a topic selected in consultation with the CI or DCE, or an educational or administrative project, as required.

5. Completion and submission of documentation provided to the DCE according to deadlines provided. Documentation includes, but is not limited to: reflection assignments, midterm and final CPI completed and signed by student and the CI, n-service evaluation if performed and, Student Evaluation of Clinical Experience.

6. Satisfactory completion of performance criteria on the CPI as determined by the DCE in conjunction with the CI. DCE to determine final grade.

7. No “unresolved significant concerns” by the CI on the CPI.

**Attendance and Punctuality**
Attendance is mandatory for scheduled work hours with the CI. These hours may vary according to the facility. Any absences must be reported to the DCE on or before the day of occurrence. Students may be required to make up absences. Multiple absences may result in termination of the clinical rotation and failure in the course. Students must be punctual throughout the internship. Failure to comply will result in termination of the clinical rotation and failure in the course.

The academic integrity of UNF and the Physical Therapy Program will be strictly enforced. Academic dishonesty will not be tolerated. Violations of academic integrity include, but are not limited to: Cheating, Fabrication and Falsification, Multiple Submissions, Plagiarism, Abuse of Academic Materials, and Complicity in Academic Dishonesty. Adherence to this policy is consistent with behaviors expected of a health care professional and reinforces the APTA Code of Ethics that forms the foundation for ethical practice of physical therapy. Failure to abide by the UNF policy on academic integrity will result in immediate dismissal from the Physical Therapy Program.

**Grading Scale:**
This course will be graded on a pass/fail basis. Students must show satisfactory completion and submission of all documentation noted in the Grading Criteria section of this syllabus.

*If at any time a student suspects a potential or current problem within the clinical rotation, the DCE should be notified as soon as possible. Failure to do so may negatively impact the ability of the program to assist the student in the completion of a satisfactory rotation, and may ultimately delay the student’s graduation.*
Course Objectives:
Upon completion of this course, the student should be able to:
1. Maintain confidentiality by exchanging information only with appropriate professionals, and reviewing written documents in approved, secured areas according to the policy and procedures of the facility. (1.0) (CC-5.1, CC-5.3, CC-5.11)
2. Recognize patient needs in consultation with the Clinical Instructor, to refer and coordinate services with other clinical healthcare providers. (1.0) (CC-5.27)
3. Apply skills in order to examine patients, review findings, modify established interventions, carry out plan of care, and participate in discharge planning and development of home exercise plans as an effective member of the healthcare team. (3.0) (CC-5.2, CC-5.3, CC-5.5, CC-5.10, CC-5.34, CC-5.37, CC-5.39 CC-5.42, CC-5.50, CC-5.51, CC-5.52, CC-5.56, CC-5.58)
4. Assist in directing and supervising support personnel in an ethical and legal manner. (3.0) (CC-5.1, CC-5.3, CC-5.11, CC-5.14, CC-5.40, CC-5.57)
5. Consistently practice in a safe, professional, ethical, and legal manner. (3.0) (CC-5.1, CC-5.2, CC-5.3, CC-5.35, CC-5.4, CC-5.10, CC-5.11, CC-5.14)
6. Consistently demonstrate professional interpersonal skills and communication. (3.0) (CC-5.11, CC-5.17)
7. Utilize time and resources efficiently and effectively with input by the Clinical Instructor. (3.0) (CC-5.11, CC-5.12)
8. Educate others using relevant and effective teaching methods. (3.0) (CC-5.26)
9. Develop and demonstrate self-assessment skills through reflection. (6.0) (CC-5.10, CC-5.12, CC-5.13, CC-5.61)
10. Integrate knowledge and skills from all previous academic and clinical coursework to perform screening and examinations properly for increasingly complex patients. (6.0) (CC-5.27, CC-5.28, CC-5.30)
11. Begin to compose patient care plans utilizing clinical problem solving and professional judgment, in conjunction with the Clinical Instructor. (6.0) (CC-5.19, CC-5.20, CC-5.31, CC-5.32, CC-5.33, CC-5.34, CC-5.35, CC-5.36, CC-5.38)
Credits: 5  
Contact Hours: 40+/-hours per week non-lecture (commensurate with full-time employee)  
Class Schedule: Per clinical facility  
Instructors: Director of Clinical Education  
Clinical Faculty Members  
Assigned Academic Faculty Member  

Course Description: Clinical Internship IV targets a variety of clinical experiences based upon facility placement and patient population. Student assignments are individualized and based on the students’ areas of clinical interest, academic performance, and prior clinical education experiences and clinical performance. Students may be placed in inpatient hospital or rehabilitation settings, outpatient clinics, skilled nursing facilities, school or home care settings and/or other specialty practices. Experiences in these settings will provide the student with an opportunity to apply the knowledge and skills acquired throughout the curriculum to any patient referred to physical therapy. Under the direct supervision of a clinical instructor, the student will begin to advance their hands-on clinical skills and further develop their critical thinking abilities. Students will practice in accordance with the American Physical Therapy Association Code of Ethics and Guide to Physical Therapist Practice.  

Prerequisites: Successful completion of previous courses in the DPT curriculum  

Clinical Prerequisites: The following is required prior to clinical placement:  
- Background Check completed through Certified Background  
- 10-panel Drug Screen  
- Up-to-date BLS certification  
- Yearly health examination  
- MMR immunization proof  
- Tuberculosis check: Written proof of negative Tb skin test within twelve months, or chest x-ray within three years.  
- Hepatitis B: Written proof of immunity via titer, or a signed waiver  
- Varicella: Written proof of immunity via titer  
- Tetanus/Diphtheria immunization  
- Professional Liability Insurance – provided by UNF
Additional requirements may be imposed by the clinical site.

**Instructional Methods:**
Students receive clinical mentoring on site by a licensed physical therapist at their assigned clinical internship site. Students are expected to demonstrate adult learning behaviors by seeking out learning opportunities and clearly communicating goals and expectations to clinical mentors and faculty.

**Course Accommodations:**
If for any reason students feel they will have difficulty meeting the objectives and expectations of this course, the student should notify the instructor within five (5) weekdays of the start of class so that accommodations may be implemented where indicated.

Students with disabilities who seek reasonable accommodations in the classroom or other aspects of performing their coursework must first register with the UNF Disability Resource Center (DRC) located in Building 57, Room 1500. DRC staff members work with students to obtain required documentation of disability and to identify appropriate accommodations as required by applicable disability laws including the Americans with Disabilities Act (ADA). After receiving all necessary documentation, the DRC staff determines whether a student qualifies for services with the DRC and if so, the accommodations the student will be provided. DRC staff then prepares a letter for the student to provide faculty advising them of approved accommodations. For further information, contact the DRC by phone (904) 620-2769, email (drc@unf.edu), or visit the DRC website (http://www.unf.edu/drc/).

**Required Texts/Resources:**
*Guide to Physical Therapist Practice*
Clinical Performance Instrument Web training completed
Copy of the APTA Student Site Evaluation Form (Available on Blackboard)
Copy of the n-service evaluation form (Available on Blackboard)

**Recommended Texts:** Students will benefit from utilizing materials and texts associated with previous academic courses and course notes related to the type of internship in which they will be participating.

**Grading Criteria:**
The on-site clinical instructor will assess and document the student’s performance of skills and written and verbal communication with patients, families, and colleagues utilizing the CPI at midterm and during the final week of the internship. Students will also self-assess their clinical performance and professional behaviors using the CPI at midterm and during the final week. Students and Clinical Instructors should meet on an on-going basis throughout the internship to discuss goals and objectives, strengths and weaknesses, and to plan future learning experiences.
Minimal acceptable criteria for this internship are as follows:

1. Satisfactory completion of all prerequisite requirements as outlined above. Immunizations and certifications must be in compliance with site policies.

2. Attendance at scheduled clinical internship sessions.

3. Timely completion of any written or oral assignments by the DCE/CCCE/CI.

4. Completion of an n-service on a topic selected in consultation with the CI or DCE, or an educational or administrative project, as required.

5. Completion and submission of documentation provided to the DCE according to deadlines provided. Documentation includes, but is not limited to: reflection assignments, midterm and final CPI completed and signed by student and the CI, n-service evaluation if performed and, Student Evaluation of Clinical Experience.

6. Satisfactory completion of performance criteria on the CPI as determined by the DCE in conjunction with the CI. DCE to determine final grade.

7. No “unresolved significant concerns” by the CI on the CPI.

**Attendance and Punctuality**

Attendance is mandatory for scheduled work hours with the CI. These hours may vary according to the facility. Any absences must be reported to the DCE on or before the day of occurrence. Students may be required to make up absences. Multiple absences may result in termination of the clinical rotation and failure in the course. Students must be punctual throughout the internship. Failure to comply will result in termination of the clinical rotation and failure in the course.

**Academic Integrity Code and Academic Misconduct Policies:**

Students are expected to abide by the graduate school’s policy on academic integrity available at [http://www.unf.edu/president/policies_regulations/02-AcademicAffairs/EnrollmentServices/2_0640P.aspx](http://www.unf.edu/president/policies_regulations/02-AcademicAffairs/EnrollmentServices/2_0640P.aspx)

The academic integrity of UNF and the Physical Therapy Program will be strictly enforced. Academic dishonesty will not be tolerated. Violations of academic integrity include, but are not limited to: Cheating, Fabrication and Falsification, Multiple Submissions, Plagiarism, Abuse of Academic Materials, and Complicity in Academic Dishonesty. Adherence to this policy is consistent with behaviors expected of a health care professional and reinforces the APTA Code of Ethics that forms the foundation for ethical practice of physical therapy. Failure to abide by the UNF policy on academic integrity will result in immediate dismissal from the Physical Therapy Program.

**Grading Scale:**

This course will be graded on a pass/fail basis. Students must show satisfactory completion and submission of all documentation noted in the Grading Criteria section of this syllabus.
If at any time a student suspects a potential or current problem within the clinical rotation, the DCE should be notified as soon as possible. Failure to do so may negatively impact the ability of the program to assist the student in the completion of a satisfactory rotation, and may ultimately delay the student’s graduation.

Course Objectives:
Upon completion of this course, the student should be able to:

1. Maintain confidentiality by exchanging information only with appropriate professionals, and reviewing written documents in approved, secured areas according to the policy and procedures of the facility. (1.0) (CC-5.1, CC-5.3, CC-5.11)
2. Consistently practice in a safe, professional, ethical, and legal manner. (3.0) (CC-5.1, CC-5.2, CC-5.3, CC-5.35, CC-5.4, CC-5.10, CC-5.11, CC-5.14)
3. Consistently demonstrate professional interpersonal skills and communication; initiate review of effects of lapses by self or others on patient outcomes. (3.0) (CC-5.11, CC-5.17)
4. Utilize time and resources efficiently and effectively with intermittent guidance by the Clinical Instructor. (3.0) (CC-5.11, CC-5.12)
5. Participate in health promotion, wellness and prevention programs as appropriate. (3.0) (CC-5.5, CC-5.50, CC-5.51, CC-5.52 CC-5.64)
6. Educate others using relevant and effective teaching methods based on a needs assessment. (4.0) (CC-5.26)
7. Assess patient needs in order to appropriately refer and coordinate services with other healthcare providers as needed, in conjunction with the clinical instructor. (4.0) (CC-5.27)
8. Direct and supervise PTAs and support personnel in an ethical and legal manner. (5.0) (CC-5.1, CC-5.3, CC-5.11, CC-5.14, CC-5.40, CC-5.57)
9. Consider reimbursement and regulatory issues when developing treatment plans, documentation, and billing. (6.0) (CC-5.2, CC-5.10, CC-5.34, CC-5.37, CC-5.42, CC-5.56)
10. Develop self-assessment and self-directed learning through reflection. (6.0) (CC-5.10, CC-5.12, CC-5.13, CC-5.61)
11. Integrate knowledge and skills from all previous academic and clinical coursework to perform screenings, examinations, and differential diagnosis on simple and complex patients. (6.0) (CC-5.27, CC-5.28, CC-5.30)
12. Compose patient care plans utilizing clinical problem solving and professional judgment, with limited input from the clinical instructor. (6.0) (CC-5.19, CC-5.20, CC-5.31, CC-5.34, CC-5.35, CC-5.36)
13. Synthesize skills in order to examine patients, evaluate findings, design and modify appropriate interventions, develop plan of care, and follow through in discharge planning and development of home exercise plans as an effective member of the healthcare team. (6.0) (CC-5.19, CC-5.20, CC5.29, CC-5.31, CC-5.32, CC-5.33, CC-5.34, CC-5.35, CC-5.36, CC-5.38, CC-5.39, CC-5.58)
University of North Florida  
Brooks College of Health  
Doctor of Physical Therapy Program  
Spring B PHT 7826C: Clinical Internship V

Credits: 5

Contact Hours: 40+/hours per week non-lecture (commensurate with full time employee)

Class Schedule: Per clinical facility

Instructors: Director of Clinical Education  
Clinical Faculty Members  
Assigned Academic Faculty Member

Course Description: Clinical Internship V is a clinical education patient experience prior to graduation. This experience provides students with the opportunity to meet entry level requirements to practice as a physical therapist. Students continue to practice examination, evaluation, intervention, documentation, consultation and administrative skills under the supervision and guidance of a licensed physical therapist, but are expected to function at the level of a new graduate by the completion of this experience. Student assignments are individualized and based on the students’ areas of clinical interest, academic performance, and prior clinical education experiences and clinical performance. Students may be placed in inpatient hospital or rehabilitation settings, outpatient clinics, skilled nursing facilities, school or home care settings and/or other specialty practices. Patients with orthopedic, musculoskeletal, neurological, and/or cardiopulmonary diagnosis may be encountered. Through reflective journal writing students will further develop their self-assessment skills as they begin to transition from the role of student to that of an entry-level doctorally prepared physical therapist. Students will practice in accordance with the American Physical Therapy Association Code of Ethics and Guide to Physical Therapist Practice; the practice act of the state in which they are practicing; and according to the policies and procedures of the individual facility where they are assigned.

Prerequisites: Successful completion of previous courses in the DPT curriculum

Clinical Prerequisites: The following is required prior to clinical placement:
- Background Check completed through Certified Background
- 10-panel Drug Screen
- Up-to-date BLS certification
- Yearly health examination
- MMR immunization proof
- Tuberculosis check: Written proof of negative Tb skin test within twelve months, or chest x-ray within three years.
- Hepatitis B: Written proof of immunity via titer, or a signed waiver
- Varicella: Written proof of immunity via titer
- Tetanus/Diphtheria immunization
- Professional Liability Insurance – provided by UNF
– Additional requirements may be imposed by the clinical site.

**Instructional Methods:**
Students receive clinical mentoring on site by a licensed physical therapist at their assigned clinical internship site. Students are expected to demonstrate adult learning behaviors by seeking out learning opportunities and clearly communicating goals and expectations to clinical mentors and faculty.

**Course Accommodations:**
If for any reason students feel they will have difficulty meeting the objectives and expectations of this course, the student should notify the instructor within five (5) weekdays of the start of class so that accommodations may be implemented where indicated.

Students with disabilities who seek reasonable accommodations in the classroom or other aspects of performing their coursework must first register with the UNF Disability Resource Center (DRC) located in Building 57, Room 1500. DRC staff members work with students to obtain required documentation of disability and to identify appropriate accommodations as required by applicable disability laws including the Americans with Disabilities Act (ADA). After receiving all necessary documentation, the DRC staff determines whether a student qualifies for services with the DRC and if so, the accommodations the student will be provided. DRC staff then prepares a letter for the student to provide faculty advising them of approved accommodations. For further information, contact the DRC by phone (904) 620-2769, email (drc@unf.edu), or visit the DRC website (http://www.unf.edu/drc/).

**Required Texts/Resources:**
*Guide to Physical Therapist Practice*
Clinical Performance Instrument Web training completed
Copy of the APTA Student Site Evaluation Form (Available on Blackboard)
Copy of the n-service evaluation form (Available on Blackboard)

**Recommended Texts:** Students will benefit from utilizing materials and texts associated with previous academic courses and course notes related to the type of internship in which they will be participating.

**Academic Integrity Code And Academic Misconduct Policies:**

Students are expected to abide by the graduate school’s policy on academic integrity available at http://www.unf.edu/president/policies_regulations/02-AcademicAffairs/EnrollmentServices/2_0640P.aspx

The academic integrity of UNF and the Physical Therapy Program will be strictly enforced. Academic dishonesty will not be tolerated. Violations of academic integrity include, but are not limited to: Cheating, Fabrication and Falsification, Multiple Submissions, Plagiarism, Abuse of Academic Materials, and Complicity in Academic Dishonesty. Adherence to this policy is consistent with behaviors expected of a health care professional and reinforces the APTA Code of Ethics that forms the foundation for ethical practice of physical therapy. Failure to abide by the UNF policy on academic integrity will result in immediate dismissal from the Physical Therapy Program.
Grading Criteria:
The on-site clinical instructor will assess and document the student’s performance of skills and written and verbal communication with patients, families, and colleagues utilizing the CPI at midterm and during the final week of the internship. Students will also self-assess their clinical performance and professional behaviors using the CPI at midterm and during the final week. Students and Clinical Instructors should meet on an on-going basis throughout the internship to discuss goals and objectives, strengths and weaknesses, and to plan future learning experiences.

Minimal acceptable criteria for this internship are as follows:

1. Satisfactory completion of all prerequisite requirements as outlined above. Immunizations and certifications must be in compliance with site policies.
2. Attendance at scheduled clinical internship sessions.
3. Timely completion of any written or oral assignments by the DCE/CCCE/CI.
4. Completion of an in-service on a topic selected in consultation with the CI or DCE, or an educational or administrative project, as required.
5. Completion and submission of documentation provided to the DCE according to deadlines provided.
6. Documentation includes, but is not limited to: reflection assignments, midterm and final CPI completed and signed by student and the CI, n-service evaluation if performed and, Student Evaluation of Clinical Experience.
7. Satisfactory completion of performance criteria on the CPI as determined by the DCE in conjunction with the CI. DCE to determine final grade.
8. No “Unresolved significant concerns” by the CI on the CPI

Attendance and Punctuality
Attendance is mandatory for scheduled work hours with the CI. These hours may vary according to the facility. Any absences must be reported to the DCE on or before the day of occurrence. Students may be required to make up absences. Multiple absences may result in termination of the clinical rotation and failure in the course. Students must be punctual throughout the internship. Failure to comply will result in termination of the clinical rotation and failure in the course.

Grading Scale:
This course will be graded on a pass/fail basis. Students must show satisfactory completion and submission of all documentation noted in the Grading Criteria section of this syllabus.

If at any time a student suspects a potential or current problem within the clinical rotation, the DCE should be notified as soon as possible. Failure to do so may negatively impact the ability of the
program to assist the student in the completion of a satisfactory rotation, and may ultimately delay the student’s graduation.

Course Objectives:
Upon completion of this course, the student should be able to:

1. Maintain confidentiality by exchanging information only with appropriate professionals, and reviewing written documents in approved, secured areas according to the policy and procedures of the facility. (1.0) (CC-5.1, CC-5.3, CC-5.11)
2. Demonstrate the capability of instructing others in safe, professional, ethical, and legal practice. (3.0) (CC-5.1, CC-5.2, CC-5.3, CC-5.35, CC-5.4, CC-5.10, CC-5.11, CC-5.14 )
3. Consistently demonstrate professional interpersonal skills and communication; analyze effects of lapses by self or others on patient outcomes. (3.0) (CC-5.11, CC-5.17)
4. Utilize time and resources efficiently and effectively. (3.0) (CC-5.11, CC-5.12)
5. Integrate knowledge and skills from all academic and clinical coursework to perform screenings, examinations, and differential diagnosis on simple, complex, and specialty patients. (5.0) (CC-5.27, CC-5.28, CC-5.30)
6. Direct and supervise PTAs and support personnel in an ethical and legal manner. (5.0) (CC-5.1, CC-5.3, CC-5.11, CC-5.14, CC-5.40, CC-5.57)
7. Appraise patient needs in order to appropriately refer and coordinate services with other healthcare providers as needed. (5.0) (CC-5.27)
8. Develop treatment plans, documentation and billing with consideration of reimbursement and regulatory issues. (6.0) (CC-5.2, CC-5.3, CC-5.10, CC-3.4, CC-5.37, CC-5.42, CC-5.56)
9. Perform a needs assessment and utilize results to tailor educational efforts for others using relevant and effective teaching methods. (6.0) (CC-5.26)
10. Develop self-assessment and self-directed learning through reflection. (6.0) (CC5.10, CC-5.12, CC-5.13, CC-5.61)
11. Design health promotion, wellness and prevention programs as appropriate. (6.0) (CC-5.5, CC-5.50, CC-5.51, CC-5.52 CC-5.64)
12. Formulate patient care plans utilizing clinical problem solving and professional judgment. (6.0) (CC-5.19, CC-5.38)
13. Synthesize skills in order to examine patients, evaluate findings, design and modify appropriate interventions, develop plan of care, and follow through in discharge planning and development of home exercise plans as an effective member of the healthcare team. (6.0) (CC-5.19, CC-5.20, CC5.29, CC-5.31, CC-5.32, CC-5.33, CC-5.34, CC-5.35, CC-5.36, CC-5.38, CC-5.39, CC-5.58)
### UNF Physical Therapy Program
### Doctor of Physical Therapy
### Requirements for Clinical Education

Name: ________________________________

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Appropriate Documentation</th>
<th>Updates Needed</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella Immunity Titer</td>
<td>Lab Report from Healthcare Provider</td>
<td>One-time documentation</td>
<td><strong>/</strong>/___</td>
</tr>
<tr>
<td>Hepatitis B Antibody Titer</td>
<td>Lab Report from Healthcare Provider</td>
<td>One-time documentation</td>
<td><strong>/</strong>/___</td>
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<tr>
<td>HIPAA Training</td>
<td>Training at <a href="http://privacy.health.ufl.edu/training/visitors/instructions.shtml">http://privacy.health.ufl.edu/training/visitors/instructions.shtml</a></td>
<td>One-time documentation of training</td>
<td><strong>/</strong>/___</td>
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<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>Documentation from Healthcare Provider</td>
<td>One-time documentation</td>
<td><strong>/</strong>/___</td>
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<tr>
<td>Criminal Background Check - Level 2</td>
<td><a href="http://www.certifiedbackground.com">www.certifiedbackground.com</a> website</td>
<td>Annually</td>
<td><strong>/</strong>/___</td>
</tr>
<tr>
<td>Criminal Background Check - Level 1</td>
<td><a href="http://www.certifiedbackground.com">www.certifiedbackground.com</a> website</td>
<td>Annually</td>
<td><strong>/</strong>/___</td>
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<tr>
<td>Drug Screen</td>
<td><a href="http://www.certifiedbackground.com">www.certifiedbackground.com</a> website</td>
<td>Annually</td>
<td><strong>/</strong>/___</td>
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<tr>
<td>Tb Skin Test (or Chest X-ray if positive skin test)</td>
<td>Documentation from Healthcare Provider</td>
<td>Tb Test (Annually) Chest X-ray (Every 3 years)</td>
<td><strong>/</strong>/___</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>Download copy of current insurance card reflecting your name (or letter)</td>
<td>Annually documentation, must remain current</td>
<td><strong>/</strong>/___</td>
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<tr>
<td>Healthcare Provider BLS</td>
<td>Copy of current certification card</td>
<td>Annually or every two years (depending on provider)</td>
<td><strong>/</strong>/___</td>
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<tr>
<td>Physical Exam</td>
<td>“UNF Student Health Exam” form completed by healthcare provider</td>
<td>Annually</td>
<td><strong>/</strong>/___</td>
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<tr>
<td>Tetanus</td>
<td>Documentation from Healthcare Provider</td>
<td>Every 10 years</td>
<td><strong>/</strong>/___</td>
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</table>

**Important:** Student should keep the original of all healthcare information in a secure place for any future access that might be needed, in addition to uploading the required forms to Medical Document Manager.
University of North Florida
Doctor of Physical Therapy Program

Weekly Progress Report*

Goals for the week of ____________________:

Plan to meet above stated goals:

Student Comments:

CI Comments:

Student signature:______________________________ Date: ______
CI signature:______________________________ Date: ______

*This form is an adjunct to the summative mid-term and final evaluations. It is an abbreviated means of formal feedback that can be used on a weekly basis by the Clinical Instructor and student.
University of North Florida
Doctor of Physical Therapy Program

ACTION PLAN

Student: ___________________ Clinical Site: ___________________

CI: ___________________ Semester/Year: ___________________

Problems Identified on the CPI

Objectives which must be met for successful completion of the clinical course

Plan and Timeline to Meet the Objectives:

<table>
<thead>
<tr>
<th>Clinical Instructor</th>
<th>Date</th>
<th>UNF Faculty Member</th>
<th>Date</th>
</tr>
</thead>
</table>

___ I agree to the plan and terms as outlined and understand that I am at risk for not passing this clinical course if I do not meet the established objectives.

___ I do not agree to the terms as outlined. I understand that my failure to accept and follow this plan may decrease my chance of successful completion. My rebuttal to this action plan is attached.

______________________________________
Student

Date
Name: ________________________________

Date: ________________________________

Site of Clinical Experience: ________________________________

I recognize that I did not pass my clinical experience listed above. I understand that my weaknesses pertained to the following items on the CPI. (Use attached sheet as needed.)

I acknowledge that prior to being assigned to another clinical site, I must improve in the areas listed above. My plan to improve includes the following: (Use attached sheet as needed.)

Action Plan(s)  Time Line

Student Signature and Date ________________________________

DCE Approval of Action Plan.

Signature and Date ________________________________

Once I believe I have satisfactorily completed the action plan(s) listed above I will schedule a meeting with my ACCE and provide documentation of such completion. If the ACCE agrees with my assessment he/she will work with me to establish a new clinical experience. If he/she disagrees, I may be required to complete additional work prior to placement. I understand that once I am assigned to a site, the CCCE at that site will be informed that I am repeating this clinical experience.
Weekly Planning Form

Dates: ____________________________ Experience Week Number: ________________

STUDENTS 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.

CI’S 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.

GOALS FOR THE UPCOMING WEEK

Student’s Signature __________________________ CI Signature __________________________
Critical Incident Report

*Directions: Record each entry clearly and concisely without reflecting any biases.*

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
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<td><strong>Student Initials:</strong></td>
<td><strong>Evaluator Initials:</strong></td>
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<tr>
<td><strong>Student’s Signature:</strong></td>
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</table>

**Evaluator’s Signature:**

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Internship Remuneration

Below are the guidelines for obtaining a certificate entitling the bearer to register for two courses (6 credit hours) at UNF tuition-free. The certificate is awarded on a one time basis for completion of 300 hours of supervision of student interns in the College of Health:

1. Documentation of the 300 hours must accompany the request. If more than one student and/or more than one term are involved, documentation must include the following: student’s name, term and year during which the supervision took place, and the number of hours for each student.

2. Documentation must be verified by Program Leader or his/her designee (the documentation should carry a signature from both the supervisor requesting the certificate and the Program Manager).

3. The certificate request and the accompanying documentation should be forwarded to Dr. Cathy O’Farrell in the College of Education and Human Services and she will issue the certificate.

4. A certificate to be used in exchange for tuition for two college courses may only be awarded to an individual Clinical Instructor one time.
PROFESSIONAL BEHAVIORS

Physical therapy students are expected to display professional behavior both in the classroom and in the clinic. These behaviors include but are not limited to the following:

- Students are expected to arrive in the clinic on time, prepared, and dressed appropriately.

- Students should understand that “on time,” “prepared,” and “appropriately” are defined by the situation or task at hand or by the supervisor and may vary from one situation to another.

- Students should maintain an attitude appropriate to the professional task at hand.

- Students must accept that their ultimate duty is to the patient. As such, they should understand that professional duties and situations are about completing tasks and solving problems in ways that benefit others, either immediately or in the long term.

- Students are expected to place the importance of professional duties, tasks and problem solving above their own convenience.

- Students are expected to work effectively with other individuals to promote the wellbeing of the patient. As such, students are expected to pursue professional duties, tasks, and problem solving in ways that make it easier (not harder) for others to accomplish their work.

- Students are expected to give credit to others where credit is due. This includes using appropriate citations for all written work and/or in-service presentations. Students are expected to take credit and responsibility for their own work and sign their work using appropriate credentials.

- Students are expected to take responsibility for their own actions, reactions, and inactions. They should not make excuses, blame others, or exhibit inappropriate emotional displays.

- Students are expected to know their limitations and not to accept professional duties or tasks for which they are personally or professionally unprepared.

- Students are expected to meet external time demands imposed by others.

- Students are expected to complete assignments in a timely manner.

- Students are expected to be aware that working in a healthcare profession means making a commitment to lifelong learning. This means that if additional information is needed, it is expected that the student knows how and where to obtain that information and will do so independently.
AFFILIATION AGREEMENT

I. PARTICIPATING ENTITIES

THIS AFFILIATION AGREEMENT is made and entered into this __________ day of __________, 2008 ("Agreement") the Effective Date, by and between THE UNIVERSITY OF NORTH FLORIDA BOARD OF TRUSTEES, a public body corporate, for the benefit of the BROOKS COLLEGE OF HEALTH ("University"), and __________ ("Organization ").

II. PURPOSE OF AGREEMENT

It is mutually agreed that the purpose of this Agreement is to provide a comprehensive learning experience for participating students from the University ("Students") within an internship setting in accordance with the provisions set forth in this Agreement and any attached addenda. Therefore, in consideration of the mutual promises contained herein, the parties agree as set forth in this Agreement.

III. GENERAL PROVISIONS OF AGREEMENT

A. This Agreement shall be for a term of three (3) years, commencing on the date indicated above. Upon consent of both parties, the Agreement may be renewed for a period no longer than the term. Renewals shall be accomplished by a Letter of Agreement signed by both parties and shall be subject to the same terms and conditions set forth herein, unless expressly stated otherwise in the Letter of Agreement. Upon mutual written consent of the University and the Organization, revisions to the Agreement may be made effective either at the beginning of or during a contract year. Either party shall have the absolute right to terminate this Agreement with or without cause upon thirty (30) days prior written notice to the other party. However, any termination or expiration of this Agreement shall be effective only at the end of a specific academic period, or upon full completion of the program curriculum for Students.

B. University and Organization agree to continue their respective policies of nondiscrimination based on sex, age, race, color, creed, disability, sexual orientation, marital status, veteran status or national origin. Each party shall be responsible for their compliance with applicable state and federal laws, rules and regulations prohibiting discrimination.

C. University’s Faculty and Students may use the various departments of the Organization for the internship experience. The number of Students and specific dates when the students of the University will be utilizing the various departments of the Organization will be established and agreed upon by both parties in advance of the specific session. Both staffs will work together to maintain an environment that provides quality student learning within the curriculum plan of the designated program. Organization and University shall be mutually responsible for internship assignment for Students taking part in the experience based upon the goals and objectives of the program.

D. The University will disclose information from Student's educational record, as appropriate, to personnel at the Organization who have a legitimate need to know in accordance with the Family Educational Rights and Privacy Act of 1974, as amended, and Section 1002.22, Florida Statutes and University Policy 5.0060P Student Records - Accessing. The Organization hereby agrees that its personnel will use such information only in furtherance of the clinical education program for the Student, and that the information will not be disclosed to any other person without the Student's prior written consent.

E. Organization shall reserve the right to request the University to withdraw any Student from its agencies whose conduct or work with clients or personnel is not in accordance with the policies and procedures of the Organization or is detrimental to clients or others. Organization will advise the University at the earliest possible time of any deficit noted in a Student's ability to progress toward achievement of the stated objectives of the internship experience. Organization’s coordinator shall be responsible for the immediate discipline of Students while on Organization’s premises. The University, however, retains final authority with regard to disciplinary action of Students. Any termination of a Student will generally be executed only at the end of a specific internship
period, except for terminations for cause in accordance with Organization’s rules, which may be immediate. Organization shall provide an orientation session/materials for Students and shall assure that all Students are made aware of those actions that may result in dismissal for cause. In the event of noncompliance with provision VI of this Agreement as well as the Participating Student’s Individual Agreement at Exhibit A, as referenced in provision VI (C), Organization, for its exclusive remedy, shall have the right to immediately remove the Student from the program.

IV. SPECIFIC RESPONSIBILITIES OF THE UNIVERSITY

A. University shall designate a person or persons to coordinate and act as liaison with the appropriate Organization personnel, as set forth in the attached addenda and provide orientation to its educational program for the staff of the Organization.

B. Once the parties agree to the number of student participants and specific dates for the program the University shall provide the Organization with a list of Students participating in the learning experience at least ten (10) days before each program is to start.

C. University shall ensure that Students have the necessary didactic prerequisites to maximize the learning experience at the Organization.

D. The University assumes any and all risks of personal injury and property damage attributable to the negligent acts or omissions of the University and its officers, employees, servants and agents while acting within the scope of their authorized powers and duties or their employment by the University. University, as a state entity, warrants and represents that it is self-funded for liability insurance, both public and property, with said protection being applicable to officers, employees, servants and agents while acting within the scope of their employment by the University. The University and the Organization further agree that nothing contained herein shall be construed or interpreted as (1) denying to either party any remedy or defense available to such party under the laws of the State of Florida; (2) the consent of the State of Florida or its agents and agencies to be sued; or (3) a waiver of sovereign immunity of the State of Florida beyond the waiver provided in Section 768.28, Florida Statutes.

E. University agrees to communicate with the Organization’s supervisor (preceptor or coordinator) and Student to assess Student's progress as necessary.

F. University will provide specified medical professions liability insurance in the amount of One Million Dollars ($1,000,000) per medical incident/Three Million Dollars ($3,000,000) total liability under the policy (aggregate of all claims), such insurance providing coverage to: (1) students participating in activities which are part of and a requirement of students' curriculum at the University, and (2) faculty members of the University solely with respect to claims arising out of the supervision/instruction of the insured students. University shall, upon request, submit certificates of insurance to Organization evidencing such insurance at the time of the execution of this Agreement, and at any renewals thereafter.

G. The University shall, at the student’s expense, have a background check conducted on each student assigned to the Organization. The background check shall include, at a minimum, the following:

(i) Social Security Number Verification;

(ii) Criminal Search (7 years or up to 5 criminal searches);

(iii) Violent Sexual Offender and Predator Registry Search;

(iv) HHS OIG List of Excluded Individuals/Entities;

(v) GSA List of Parties Excluded from Federal Programs;

(vi) U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN);

(vii) Applicable State Exclusion List, if one.
V. SPECIFIC RESPONSIBILITIES OF THE ORGANIZATION

It shall be the responsibility of the Organization to:

A. Provide an appropriate orientation to Students concerning the facilities and the rules, policies and procedures of the Organization and other related material, such as scheduling information.

B. Provide adequate educational facilities and services for Students in accordance with the objectives of the program; assist in the evaluation of Student’s learning, performance and client care where appropriate.

C. Retain ultimate responsibility for client care including when that care is rendered by a Student.

D. Designate a supervisor (preceptor or coordinator) from its staff to act as the liaison with University in this Agreement.

E. Provide, at the Student's expense, emergency care for injuries or acute illness while on duty in the Organization in accordance with the provision of emergency health care for employees of the Organization.

F. Indemnify, defend and hold harmless The University of North Florida Board of Trustees, the Florida Board of Governors, the State of Florida, and their officers, agents, representatives and employees from and against any and all claims, liabilities, losses, lawsuits, judgments and expenses, including attorneys’ fees and court costs up to and including any appeal, arising directly or indirectly from any act or failure to act by the Organization or any of its employees which may occur during or arise out of the performance of this Agreement, whether foreseeable or unforeseeable. This provision shall continue beyond termination or expiration of this Agreement.

G. Inform and brief Student concerning any safety or security issues at the internship location upon Student’s arrival for internship.

VI. SPECIFIC RESPONSIBILITIES OF STUDENTS

It shall be the responsibility of the Student(s) assigned through this Agreement to:

A. Comply with the policies and procedures of the Organization and University, state, local and federal regulations and applicable professional standards, as well as all licensing requirements.

B. Provide the necessary and appropriate uniform while on duty in the Organization.

C. Maintain the confidentiality of all records and information exchanged in the course of the program, including but not limited to, patient medical records where relevant. Such responsibilities set forth as Exhibit A, Participating Student's Individual Agreement attached hereto.

D. Assume personal and financial responsibility for any and all medical care and treatment sought at the Organization. If a Student is injured while in the Organization, he/she may seek emergency medical care and treatment, but may be charged for the services rendered. Neither Organization nor University provides accident/health insurance for Student participants.

E. Arrange for all room, board and transportation requirements for the internship.

VII. MISCELLANEOUS

A. Organization shall allow public access to all documents, papers, letters, or other materials subject to the provisions of Chapter 119, Florida Statutes, and made or received in connection with this Agreement. Refusal by Organization to allow such public access shall be grounds for unilateral cancellation of this Agreement by University and for imposition of any remedy or penalty available under law.

B. The relationship of the parties hereunder shall be an independent contractor relationship, and not an agency, employment, joint venture, or partnership relationship. Neither party shall have the power to bind the other party or contract in the name of the other party. All persons employed by a party in connection with operations under this Agreement shall be considered employees of that party and shall in no way, either directly or indirectly, be considered employees or agents of the other party.
C. Neither the Organization nor the University assumes any liabilities to each other, except as specifically stated in this contract. As to liability for damage or injuries or death to persons, or damage to property, the University and the Organization do not waive any defense as a result of entering into this Agreement unless such a waiver is expressly and clearly written into a part of this Agreement.

D. This Agreement represents the entire understanding and agreement between the parties with respect to the subject matter hereof, and supersedes all of the negotiations, understandings and representations (if any) made by and between such parties. None of the terms and provisions hereof may be amended, supplemented, waived or changed orally, but only in writing signed by each of the parties hereto.

E. This Agreement shall be construed and enforced in accordance with the laws of the State of Florida. Venue for any legal proceeding concerning this Agreement shall be set in Jacksonville, Duval County, Florida.

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

G. This Agreement may not be assigned, in whole or in part, by either party without the prior written consent of the other party.

H. Any notice to be given hereunder by either party to the other, unless otherwise provided for, must be in writing and may be effected either by personal delivery or by United States certified mail, return receipt requested, postage prepaid. Mailed notices shall be addressed to the parties at the addresses set forth in the attached addenda.

I. Copies of this signed Agreement shall be placed on file at the University and the Organization.

J. University and Organization shall designate a person (or persons) to coordinate and act as preceptor or liaison with the other party. The University shall provide one or more faculty who will be responsible for instruction of the students while participation in the internship experience, and for evaluation of each student. The faculty have the responsibility of selecting, planning, and evaluation the work of the students and such selecting, planning and evaluation shall be accomplished in accordance and consistent with the policies and programs of the Organization.

K. Any notice to be given hereunder by either party to the other, unless otherwise provided for, must be in writing and may be effected either by personal delivery or by United States certified mail, return receipt requested, postage prepaid, to the respective liaison named below:

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>UNIVERSITY</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Dr. Lucy Trice, Associate Dean</td>
</tr>
<tr>
<td></td>
<td>Brooks College of Health</td>
</tr>
<tr>
<td></td>
<td>University of North Florida</td>
</tr>
<tr>
<td></td>
<td>1 UNF Drive</td>
</tr>
<tr>
<td></td>
<td>Jacksonville, Florida 32224-2673</td>
</tr>
</tbody>
</table>

Phone: Phone: 904-620-2810
Email: Email: ltrice@unf.edu
IN WITNESS WHEREOF, the parties have executed this Agreement by their duly authorized representatives.

ORGANIZATION

BY: ________________________________  ______________________
   Print Name:                              Date
   Title:                                   

THE UNIVERSITY OF NORTH FLORIDA BOARD OF TRUSTEES

BY: ________________________________  ______________________
   Dr. Mark E. Workman, Provost and
   Vice President For Academic Affairs  Date

BY: ________________________________  ______________________
   Dr. Pamela S. Chally
   Dean, Brooks College of Health

   Date
Exhibit A

Participating Student's Individual Agreement

As a student at the University of North Florida, desiring to gain knowledge through various practice experiences, I agree as follows:

A. Patient/Client/Consumer Confidentiality: During my tenure at the University of North Florida ("University"), I may participate in several practice experiences in various different facilities. This Agreement will govern my conduct in such practice experiences. I will protect patient/client/consumer confidential information in all cases. I understand that, before participating in a practice experience, I will receive a training briefing concerning the requirements of HIPAA. If I have any questions concerning my duties under HIPAA, I promise to inform either the Facility or the University of my questions. Before participating in a practice experience, I agree that I must fully understand my duties to maintain the privacy of patient/client/consumer information.

During the course of my practice experience, I may be required to discuss or write about private patient/client/consumer information. I understand that I will not discuss or write about private patient/client/consumer information outside of the Facility. And my practice experience related discussions and writings containing private patient/client/consumer information in the Facility will be in accordance with Facility's rules and policies.

If I discuss or write about a patient/client/consumer case with an instructor, preceptor, classmate, or any other person for educational purposes outside of the Facility, I will keep the client identity anonymous. This means that I will remove the following identifiers of the individual or of relatives, employers, or household members of the individual from any educational or academic writings or discussions I have outside of the Facility:

1. Names;
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geo codes, except for the initial three digits of a ZIP code if, according to the current publicly available data from the Bureau of the Census:
   - The geographic unit formed by combining all the codes with the same three initial digits contains more than 20,000 people; and
   - The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birthdate, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephonenumbers;
5. Faxnumbers;
6. Electronic mailaddresses;
7. Socialsecuritynumbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Accountnumbers;
11. Certificate/licensenumbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internetprotocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique or identifying number, characteristic, or code.

I also agree that I will not discuss or write about health information, even if stripped of the identifiers listed above, in a way that the information could be used alone or in combination with other information to identify an individual who is the subject of the information.

B. I agree to comply with all applicable policies, procedures, and rules of the Facility and the University and to demonstrate professional behavior appropriate to the environment of the Facility.
C. I will maintain health insurance or be responsible for my own medical expenses incurred during my practice experience assignment at the Facility.

D. I will make appropriate arrangements for transportation to and from the Facility's housing, if necessary, and I will assume any travel or living expenses incurred in relation to my practice experience at the Facility.

E. I agree to participate, as may be required, in any legal proceedings that may arise between the Facility and the University concerning the practice experience.

F. I understand and agree that I am not an agent, officer, or employee of either the University or the Facility.

G. This agreement shall be governed by, and enforced in accordance with, the laws of the State of Florida, and any legal proceedings concerning this Agreement will be brought in Duval County, Jacksonville, Florida.

__________________________
Studentsignature

__________________________
Print Student Name

__________________________
Date
INTRODUCTION:

The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:
- Facilitate clinical site selection,
- Assist in student placements,
- Assess the learning experiences and clinical practice opportunities available to students; and
- Provide assistance with completion of documentation required for accreditation.

The CSIF is divided into two sections:
- Part I: Information for Academic Programs (pages 4-16)
  - Information About the Clinical Site (pages 4-6)
  - Information About the Clinical Teaching Faculty (pages 7-10)
  - Information About the Physical Therapy Service (pages 10-12)
  - Information About the Clinical Education Experience (pages 13-16)
- Part II: Information for Students (pages 17-20)

Duplication of requested information is kept to a minimum except when separation of Part I and Part II of the CSIF would omit critical information needed by both students and the academic program. The CSIF is also designed using a check-off format wherever possible to reduce the amount of time required for completion.
DIRECTIONS FOR COMPLETION:

To complete the CSIF go to APTA’s website at under “Education Programs,” click on “Clinical” and choose “Clinical Site Information Form.” This document is available as a Word document.

1. **Save the CSIF on your computer** before entering your facility’s information. The title should be the clinical site’s zip code, clinical site’s name, and the date (eg. 90210BevHillsRehab10-26-2005). Using this format for titling the document allows the users to quickly identify the facility and most recent version of the CSIF from a folder. Saving the document will preserve the original copy on the disk or hard drive, allowing for ease in updating the document as changes in the clinical site information occurs.

2. **Complete the CSIF thoroughly and accurately.** Use the tab key or arrow keys to move to the desired blank space. The form is comprised of a series of tables to enable use of the tab key for quicker data entry. Use the Comment section to provide addition information as needed. If you need additional space please attach a separate sheet of paper.

3. **Save the completed CSIF.**

4. **E-mail** the completed CSIF to each academic program with whom the clinic affiliates (accepts students).

5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, e-mail a copy of the completed CSIF to the Department of Physical Therapy Education at angelaboyd@apta.org.

6. **Update the CSIF on an annual basis** to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

**What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?**

If your physical therapy service is associated with multiple satellite sites that offer a variety of clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, provide information regarding the primary clinical site for the clinical experience on **page 4.** Complete page 4, to provide essential information on all additional clinical sites or satellites associated with the primary clinical site. Please note that if the satellite site(s) offering a clinical experience differs from the primary clinical site, a separate CSIF must be completed for each satellite site. Additionally, if any of the satellite sites have a different CCCE, an abbreviated resume must be completed for each individual serving as CCCE.

**What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?**

If specific items on the CSIF do not apply to your clinical education site at the time you are completing the form, please leave the item(s) blank. Provide additional information and/or comments in the Comment box associated with the item.
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# CLINICAL SITE INFORMATION FORM

## Part I: Information For the Academic Program

**Information About the Clinical Site – Primary**

<table>
<thead>
<tr>
<th>Person Completing CSIF</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail address of person completing CSIF</td>
</tr>
<tr>
<td>Name of Clinical Center</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Facility Phone</td>
</tr>
<tr>
<td>PT Department Phone</td>
</tr>
<tr>
<td>PT Department Fax</td>
</tr>
<tr>
<td>PT Department E-mail</td>
</tr>
<tr>
<td>Clinical Center Web Address</td>
</tr>
<tr>
<td>Director of Physical Therapy</td>
</tr>
<tr>
<td>Director of Physical Therapy E-mail</td>
</tr>
<tr>
<td>Center Coordinator of Clinical Education (CCCE) / Contact Person</td>
</tr>
<tr>
<td>CCCE / Contact Person Phone</td>
</tr>
<tr>
<td>CCCE / Contact Person E-mail</td>
</tr>
<tr>
<td>APTA Credentialed Clinical Instructors (CI)</td>
</tr>
<tr>
<td>(List name and credentials)</td>
</tr>
<tr>
<td>Other Credentialed CIs (List name and credentials)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicate which of the following are required by your facility prior to the clinical education experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of student health clearance</td>
</tr>
<tr>
<td>Criminal background check</td>
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<tr>
<td>Child clearance</td>
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<tr>
<td>Drug screening</td>
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<tr>
<td>First Aid and CPR</td>
</tr>
<tr>
<td>HIPAA education</td>
</tr>
<tr>
<td>OSHA education</td>
</tr>
<tr>
<td>Other: Please list</td>
</tr>
</tbody>
</table>
**Information About Multi-Center Facilities**

If your health care system or practice has multiple sites or clinical centers, complete the following table(s) for each of the sites. Where information is the same as the primary clinical site, indicate “SAME.” If more than three sites, copy, and paste additional sections of this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

<table>
<thead>
<tr>
<th>Name of Clinical Site</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Facility Phone</td>
<td>Ext.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PT Department Phone</td>
<td>Ext.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax Number</td>
<td>Facility E-mail</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director of Physical Therapy</td>
<td>E-mail</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CCCE</td>
<td>E-mail</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Clinical Site</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Facility Phone</td>
<td>Ext.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PT Department Phone</td>
<td>Ext.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax Number</td>
<td>Facility E-mail</td>
<td></td>
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<td></td>
<td></td>
<td>Director of Physical Therapy</td>
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<tr>
<td></td>
<td></td>
<td>CCCE</td>
<td>E-mail</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Clinical Site</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Facility Phone</td>
<td>Ext.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>PT Department Phone</td>
<td>Ext.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax Number</td>
<td>Facility E-mail</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director of Physical Therapy</td>
<td>E-mail</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CCCE</td>
<td>E-mail</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Site Accreditation/Ownership

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Date of Last Accreditation/Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Yes/No</td>
</tr>
<tr>
<td>☑</td>
<td>☐</td>
<td>Is your clinical site certified/accredited? If no, go to #3. If yes, has your clinical site been certified/accredited by:</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>JCAHO</td>
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<td>☐</td>
<td>☐</td>
<td>CARF</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Other</td>
</tr>
</tbody>
</table>

Which of the following best describes the ownership category for your clinical site? (check all that apply)

- Corporate/Privately Owned
- Government Agency
- Hospital/Medical Center Owned
- Nonprofit Agency
- Physician/Physician Group Owned
- PT Owned
- PT/PTA Owned
- Other (please specify)

Clinical Site Primary Classification

To complete this section, please:

A. Place the number 1 (1) beside the category that best describes how your facility functions the majority (> 50%) of the time. Click on the drop down box to the left to select the number 1.

B. Next, if appropriate, check (√) up to four additional categories that describe the other clinical centers associated with your facility.

<table>
<thead>
<tr>
<th>Acute Care/Inpatient Hospital Facility</th>
<th>Industrial/Occupational Health Facility</th>
<th>School/Preschool Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care/Outpatient</td>
<td>Multiple Level Medical Center</td>
<td>Wellness/Prevention/Fitness Program</td>
</tr>
<tr>
<td>ECF/Nursing Home/SNF</td>
<td>Private Practice</td>
<td>Other: Specify</td>
</tr>
<tr>
<td>Federal/State/County Health</td>
<td>Rehabilitation/Sub-acute Rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>

Clinical Site Location

Which of the following best describes your clinical site’s location?

- Rural
- Suburban
- Urban
**Information About the Clinical Teaching Faculty**

**ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION**
*Please update as each new CCCE assumes this position.*

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Length of time as the CCCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE: (mm/dd/yy)</td>
<td>Length of time as a CI:</td>
</tr>
</tbody>
</table>

**PRESENT POSITION:**
(Title, Name of Facility)

Mark (X) all that apply:
- [ ] PT
- [ ] PTA
- [ ] Other, specify

Length of time in clinical practice:

**LICENSURE:** (State/Numbers)

- [ ] APTA Credentialed CI
- [ ] Other CI

- [ ] Yes
- [ ] No

Certified Clinical Specialist:
- [ ] Yes
- [ ] No

Eligible for Licensure:
- [ ] Yes
- [ ] No

Area of Clinical Specialization:

Other credentials:

**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION** (Start with most current): Tab to add additional rows.

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>PERIOD OF STUDY</th>
<th>MAJOR</th>
<th>DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FROM</td>
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</tbody>
</table>

**SUMMARY OF PRIMARY EMPLOYMENT** (For current and previous four positions since graduation from college; start with most current): Tab to add additional rows.

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>POSITION</th>
<th>PERIOD OF EMPLOYMENT</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>FROM</td>
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</table>

4
CONTINUING PROFESSIONAL PREPARATION RELATED DIRECTLY TO CLINICAL TEACHING RESPONSIBILITIES (for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years): Tab to add additional rows.

<table>
<thead>
<tr>
<th>Course</th>
<th>Provider/Location</th>
<th>Date</th>
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<tbody>
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</tbody>
</table>
Provide the following information on all PTs or PTAs employed at your clinical site who are CIs. For clinical sites with multiple locations, use one form for each location and identify the location here. Tab to add additional rows.

| Name followed by credentials (e.g., Joe Therapist, DPT, OCS Jane Assistant, PTA, BS) | PT/PTA Program from Which CI Graduated | Year of Graduation | Highest Earned Physical Therapy Degree | No. of Years of Clinical Practice | No. of Years of Clinical Teaching | List Certifications | APTA Member Yes/No | L= Licensed, Number | E= Eligible | T= Temporary | L/E/T Number | State of Licensure |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Clinical Instructors**

What criteria do you use to select clinical instructors? *(Mark (X) all that apply)*:

- APTA Clinical Instructor Credentialing
- Career ladder opportunity
- Certification/training course
- Clinical competence
- Delegated in job description
- Demonstrated strength in clinical teaching
- No criteria
- Other (not APTA) clinical instructor credentialing
- Therapist initiative/volunteer
- Years of experience: Number:
- Other (please specify):

How are clinical instructors trained? *(Mark (X) all that apply)*

- 1:1 individual training (CCCE:CI)
- Academic for-credit coursework
- APTA Clinical Instructor Education and Credentialing Program
- Clinical center inservices
- Continuing education by academic program
- Continuing education by consortia
- No training
- Other (not APTA) clinical instructor credentialing program
- Professional continuing education (eg. chapter, CEU course)
- Other (please specify):

**Information About the Physical Therapy Service**

**Number of Inpatient Beds**

For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care</td>
<td>Psychiatric center</td>
</tr>
<tr>
<td>Intensive care</td>
<td>Rehabilitation center</td>
</tr>
<tr>
<td>Step down</td>
<td>Other specialty centers: Specify</td>
</tr>
<tr>
<td>Subacute/transitional care unit</td>
<td></td>
</tr>
<tr>
<td>Extended care</td>
<td><strong>Total Number of Beds</strong></td>
</tr>
</tbody>
</table>

**Number of Patients/ Clients**

Estimate the average number of patient/client visits **per day**:

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual PT</td>
<td>Individual PT</td>
</tr>
<tr>
<td>Student PT</td>
<td>Student PT</td>
</tr>
<tr>
<td>Individual PTA</td>
<td>Individual PTA</td>
</tr>
<tr>
<td>Student PTA</td>
<td>Student PTA</td>
</tr>
<tr>
<td>PT/PTA Team</td>
<td>PT/PTA Team</td>
</tr>
<tr>
<td><strong>Total</strong> patient/client visits per day</td>
<td><strong>Total</strong> patient/client visits per day</td>
</tr>
</tbody>
</table>
**Patient/Client Lifespan and Continuum of Care**

Indicate the frequency of time typically spent with patients/clients in each of the categories using the key below:

1 = (0%) 2 = (1-25%) 3 = (26-50%) 4 = (51-75%) 5 = (76-100%)

Click on the gray bar under rating to select from the drop down box.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Patient Lifespan</th>
<th>Rating</th>
<th>Continuum of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 years</td>
<td></td>
<td></td>
<td>Critical care, ICU, acute</td>
</tr>
<tr>
<td>13-21 years</td>
<td></td>
<td></td>
<td>SNF/ECF/sub-acute</td>
</tr>
<tr>
<td>22-65 years</td>
<td></td>
<td></td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>Over 65 years</td>
<td></td>
<td></td>
<td>Ambulatory/outpatient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Home health/hospice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Wellness/fitness/industry</td>
</tr>
</tbody>
</table>

**Patient/Client Diagnoses**

1. Indicate the frequency of time typically spent with patients/clients in the primary diagnostic groups (bolded) using the key below:

   1 = (0%) 2 = (1-25%) 3 = (26-50%) 4 = (51-75%) 5 = (76-100%)

2. Check (√) those patient/client diagnostic sub-categories available to the student.

   Click on the gray bar under rating to select from the drop down box.

   - **Musculoskeletal**
     - Acute injury
     - Amputation
     - Arthritis
     - Bone disease/dysfunction
     - Connective tissue disease/dysfunction

   - **Neuro-muscular**
     - Brain injury
     - Cerebral vascular accident
     - Chronic pain
     - Congenital/developmental
     - Neuromuscular degenerative disease

   - **Cardiovascular-pulmonary**
     - Cardiac dysfunction/disease
     - Fitness
     - Lymphedema
     - Pulmonary dysfunction/disease

   - **Integumentary**
     - Burns
     - Open wounds
     - Scar formation

   - **Other** (May cross a number of diagnostic groups)
     - Cognitive impairment
     - General medical conditions
     - General surgery
     - Oncologic conditions
**Hours of Operation**
Facilities with multiple sites with different hours must complete this section for each clinical center.

<table>
<thead>
<tr>
<th>Days of the Week</th>
<th>From: (a.m.)</th>
<th>To: (p.m.)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Schedule**
Indicate which of the following best describes the typical student work schedule:
- [ ] Standard 8 hour day
- [ ] Varied schedules

Describe the schedule(s) the student is expected to follow during the clinical experience:

**Staffing**
Indicate the number of full-time and part-time budgeted and filled positions:

<table>
<thead>
<tr>
<th></th>
<th>Full-time budgeted</th>
<th>Part-time budgeted</th>
<th>Current Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTAs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aides/Techs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others: Specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Information About the Clinical Education Experience

*Special Programs/Activities/Learning Opportunities*

Please mark (X) all special programs/activities/learning opportunities available to students.

<table>
<thead>
<tr>
<th>□</th>
<th>Administration</th>
<th>Industrial/ergonomic PT</th>
<th>Quality Assurance/CQI/TQM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aquatic therapy</td>
<td>Inservice training/lectures</td>
<td>Radiology</td>
</tr>
<tr>
<td></td>
<td>Athletic venue coverage</td>
<td>Neonatal care</td>
<td>Research experience</td>
</tr>
<tr>
<td></td>
<td>Back school</td>
<td>Nursing home/ECF/SNF</td>
<td>Screening/prevention</td>
</tr>
<tr>
<td></td>
<td>Biomechanics lab</td>
<td>Orthotic/Prosthetic fabrication</td>
<td>Sports physical therapy</td>
</tr>
<tr>
<td></td>
<td>Cardiac rehabilitation</td>
<td>Pain management program</td>
<td>Surgery (observation)</td>
</tr>
<tr>
<td></td>
<td>Community/re-entry activities</td>
<td>Pediatric-general (emphasis on):</td>
<td>Team meetings/rounds</td>
</tr>
<tr>
<td></td>
<td>Critical care/intensive care</td>
<td>Classroom consultation</td>
<td>Vestibular rehab</td>
</tr>
<tr>
<td></td>
<td>Departmental administration</td>
<td>Developmental program</td>
<td>Women’s Health/OB-GYN</td>
</tr>
<tr>
<td></td>
<td>Early intervention</td>
<td>Cognitive impairment</td>
<td>Work Hardening/conditioning</td>
</tr>
<tr>
<td></td>
<td>Employee intervention</td>
<td>Musculoskeletal</td>
<td>Wound care</td>
</tr>
<tr>
<td></td>
<td>Employee wellness program</td>
<td>Neurological</td>
<td>Other (specify below)</td>
</tr>
<tr>
<td></td>
<td>Group programs/classes</td>
<td>Prevention/wellness</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>Home health program</td>
<td>Pulmonary rehabilitation</td>
<td></td>
</tr>
</tbody>
</table>

*Specialty Clinics*

Please mark (X) all specialty clinics available as student learning experiences.

<table>
<thead>
<tr>
<th>□</th>
<th>Arthritis</th>
<th>Orthopedic clinic</th>
<th>Screening clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Balance</td>
<td>Pain clinic</td>
<td>Developmental</td>
</tr>
<tr>
<td></td>
<td>Feeding clinic</td>
<td>Prosthetic/orthotic clinic</td>
<td>Scoliosis</td>
</tr>
<tr>
<td></td>
<td>Hand clinic</td>
<td>Seating/mobility clinic</td>
<td>Preparticipation sports</td>
</tr>
<tr>
<td></td>
<td>Hemophilia clinic</td>
<td>Sports medicine clinic</td>
<td>Wellness</td>
</tr>
<tr>
<td></td>
<td>Industry</td>
<td>Women’s health</td>
<td>Other (specify below)</td>
</tr>
<tr>
<td>□</td>
<td>Neurology clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Health and Educational Providers at the Clinical Site

Please mark (X) all health care and educational providers at your clinical site students typically observe and/or with whom they interact.

<table>
<thead>
<tr>
<th>Administrators</th>
<th>Massage therapists</th>
<th>Speech/language pathologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative therapies: List:</td>
<td>Nurses</td>
<td>Social workers</td>
</tr>
<tr>
<td>Athletic trainers</td>
<td>Occupational therapists</td>
<td>Special education teachers</td>
</tr>
<tr>
<td>Audiologists</td>
<td>Physicians (list specialties)</td>
<td>Students from other disciplines</td>
</tr>
<tr>
<td>Dietitians</td>
<td>Physician assistants</td>
<td>Students from other physical therapy education programs</td>
</tr>
<tr>
<td>Enterostomal /wound specialists</td>
<td>Podiatrists</td>
<td>Therapeutic recreation therapists</td>
</tr>
<tr>
<td>Exercise physiologists</td>
<td>Prosthetists/orthotists</td>
<td>Vocational rehabilitation counselors</td>
</tr>
<tr>
<td>Fitness professionals</td>
<td>Psychologists</td>
<td>Others (specify below)</td>
</tr>
<tr>
<td>Health information technologists</td>
<td>Respiratory therapists</td>
<td></td>
</tr>
</tbody>
</table>
**Affiliated PT and PTA Educational Programs**
List all PT and PTA education programs with which you currently affiliate. Tab to add additional rows.

<table>
<thead>
<tr>
<th>Program Name</th>
<th>City and State</th>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
**Availability of the Clinical Education Experience**

Indicate educational levels at which you accept PT and PTA students for clinical experiences (Mark (X) all that apply).

<table>
<thead>
<tr>
<th>Physical Therapist</th>
<th>Physical Therapist Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>First experience: Check all that apply.</td>
<td>First experience: Check all that apply.</td>
</tr>
<tr>
<td>- Half days</td>
<td>- Half days</td>
</tr>
<tr>
<td>- Full days</td>
<td>- Full days</td>
</tr>
<tr>
<td>- Other: (Specify)</td>
<td>- Other: (Specify)</td>
</tr>
<tr>
<td>Intermediate experiences: Check all that apply.</td>
<td>Intermediate experiences: Check all that apply.</td>
</tr>
<tr>
<td>- Half days</td>
<td>- Half days</td>
</tr>
<tr>
<td>- Full days</td>
<td>- Full days</td>
</tr>
<tr>
<td>- Other: (Specify)</td>
<td>- Other: (Specify)</td>
</tr>
<tr>
<td>Final experience</td>
<td>Final experience</td>
</tr>
<tr>
<td>Internship (6 months or longer)</td>
<td></td>
</tr>
<tr>
<td>Specialty experience</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td>From</td>
</tr>
</tbody>
</table>

- Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.

- Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.

<table>
<thead>
<tr>
<th></th>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
</table>

- Average number of PT and PTA students affiliating per year. Clarify if multiple sites.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Is your clinical site willing to offer reasonable accommodations for students under ADA?</td>
</tr>
</tbody>
</table>

What is the procedure for managing students whose performance is below expectations or unsafe?

Box will expand to accommodate response.

**Answer if the clinical center employs only one PT or PTA.**

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

Box will expand to accommodate response.
### Clinical Site’s Learning Objectives and Assessment

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Does your clinical site provide written clinical education objectives to students?  
   If no, go to # 3. |  
|     |    |
| 2. Do these objectives accommodate: |  
| • The student’s objectives? |  
| • Students prepared at different levels within the academic curriculum? |  
| • The academic program's objectives for specific learning experiences? |  
| • Students with disabilities? |  
| 3. Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives? |  

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Mark (X) all that apply)

<table>
<thead>
<tr>
<th></th>
<th>At mid-clinical experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of the clinical experience</td>
<td>At end of clinical experience</td>
</tr>
<tr>
<td>Daily</td>
<td>Other</td>
</tr>
<tr>
<td>Weekly</td>
<td></td>
</tr>
</tbody>
</table>

Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Mark (X) all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Ongoing feedback throughout the clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written and oral mid-evaluation</td>
<td>As per student request in addition to formal and ongoing written &amp; oral feedback</td>
</tr>
<tr>
<td>Written and oral summative final evaluation</td>
<td></td>
</tr>
<tr>
<td>Student self-assessment throughout the clinical</td>
<td></td>
</tr>
</tbody>
</table>

**OPTIONAL:** Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).

Box will expand to accommodate response.
**Part II. Information for Students**

Use the check (√) boxes provided for Yes/No responses. **For all other responses or to provide additional detail, please use the Comment box.**

**Arranging the Experience**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. Do students need to contact the clinical site for specific work hours related to the clinical experience?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Do students receive the same official holidays as staff?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Does your clinical site require a student interview?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Indicate the time the student should report to the clinical site on the first day of the experience.</td>
</tr>
</tbody>
</table>
|     |    | 5. Is a Mantoux TB test (PPD) required?  
|     |    | a) one step (√ check) |
|     |    | b) two step (√ check)  
|     |    | If yes, within what time frame? |
|     |    | 6. Is a Rubella Titer Test or immunization required? |
|     |    | 7. Are any other health tests/immunizations required prior to the clinical experience?  
|     |    | If yes, please specify: |
|     |    | 8. How is this information communicated to the clinic? Provide fax number if required. |
|     |    | 9. How current are student physical exam records required to be? |
|     |    | 10. Are any other health tests or immunizations required on-site?  
|     |    | If yes, please specify: |
|     |    | 11. Is the student required to provide proof of OSHA training? |
|     |    | 12. Is the student required to provide proof of HIPAA training? |
|     |    | 13. Is the student required to provide proof of any other training prior to orientation at your facility?  
|     |    | If yes, please list. |
|     |    | 14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization? |
|     |    | 15. Is the student required to have proof of health insurance? |
|     |    | 16. Is emergency health care available for students? |
|     |    | a) Is the student responsible for emergency health care costs? |
|     |    | 17. Is other non-emergency medical care available to students? |
|     |    | 18. Is the student required to be CPR certified?  
<p>|     |    | (Please note if a specific course is required). |</p>
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>a) Can the student receive CPR certification while on-site?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>19. Is the student required to be certified in First Aid?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Can the student receive First Aid certification on-site?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20. Is a criminal background check required (eg, Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21. Is a child abuse clearance required?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22. Is the student responsible for the cost or required clearances?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23. Is the student required to submit to a drug test? If yes, please describe parameters.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24. Is medical testing available on-site for students?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)</td>
</tr>
</tbody>
</table>

### Housing

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>26. Is housing provided for male students? (If no, go to #32)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27. Is housing provided for female students? (If no, go to #32)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28. What is the average cost of housing?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>29. Description of the type of housing provided:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30. How far is the housing from the facility?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>31. Person to contact to obtain/confirm housing:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone:</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
</tr>
<tr>
<td>-----</td>
<td>----</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32. If housing is <strong>not</strong> provided for either gender:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.</td>
</tr>
</tbody>
</table>

**Transportation**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>33. Will a student need a car to complete the clinical experience?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>34. Is parking available at the clinical center?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) What is the cost for parking?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>35. Is public transportation available?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>36. How close is the nearest transportation (in miles) to your site?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Train station?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Subway station?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) Bus station?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d) Airport?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38. Please enclose a map of your facility, specifically the location of the department and parking. <strong>Travel directions can be obtained from several travel directories on the internet.</strong> (eg, Delorme, Microsoft, Yahoo, Mapquest).</td>
</tr>
</tbody>
</table>

**Meals**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>39. Are meals available for students on-site? (If no, go to #40)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breakfast (if yes, indicate approximate cost)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lunch (if yes, indicate approximate cost)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dinner (if yes, indicate approximate cost)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40. Are facilities available for the storage and preparation of food?</td>
</tr>
</tbody>
</table>
### Stipend/Scholarship

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>41. Is a stipend/salary provided for students? If no, go to #43.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) How much is the stipend/salary? ($ / week)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>42. Is this stipend/salary in lieu of meals or housing?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>43. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?</td>
</tr>
</tbody>
</table>

### Special Information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>44. Is there a facility/student dress code? If no, go to #45. If yes, please describe or attach.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Specify dress code for men:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Specify dress code for women:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>45. Do you require a case study or inservice from all students (part-time and full-time)?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>46. Do you require any additional written or verbal work from the student (eg, article critiques, journal review, patient/client education handout/brochure)?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>48. Will the student have access to the Internet at the clinical site?</td>
</tr>
</tbody>
</table>

### Other Student Information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>49. Do you provide the student with an on-site orientation to your clinical site?</td>
</tr>
</tbody>
</table>

(mark X below) a) Please indicate the typical orientation content by marking an X by all items that are included.

- Documentation/billing
- Facility-wide or volunteer orientation
- Learning style inventory
- Patient information/assignments
- Policies and procedures (specifically outlined plan for emergency responses)
- Quality assurance
- Reimbursement issues
- Required assignments (eg, case study, diary/log, inservice)

Review of goals/objectives of clinical experience
Student expectations
Supplemental readings
Tour of facility/department
Other (specify below - eg, bloodborne pathogens, hazardous materials, etc.)
In appreciation...

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical mentors and role models. Your contributions to learners’ professional growth and development ensure that patients/clients today and tomorrow receive high-quality patient/client care services.
University of North Florida  
Doctor of Physical Therapy Program  
Request for Clinical Education

Please locate the appropriate setting(s) below for your facility. 
Indicate the number of students you can accommodate 
for the time period and if the slot is reserved for UNF.

**Part-time Practicum (1st year Students): Two alternating students are in the clinic**  
**Wednesday mornings from 9:00 – 12:00 for 8 weeks**  
**These dates overlap with Clinical Internship IV and V**

Insert Internship Dates

<table>
<thead>
<tr>
<th></th>
<th>Acute</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>General # of Students</td>
<td>______________________</td>
<td>General # of Students ______</td>
</tr>
<tr>
<td>Neuro # of Students</td>
<td>______________________</td>
<td>Neuro # of Students ______</td>
</tr>
<tr>
<td>Ortho # of Students</td>
<td>______________________</td>
<td>Ortho # of Students ______</td>
</tr>
<tr>
<td>Peds # of Students</td>
<td>______________________</td>
<td>Peds # of Students ______</td>
</tr>
</tbody>
</table>

**SNF/Post-Acute Rehab**

<table>
<thead>
<tr>
<th></th>
<th>Acute</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>General # of Students</td>
<td>______________________</td>
<td>General # of Students ______</td>
</tr>
<tr>
<td>Neuro # of Students</td>
<td>______________________</td>
<td>Neuro # of Students ______</td>
</tr>
<tr>
<td>Ortho # of Students</td>
<td>______________________</td>
<td>Ortho # of Students ______</td>
</tr>
</tbody>
</table>

**Rehab**

<table>
<thead>
<tr>
<th></th>
<th>Acute</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>General # of Students</td>
<td>______________________</td>
<td>General # of Students ______</td>
</tr>
<tr>
<td>Neuro # of Students</td>
<td>______________________</td>
<td>Neuro # of Students ______</td>
</tr>
<tr>
<td>Ortho # of Students</td>
<td>______________________</td>
<td>Ortho # of Students ______</td>
</tr>
<tr>
<td>Peds # of Students</td>
<td>______________________</td>
<td>Peds # of Students ______</td>
</tr>
<tr>
<td>Geriatrics # of Students</td>
<td>______________________</td>
<td>Geriatrics # of Students ______</td>
</tr>
</tbody>
</table>

Are these spots reserved for UNF DPT Students?  YES/NO

Name of Site: ____________________________

Address: __________________________________

________________________________________________________________________

If a student is going to be at a specific satellite location, please specify: ________________

Please email to d.welch-rawls@unf.edu or fax to Donni Welch-Rawls’ attention at 904-620-2848
University of North Florida  
Doctor of Physical Therapy Program  
Request for Clinical Education  

Please locate the appropriate setting(s) below for your facility.  
Indicate the number of students you can accommodate for the time period and if the slot is reserved for UNF.

Clinical Internship II (2nd Year Students)  
(Insert Internship Dates)

<table>
<thead>
<tr>
<th></th>
<th>Acute</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>General # of Students</td>
<td>________________________</td>
<td>General # of Students</td>
</tr>
<tr>
<td>Neuro # of Students</td>
<td>________________________</td>
<td>Neuro # of Students</td>
</tr>
<tr>
<td>Ortho # of Students</td>
<td>________________________</td>
<td>Ortho # of Students</td>
</tr>
<tr>
<td>Peds # of Students</td>
<td>________________________</td>
<td>Peds # of Students</td>
</tr>
</tbody>
</table>

**SNF/Post-Acute Rehab**

<table>
<thead>
<tr>
<th></th>
<th>Acute</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>General # of Students</td>
<td>________________________</td>
<td>General # of Students</td>
</tr>
<tr>
<td>Neuro # of Students</td>
<td>________________________</td>
<td>Neuro # of Students</td>
</tr>
<tr>
<td>Ortho # of Students</td>
<td>________________________</td>
<td>Ortho # of Students</td>
</tr>
<tr>
<td>Peds # of Students</td>
<td>________________________</td>
<td>Geriatrics # of Students</td>
</tr>
</tbody>
</table>

Are these spots reserved for UNF DPT Students? **YES/NO**

Name of Site: ___________________________________________

Address: _______________________________________________  
________________________________________________________________

If a student is going to be at a specific satellite location, please specify: ____________________

Please email to d.welch-rawls@unf.edu or fax to Donni Welch-Rawls’ attention at 904-620-2848
University of North Florida  
Doctor of Physical Therapy Physical Therapy Program  
Request for Clinical Education

Please locate the appropriate setting(s) below for your facility.  
Indicate the number of students you can accommodate for  
the time period and if the slot is reserved for UNF.

Clinical Internship III (2nd Year Students)  
(Insert Internship Dates)  
** These dates coincide with Clinical Internship 1 **

<table>
<thead>
<tr>
<th>Acute</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>General # of Students</td>
<td>General # of Students</td>
</tr>
<tr>
<td>Neuro # of Students</td>
<td>Neuro # of Students</td>
</tr>
<tr>
<td>Ortho # of Students</td>
<td>Ortho # of Students</td>
</tr>
<tr>
<td>Peds # of Students</td>
<td>Peds # of Students</td>
</tr>
</tbody>
</table>

| SNF/Post-Acute Rehab | Rehab |  |
|----------------------|-------|
| General # of Students | General # of Students |
| Neuro # of Students | Neuro # of Students |
| Ortho # of Students | Ortho # of Students |
| Peds # of Students | Geriatrics # of Students |

Are these spots reserved for UNF DPT Students?  YES/NO

Name of Site: ____________________________________________________________

Address:  _______________________________________________________________________

_____________________________________________________________________________

Please email to d.welch-rawls@unf.edu or fax to Donni Welch-Rawls’  
attention at 904-620-2848
If a student is going to be at a specific satellite location, please specify: ____________________
Please email to d.welch-rawls@unf.edu or fax to Donni Welch-Rawls’ attention at 904-620-2848
If a student is going to be at a specific satellite location, please specify: ________________

Please email to d.welch-rawls@unf.edu or fax to Donni Welch-Rawls’ attention at 904-620-2848
University of North Florida  
Doctor of Physical Therapy Program  
Request for Clinical Education  

Please locate the appropriate setting(s) below for your facility. Indicate the number of students you can accommodate for the time period and if the slot is reserved for UNF.

Clinical Internship V (3rd Year Students)  
(Insert Internship Dates)  
**These dates coincide with part-time Clinical Education Practicum dates**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Acute</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>General # of Students</td>
<td></td>
<td>General # of Students</td>
</tr>
<tr>
<td>Neuro # of Students</td>
<td></td>
<td>Neuro # of Students</td>
</tr>
<tr>
<td>Ortho # of Students</td>
<td></td>
<td>Ortho # of Students</td>
</tr>
<tr>
<td>Peds # of Students</td>
<td></td>
<td>Peds # of Students</td>
</tr>
</tbody>
</table>

**SNF/Post-Acute Rehab**

<table>
<thead>
<tr>
<th>Setting</th>
<th>General # of Students</th>
<th>Neuro # of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ortho # of Students</td>
<td></td>
<td>Ortho # of Students</td>
</tr>
<tr>
<td>Peds # of Students</td>
<td></td>
<td>Geriatrics # of Students</td>
</tr>
</tbody>
</table>

Are these spots reserved for UNF DPT Students?  
YES/NO

Name of Site: ____________________________________________

Address: ________________________________________________

________________________________________________________________________

Please email to d.welch-rawls@unf.edu or fax to Donni Welch-Rawls’ attention at 904-620-2848
If a student is going to be at a specific satellite location, please specify: ________________
Dear (CCCE’s Name):

Thank you for your commitment to PT clinical education and your participation in this essential component of the UNF physical therapy curriculum. We greatly appreciate the learning opportunities you provide for our students.

In response to your generous offer of a clinical education spot for our students, one of our students has chosen your site for (internship number), which is scheduled from (internship dates). Contact information for the student is listed below should you want to send information to the student in advance. The student will contact you approximately six weeks prior to the start date of the internship to provide information about their previous experiences and their goals for this clinical internship.

Should you have any questions, please contact our DCE, Donni Welch-Rawls at 904-620-1539 or d.welch-rawls@unf.edu.

Please send a quick reply to let me know you received this email. If you are unable to take this student at this time please let us know as soon as possible.

Sincerely,
I am pleased to announce that your clinical education placements have been finalized. Approximately six weeks prior to your assigned start state you should mail your CCCE a copy of your resume along with a copy of your completed data sheet. One week after you mail your information, you should phone your CCCE to determine hours, dress code, etc. Contact information is listed below.

Should you have any questions, please feel free to contact me at 904-620-1539 or at d.welch-rawls@unf.edu.

Clinical Internship _______

CCCE Name
Site Name
Site Address
City, State, Zip Code
Phone Number
CCCE Email Address

Sincerely,
**Student Data Form**  
**University of North Florida**  
(Confidential)

<table>
<thead>
<tr>
<th>School/Clinical Experience Level:</th>
<th>Dates of Clinical:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Expected date of graduation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Good until (date):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Phone:</th>
<th>Permanent Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cell Phone:</th>
<th>E-mail:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact (1)</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Work Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact (2)</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone:</td>
<td>Work Phone:</td>
</tr>
</tbody>
</table>

Health concerns that clinical faculty should be aware of:

* UNF Requirements completed prior to Clinical Experiences:
  - Physical Exam
  - Varicella Immunity Titer
  - TB Skin Test/Chest X-Ray
  - Tetanus Immunization
  - HBV Immunity Titer or Declination Statement
  - Verification of Blood Borne Pathogens/HIV Education
  - HIPAA Training
  - CPR Certification
  - Verification of Health Insurance Coverage
  - Background Checks, Level 1 & 2
  - Drug Screening
1. Previous clinical experiences (facility, dates, types of patients seen, other related clinical experiences):

2. Previous work or volunteer experience:

3. Areas of clinical interest and/or preferred work setting after licensure:

4. Preferred learning style and preferred type of supervision:

5. Preferred type and frequency of feedback:

6. Student’s interests for this clinical assignment:
   a. PT knowledge/skills student hopes to gain during this rotation:
   b. Particular patient population student would like to experience:
   c. Experiences other than direct patient care student is interested in:

7. Specific goals:
   a.
   b.
   c.

Student signature: ___________________________  Date: ___________________________
SAMPLE COVER LETTER OF INTRODUCTION

Student's name
Address

Email

Name of CCCE
Name of facility
Address

Date

Dear

I am scheduled to complete my (1st, 2nd, 3rd, etc.) clinical internship at your facility from (insert date) to (insert date). My understanding is that I will be completing an (insert type, i.e. acute care, rehab, outpatient, pediatric, subacute, etc.) rotation.

In order to promote a smooth transition, I am enclosing a copy of my resume for your review as well as a copy of my student data form. This form will provide you with information about my previous experiences and my goals for my upcoming rotation. I have several questions prior to starting. Please let me know what time I need to report on the first day of my internship and who I should ask for when I arrive. Do I need to bring any particular textbooks or equipment (gait belt, goniometer, etc) with me? Also, please advise me regarding the dress code and whether I need to bring a lab coat. (If applicable) I have been investigating housing in your area and would appreciate any names or contacts you could provide to assist me in this process. You can reach me at the address, email address, or phone number listed above. I look forward to completing my next clinical internship with you and thank you in advance for providing me with this opportunity.

Sincerely,

Signature
University of North Florida Doctor of Physical Therapy Program Clinical Instructor Information Form

Date:

Student Name:

Site Name:

Site Address:

Site Phone:

Type of site:
(Example: inpatient, outpatient, neuro rehab, pediatrics, etc.) CCCE

Name:

Email Address:

Clinical Instructor Information

Name:

Email Address:

Highest earned degree (Doctorate, Masters, Bachelors):

Earned professional degree (BS, MPT/MSPT, DPT): PT

license number (for CEH purposes if desired):

Year became clinician:

Year became clinical instructor:

Clinical Certifications/Specializations (Examples: Athletic Training Certification, Manual Therapy Certification, etc):

ABPTS Certified Clinical Specialist? Yes/No If yes, Area (i.e. OCS, GCS, NCS, etc.) _______________

Credentialed Clinical Instructor: Yes/ No

APTA Credentialed CI: Yes/No APTA Advanced Credentialed CI: Yes/No

Florida Consortium of Clinical Education (FCCE): Yes/No

Another state credentialing program: Yes/No

If yes, specify state and agency______________________________________________

Revised September 2014
Clinical Internship End of Week 1 Assignment

Student Name: ____________________________________________

Site Name and location: ______________________________________

1. Are you receiving adequate feedback and supervision? Describe.

2. Did you receive an adequate orientation to the site?

3. Do you understand what is expected of you?

4. Do you have any concerns? If so, please describe. Also, have you brought these concerns to the attention of your CI? If not, do you plan to do so next week?

5. Questions for DCE?

*Email to your course instructor at the end of the first week.
CLINICAL PERFORMANCE INSTRUCTION
PHYSICAL THERAPIST STUDENT

STUDENT INFORMATION

Student’s Name: ________________________________________________________________

Date of Clinical Experience: _______________ Course Number: ________________

ACADEMIC PROGRAM INFORMATION

Name of Academic Institution: University of North Florida

Address: Physical_Therapy_Department 1 UNF Drive
          (Department) (Street)
          Jacksonville FL 32224
          (City) (State) (Zip)

Phone: (904) 620-1539 Fax: (904) 620-2848

E-mail: d.welch-rawls@unf.edu

CLINICAL EDUCATION SITE INFORMATION

Name of Clinical Site: __________________________________________________________

Address: ____________________________________________________________________
          (Department) (Street)
          ____________________________________________________________________
          (City) (State) (Zip)

Phone: (____) ext. _______ fax: (____)

E-mail: ____________________________________________________________

Clinical Instructor’s Name: ________________________________________________

Clinical Instructor’s Name: ________________________________________________

Clinical Instructor’s Name: ________________________________________________

Center Coordinator of Clinical Education’s Name: ____________________________

QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS / ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
1. Practices in a safe manner that minimizes risk to patients self, and others.

M □ F □

SAMPLE BEHAVIORS

a) Observes health and safety regulations.
b) Maintains safe working environment.
c) Recognizes physiological and psychological changes in patients and adjusts treatment accordingly.
d) Demonstrates awareness of contraindications and precautions of treatment.
e) Requests assistance when necessary.
f) Uses acceptable techniques for safe handling of patients.
g) Protects welfare of self, patient, and others in emergency situations.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

Midterm □ Final □

Midterm Comments: ____________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Final Comments: ____________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
2. Presents self in a professional manner.

SAMPLE BEHAVIORS
a) Accepts responsibility for own actions.
b) Is punctual and dependable.
c) Completes scheduled assignments in a timely manner.
d) Wears attire consistent with expectations of the practice setting.
e) Demonstrates initiative.
f) Abides by the policies and procedures of the practice setting.
g) Adapts to change.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

Midterm Comments: ____________________________

Final Comments: ____________________________
3. Demonstrates professional behavior during interactions with others.

M □ F □ Not Observed  M □ F □ Entry-Level Performance
Novice Clinical Performance With Distinction

SAMPLE BEHAVIORS
a) Maintains productive working relationships with patients, families, CI, and others.
b) Treats others with positive regard, dignity, respect, and compassion.
c) Maintains confidentiality.
d) Demonstrates behaviors that contribute to a positive work environment.
e) Accepts criticism without defensiveness.
f) Manages conflict in constructive ways.
g) Makes choices after considering the consequences to self and others.
h) Assumes responsibility for choices made in situations presenting legal or ethical dilemmas.
i) Maintains patient privacy and modesty (eg. Draping, confidentiality).

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

Midterm □ Final □

Midterm Comments: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Final Comments: _________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS / ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
4. Adheres to ethical practice standards.

M □ F □  M □ F □
Novice Clinical Performance  Entry-Level Performance

<table>
<thead>
<tr>
<th>SAMPLE BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Abides by relevant ethical codes and standards of practice guidelines.</td>
</tr>
<tr>
<td>b) Adheres to institutional policy and procedures.</td>
</tr>
<tr>
<td>c) Identifies situations in which ethical questions are present.</td>
</tr>
<tr>
<td>d) Reports violations of ethical practice.</td>
</tr>
</tbody>
</table>

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

Midterm □  Final □

Midterm Comments: ________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Final Comments: ________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
5. Adheres to legal practice standards.

M □ F □  Novice Clinical Performance  M □ F □  Entry-Level Performance

SAMPLE BEHAVIORS
a) Abides by pertinent state (province) and federal laws and regulations, including those applying to state licensure laws.
b) Identifies situations in which legal questions are present.
c) Reports violations of laws governing practice of physical therapy.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

Midterm □  Final □

Midterm Comments:

______________________________________________

______________________________________________

______________________________________________

______________________________________________

Final Comments:  

______________________________________________

______________________________________________

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QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
6. Communicates in ways that are congruent with situational needs.

M ☐ F ☐
Novice Clinical Performance

M ☐ F ☐
Entry-Level Performance

SAMPLE BEHAVIORS

a) Communicates, verbally and nonverbally, in a professional and timely manner.

b) Initiates communication in difficult situations.

c) Selects the most appropriate person(s) with whom to communicate.

d) Communicates respect for the roles and contributions of all participants in patient care.

e) Listens actively and attentively to understand what is being communicated by others.

f) Demonstrates professionally and technically correct verbal communication.

g) Communicates using nonverbal messages that are consistent with intended message.

h) Interprets and responds to the nonverbal communication of others.

i) Evaluates effectiveness of his/her own communication and modifies communication accordingly.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

📞 Midterm ☐ Final ☐

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QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE ♦ COMPLEXITY OF TASKS / ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
7. Produces documentation to support the delivery of physical therapy services.

M □ F □  M □ F □
Novice Clinical Performance Entry-Level Performance

SAMPLE BEHAVIORS
a) Selects relevant information to document the delivery of physical therapy patient care.

b) Documents all aspects of physical therapy care, including screening, examination, evaluation, plan of care, treatment, response to treatment, discharge planning, family conferences, and communication with others involved in delivery of patient care.

c) Produces documentation that follows guidelines and format required by the practice setting.

d) Documents patient care consistent with guidelines and requirements of regulatory agencies and third-party payers.

e) Produces documentation that is accurate, concise, timely, and legible.

f) Demonstrates professionally and technically correct written communication skills.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

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QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
8. Adapts delivery of physical therapy care to reflect respect for and sensitivity to individual differences.

M □ F □ Novice Clinical Performance  M □ F □ Entry-Level Performance

SAMPLE BEHAVIORS
a) Exhibits sensitivity to differences in race, creed, color, gender, age, national or ethnic origin, sexual orientation, and disability or health status in:
   • Communicating with others.
   • Developing plans of care.
   • Implementing plans of care.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

Midterm □ Final □

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QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
9. Applies the principles of logic and the scientific method to the practice of physical therapy.

**SAMPLE BEHAVIORS**

a) Presents cogent and concise arguments or rationale for clinical decisions.
b) Makes clinical decisions within the context of ethical practice and informed consent.
c) Utilizes information from multiple data sources to make clinical decisions.
d) Seeks disconfirming evidence in the process of making clinical decisions.
e) Critically evaluates published research articles relevant to physical therapy and applies to clinical practice.
f) Participates in clinical research.
g) Describes sources of error in the collection of clinical data.
h) Demonstrates an ability to make clinical decisions in ambiguous situations.
i) Distinguishes practices based on traditional beliefs from practices that are scientifically based.
j) Uses appropriate outcome measures in the delivery and assessment of ongoing patient care.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

**Midterm Comments:**


Final Comments:


QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE ♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
10. Screens patients using procedures to determine the effectiveness of and need for physical therapy services.

SAMPLE BEHAVIORS
a) Identifies critical signs and symptoms that signal appropriateness for physical therapy examination.
b) Selects appropriate screening procedures.
c) Conducts screening.
d) Interprets screening findings.
e) Based on screening, determines appropriateness for physical therapy or referral to other providers.
f) Performs physical therapy screening in a technically competent manner.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

Midterm □ Final □

Midterm Comments: 

Final Comments:
11. Performs a physical therapy patient examination

M □ F □

Novice Clinical Performance

M □ F □

Entry-Level Performance

SAMPLE BEHAVIORS
a) Selects reliable and valid physical therapy examination methods relevant to the chief complaint, results of screening, and history of the patient.
b) Obtains accurate information by performing the selected examination methods.
c) Adjusts examination according to patient response.
d) Performs examination minimizing risk to patient, self and others involved in the delivery of the patient’s care.
e) Perform physical therapy examination procedures in a technically competent manner.

SEE APPENDIX B FOR LIST OF TESTS AND MEASURES.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

Midterm □ Final □

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QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
12. Evaluates clinical findings to determine physical therapy diagnoses and outcomes of care.

SAMPLE BEHAVIORS
a) Synthesizes examination data to complete the physical therapy evaluation.
b) Interprets clinical findings to establish a diagnosis within the practitioner's knowledge base.
c) Identifies competing diagnoses which must be ruled out to establish a diagnosis.
d) Explains the influence of pathological, pathophysiological, and pharmacological processes on the patient's movement system.
e) Identifies other medical, social, or psychological problems influencing physical therapy and not identified through diagnosis of a patient's problem.
f) Uses clinical findings and diagnosis to establish a prognosis within the practitioner's knowledge base.
g) Performs regular re-examinations of patient status.
h) Performs regular re-evaluations of the effectiveness of patient treatment.
i) Evaluates changes in patient status.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

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QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS / ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
13. Designs a physical therapy plan of care that integrates goals, treatment, outcomes, and discharge plans.

SAMPLE BEHAVIORS
a) Establishes goals and desired functional outcomes that specify expected time durations.
b) Establishes a physical therapy plan of care in a collaboration with the patient, family, caregiver, and others involved in the delivery of health care services.
c) Establishes a plan of care consistent with the examination and evaluation.
d) Establishes a plan of care minimizing risk to the patient and those involved with the delivery of patient’s care.
e) Establishes a plan of care designed to produce the maximum patient outcome(s) utilizing available resources.
f) Adjusts the plan of care in response to changes in the patient status.
g) Selects intervention strategies to achieve the desired outcomes.
h) Establishes a plan for patient discharge in a timely manner.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

Midterm □ Final □

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QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
14. Performs physical therapy interventions in a competent manner.

M □  F □  Novice Clinical Performance  M □  F □  Entry-Level Performance

SAMPLE BEHAVIORS

a) Performs effective, efficient, fluid, and coordinated movement in providing technically competent interventions for patients.
b) Performs interventions consistent with the plan of care.
c) Provides intervention in a manner minimizing risk to self, to the patient, and to others involved in the delivery of the patient’s care.
d) Uses intervention time efficiently and effectively.
e) Adapts intervention to meet the individual needs and responses of the patient.

SEE APPENDIX B FOR LIST OF INTERVENTIONS

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

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QUALITY OF CARE  ♦  SUPERVISION / GUIDANCE REQUIRED  ♦  CONSISTENCY OF PERFORMANCE
♦  COMPLEXITY OF TASKS/ENVIRONMENT  ♦  EFFICIENCY OF PERFORMANCE
15. Educates others (patients, family, caregivers, staff, students, and other health care providers) using relevant and effective teaching methods.

M □ F □  [ ] M □ F □
Novice Clinical Performance  Entry-Level Performance

SAMPLE BEHAVIORS

a) Identifies and establishes priorities for educational needs in collaboration with the learner.
b) Designs educational activities to address identified needs.
c) Conducts educational activities using a variety of instructional strategies as needed.
d) Evaluates effectiveness of educational activities.
e) Modifies educational activities considering the learner’s needs, characteristics, and capabilities.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

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16. Participates in activities addressing the quality of service delivery.

SAMPLE BEHAVIORS
a) Seeks information regarding quality of care rendered by self and others under their supervision.

b) Provides recommendations for developing or modifying guidelines based on outcome measures, effectiveness studies, and clinical observations.

c) Follows established guidelines for the delivery of physical therapy services (e.g., critical/clinical pathways, protocols).

d) Participates in quality assurance, peer review, utilization review, etc.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

☐ Midterm ☐ Final ☐

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QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
17. Provides consultation to individuals, businesses, schools, government agencies, or other organizations.

M □ F □ Novice Clinical Performance  M □ F □ Entry-Level Performance

SAMPLE BEHAVIORS
a) Determines need for consultation services.
b) Recommends consultation services.
c) Uses knowledge and expertise to help others solve physical therapy-related problems.
d) Provides consultation services such as ergonomic evaluations, school system assessments, and corporate environmental assessments.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

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QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS / ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
18. Addresses patient needs for services other than physical therapy as needed.

M □ F □ ______________________________ M □ F □
Novice Clinical Performance Entry-Level Performance

SAMPLE BEHAVIORS
a) Determines needs of and available resources for patient.
b) Recommends referrals on expertise and effectiveness of providers.
c) Advocates for appropriate patient services and resources.
d) Assists patient in accessing resources.
e) Coordinates services of other health care providers.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

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19. Manages resources (eg, time, space, equipment) to achieve goals of the practice setting.

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SAMPLE BEHAVIORS
a) Sets priorities for the use of resources to maximize outcomes.
b) Functions within the organizational structure of the practice setting.
c) Uses time effectively.
d) Coordinates physical therapy with other services to facilitate efficient and effective patient care.
e) Schedules patients, equipment, and space.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

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20. Incorporates an understanding of economic factors in the delivery of physical therapy services.

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Novice Clinical Performance  Entry-Level Performance

SAMPLE BEHAVIORS
a) Adapts physical therapy services to the economic factors of the health care environment.
b) Submits accurate patient charges on time.
c) Acts in a fiscally responsible manner.
d) Provides recommendations for equipment and supply needs.
e) Adheres to reimbursement guidelines established by payers.
f) Negotiates with reimbursement entities for changes in individual patient services.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

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21. Uses support personnel according to legal standards and ethical guidelines.

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Novice Clinical Performance

M □ F □

Entry-Level Performance

SAMPLE BEHAVIORS

a) Determines physical therapy-related tasks that can be legally and ethically delegated.
b) Delegates physical therapy-related tasks to facilitate effective and efficient patient care.
c) Informs the patient of the decision to delegate the physical therapy-related care and the rationale for delegating.
d) Delegate physical therapy-related tasks to the appropriate support personnel.
e) Demonstrates respect for the contributions of support personnel.
f) Monitors the care delivered by support personnel.
g) Provides regular feedback to support personnel.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

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QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
22. Demonstrates that a physical therapist has the professional/social responsibilities beyond those defined by work expectations and job description.

SAMPLE BEHAVIORS

a) Demonstrates a willingness to alter schedule to accommodate patient needs and facility requirements.

b) Participates in special events organized in the practice setting related to patients and the delivery of care.

c) Participates in professional organizations and service groups.

d) Promotes the professional of physical therapy.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

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23. Implements a self-directed plan for professional development and lifelong learning.

SAMPLE BEHAVIORS
a) Demonstrates an awareness of own strengths and limitations.
b) Seeks guidance as necessary to address limitations.
c) Modifies behavior based on self-evaluation and constructive feedback.
d) Establishes realistic goals in a plan of professional development.
e) Participates in learning experiences within the practice setting.
f) Participates in opportunities for professional growth.
g) Discusses progress of professional growth.
h) Seeks opportunities to learn.
i) Accepts responsibility for continuous professional learning.
j) Demonstrates knowledge of current professional issues and practice.
k) Periodically assesses own professional development.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

Midterm □  Final □  

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QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE ♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
24. Addresses primary and secondary prevention, wellness, and health promotion needs of individuals, groups, and communities.

M □ F □
Novice Clinical Performance

M □ F □
Entry-Level Performance

SAMPLE BEHAVIORS
a) Educates patients or other individuals, groups, or communities on health promotion, prevention, and wellness by providing information on impairment, disease, disability, and health risks related to age, gender, culture, and lifestyle.
b) Incorporates the concept of self-responsibility in wellness and health promotion.
c) Proposes procedures for monitoring effects of health promotion, prevention, or wellness programs.
d) Describes potential health problems addressed by physical therapy in individual, groups, and communities.
e) Performs screening programs appropriate to physical therapy.

Significant Concerns: Check below if performance on the criterion places student at risk of failing this clinical experience.

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QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE
♦ COMPLEXITY OF TASKS/ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
SUMMATIVE COMMENTS

Given this student’s level of academic and clinical preparations and the objectives for this clinical experience, identify strengths and areas needing improvement. If it is the student’s final clinical experience, comment on the student’s overall performance as a physical therapist.

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EVALUATION SIGNATURES

MIDTERM EVALUATION
We have read and discussed this evaluation.

__________________________________________  __________________________
Signature of Student  Date

__________________________________________
Academic Institution

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Evaluator Name (Print)  Position/Title

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Signature of Evaluator (1)  Date

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Evaluator Name (Print)  Position/Title

__________________________________________  __________________________
Signature of Evaluator (2)  Date

FINALEVALUATION
We have read and discussed this evaluation.

__________________________________________  __________________________
Signature of Student  Date

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Academic Institution

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Evaluator Name (Print)  Position/Title

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Signature of Evaluator (1)  Date

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Evaluator Name (Print)  Position/Title

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Signature of Evaluator (2)  Date

QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE ♦ COMPLEXITY OF TASKS / ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
GLOSSARY
CAREGIVER: One who provides care, often used to describe a person other than a health care professional.

CASE MANAGEMENT: The coordination of patient care or client activities.

CLIENT: An individual who is not necessarily sick or injured but who can benefit from a physical therapist’s consultation, professional advice, or services. A client also is a business, a school system, or other entity that may benefit from specific recommendations form a physical therapist.

CLINICAL EDUCATION EXPERIENCE: These experiences comprise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge and skills in the clinical environment. Experiences would include those of short and long duration (eg, part-time, full-time, internships) and those that provide a variety of learning experiences (eg, rotations on different units within the same practice setting, rotations between different practice settings within the same health care system) to include comprehensive care of patients across the life span and related activities.

CLINICAL INDICATIONS: The patient factors (eg, symptoms, impairments, deficits) that suggest that a particular kind of care (examination, intervention) would be appropriate.

CLINICAL INSTRUCTOR (CI): Individual at the clinical education site who directly instructs and supervises students during their clinical learning experiences. CIs are responsible for facilitating clinical learning experiences and assessing students’ performance in cognitive, psychomotor, and affective domains as related to entry-level clinical practice and academic and clinical performance expectations.

COMPLEXITY OF TASKS/ENVIRONMENTS: Multiple requirements of the patient or environment (eg, simple, complex). The complexity of the environment can be altered by controlling the number and types of elements to be considered in the performance, including patients, equipment, issues, etc. As a student progresses through clinical education experiences, the complexity of tasks/environment should increase, with fewer elements controlled by the CI.

CONSISTENCY: The frequency of occurrences of desired behaviors related to the performance criterion (eg, infrequently, occasionally, routinely). As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

CONSULTATION: The provision, by a physical therapist, of professional opinion or of advice.

CONSUMER: One who acquires, uses, or purchases goods or services; any actual or potential recipient of health care.
CRITICAL INQUIRY: The process of applying the principles of scientific methods to read and interpret professional literature, participate in research activities, and analyze patient care outcomes, new concepts and findings.

DIAGNOSIS: both the process and the end result of the evaluation of information obtained from the patient examination. The physical therapist organizes the evaluation information into defined clusters, syndromes, or categories to determine the most appropriate intervention strategies for each patient.

DOCUMENTATION: All written forms of communication provided related to the delivery of patient care, to include written correspondence, electronic record keeping, and word processing.

EDUCATION: Knowledge or skill obtained or developed by a learning process: a process designed to change behavior by formal instruction and/or supervised practice, which includes teaching, training, information sharing, and specific instructions.

EFFICIENCY: The ability to perform in a cost-effective and timely manner (eg, inefficient/slow, efficient/timely). As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely.

EVALUATION: A dynamic process in which the physical therapist makes clinical judgements based on data gathered during the examination.

EXAMINATION: The process of obtaining a patient history, performing relevant systems reviews, and selecting and administering specific tests and measures.

FUNCTION: The special, normal, or proper action of any part or organ: an activity identified by an individual as essential to support physical and psychological well-being as well as to create a personal sense of meaningful living; the action specifically for which a person or thing is fitted or employed: an act, process, or series of processes that serve a purpose; to perform an activity or to work properly or normally.

FUNCTIONAL LIMITATION: A restriction of the ability to perform a physical action, activity, or task in a typically expected, efficient, or competent manner.

GOAL: The long-term statement(s) that define the patient’s expected level of performance at the end of the rehabilitation process: the functional outcomes of therapy, indicating the amount of independence, supervision, or assistance required and the equipment or environmental adaptation necessary to ensure adequate performance. Desired outcomes may be stated as long-term or short-term as determined by the needs of the patient and the setting.

HEALTH CARE PROVIDER: A person or organization offering health services directly to patients or clients.

HEALTH PROMOTION: Activity designed to develop healthy behaviors in such areas as exercise, diet, avoidance of drug abuse, etc.
HEALTH STATUS: The level of an individual’s physical, mental, affective, and social function: health status is an element of well-being.

HISTORY: An account of past and present health status that includes the identification of complaints and provides the initial source of information about the patient. The history also suggests the patient’s ability to benefit from physical therapy services.

INTERVENTION: The purposeful and skilled interaction of the physical therapist or physical therapist assistant with the patient or client, using various methods and techniques to produce changes in the condition of the patient or client. Intervention has three components: direct intervention: instruction of the patient or client and family; and coordination, communication, and documentation.

NOVICE CLINICAL PERFORMANCE: A physical therapist student who provides quality of care only with uncomplicated patients and a high degree of supervision. Without close supervision, the student’s performance and clinical decision making are inconsistent and require constant monitoring and feedback. This is typically a student who is inexperienced in clinical practice or who performs as though he or she has had to limited or no opportunity to apply academic knowledge or clinical skills.

OBJECTIVE: A measurable behavioral statement of an expected response or outcome: something worked toward or striven for: a statement of direction or desired achievement that guides actions and activities.

OUTCOME: The result of physical therapy management expressed in five areas: prevention and management of symptom manifestation, consequences of disease (impairment, disability, and/or role limitation), cost-benefit analysis, health-related quality of life, and patient satisfaction. A successful outcome includes improved or maintained physical function when possible and slowed decline in function where the status quo cannot be maintained, and is considered meaningful by the patient.

OUTCOME ANALYSIS: A systematic examination of patient outcomes in relation to selected patient variables (eg, age, gender, diagnosis, interventions performed): outcomes analysis may be used in quality assessment, economic analysis of practice, etc.

PATIENT: An individual who is receiving direct intervention for an impairment, functional limitation, disability, or change in physical function and health status resulting from injury, disease, or other causes; an individual receiving health care services.

PHYSICAL FUNCTION: Fundamental components of health status describing the state of those sensory and motor skills necessary for mobility, work and recreation.

PHYSICAL THERAPIST: A licensed health care professional who offers services designed to preserve, develop, and restore maximum physical function.

PHYSICAL THERAPIST ASSISTANT: An educated health care provider who performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

QUALITY OF CARE ♦ SUPERVISION / GUIDANCE REQUIRED ♦ CONSISTENCY OF PERFORMANCE ♦ COMPLEXITY OF TASKS / ENVIRONMENT ♦ EFFICIENCY OF PERFORMANCE
PLAN OF CARE: A plan that specifies the: long-term and short-term outcome/goal; predicted level of maximal improvement: specific interventions to be used: duration and frequency of the intervention required to reach the outcome/goal: and the criteria for discharge.

PRESENTING PROBLEM: The specific dysfunction that causes an individual to seek attention or intervention (ie, chief complaint).

PREVENTION: Activities concerned with slowing or stopping the occurrence of both mental and physical illness and disease: minimizing the effects of a disease or impairment on disability: reducing the severity or duration of an illness. Primary: Preventing the development of disease in a susceptible or potentially susceptible population through specific measures such as immunization and through general health promotion efforts. Secondary: Seeking to shorten the duration of illness, reduce severity of diseases, decrease the possibility of contagion, and limit sequelae through early diagnosis and prompt therapy. Tertiary: Attempting to limit the degree of disability and promoting rehabilitation and restoration of patients with chronic and irreversible diseases.

PROGNOSIS: The determination of the level of maximal improvement that might be attained by the patient and the amount of time needed to reach that level.

QUALITY: The degree of skill or competence demonstrated (eg, limited skill, high skill), the relative effectiveness of the performance (eg, ineffective, highly effective), and the extent to which outcomes meet the desired goals. A continuum of quality might range from demonstration of limited skill and effectiveness to a highly skilled and highly effective performance.

ROLE: A behavior pattern that defines a person’s social obligations and relationships with others (eg, father, husband, son).

SCREENING: Determining the need for further examination or consultation by a physical therapist or for referral to another health care professional. Cognitive screening: Briefly assessing a patient’s thinking process (eg, ability to process commands).

SUPERVISION/GUIDANCE REQUIRED: Level and extent of assistance required by the student to achieve clinical performance at entry-level. As a student progresses through clinical education experiences, the degree of monitoring needed is expected to progress from full-time monitoring/direct supervision or cueing for assistance to initiate, to independent performance with consultation. The degree of supervision and guidance may vary with the complexity of the patient or environment.

TECHNICALLY COMPETENT: Correct performance of a skill.

TESTS AND MEASURES: General methods and techniques used to conduct an examination.

TREATMENT: One or more interventions used to ameliorate impairments, functional limitations, or disability or otherwise produce changes in the health status of the patient; the sum of all interventions provided by the physical therapists to a patient during an episode of care.
VISUAL ANALOG SCALE (VAS): A scale used to measure any variable that allows the patient to indicate a degree of that variable by pointing to a visual representation of its intensity. In the case of this clinical performance instrument, the VAS represents the line or continuum of performance, ranging from “novice student clinical performance” to “entry-level clinical performance.”

WELLNESS: A concept that embraces the proactive, positive approach to good health. Wellness advocates seek to increase a person’s level of health as a preventive measure to guard against future disease or pathology.

EVALUATION OF IN-SERVICE

Name ___________________________ Topic ___________________________________
Date ____________________________

Please comment on the following:

1. Organization of presentation

2. Accuracy and clarity of content

3. Relevance and application to PT

4. Use of appropriate supportive materials (e.g. X-rays, charts, graphs, etc.)

5. Stayed within time limits

6. Appearance (posture, grooming, poise, dress)

7. Mannerisms

8. Eye contact

9. Projection of voice

10. Use of language (professional, correct English)

11. Comments

CI Signature _______________________________
PHYSICAL THERAPIST STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

June 12, 2003

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

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

Key Assumptions

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

Acknowledgement

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

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O’Loughlin, PT, MA

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**SECTION 1: PT STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE**

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

1. Name of Clinical Education Site ________
   Address ________ City ________ State ________

2. Clinical Experience Number ________

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

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

**Orientation**

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

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

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

**Patient/Client Management and the Practice Environment**

*For questions 7, 8, and 9, use the following 4-point rating scale:*

1 = Never  2 = Rarely  3 = Occasionally  4 = Often

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

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

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

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

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

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

Clinical Experience

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

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

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

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

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

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

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

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

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.

Time well spent; would recommend this clinical education site to another student.

Some good learning experiences; student program needs further development.

Student clinical education program is not adequately developed at this time.

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

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

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

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

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

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

Assessment of Clinical Instruction

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

1=Strongly Disagree  2=Disagree  3=Neutral  4=Agree  5=Strongly Agree

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

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

Midterm Evaluation  ☐ Yes ☐ No  Final Evaluation  ☐ Yes ☐ No
24. If there were inconsistencies, how were they discussed and managed?
   Midterm Evaluation ______
   Final Evaluation ______

25. What did your CI(s) do well to contribute to your learning?
   Midterm Comments ______
   Final Comments ______

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

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.
Student Name: ______________________ Date: ______________________

Site Name: ______________________ CI Name ______________________

Type of Rotation: _____ Acute Care  _____ Outpatient  _____ Rehab/Sub-Acute/SNF

_____ Other ______________________

I. On the first day of the clinical practicum, provide your clinical instructor (CI) with the evaluation form and review it.

II. After the twelfth visit, complete a self-assessment by marking the appropriate box in Table 1 below. Then comment on your performance for Table 2, 3, and 4.

III. Ask your CI to also complete the form and schedule a time before or during your fourteenth visit to meet and review the form.

Table 1: Practicum Activities: Please indicate which activities student observed, assisted with, or performed.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Observed</th>
<th>Participated/Assisted</th>
<th>Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed Mobility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfers/Transfer Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic Exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROM Measurements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMT Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gait Assessment/Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review Medical Record/Chart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking Vital Signs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchair Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modalities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual Therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Examination/Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

University of North Florida
Physical Therapy Program

Midterm Conference Report

Date: ___________________ Site Name: ________________________________

Site Phone Number: _______________ CI Name: ________________________________

Student: ___________________ Student Cellphone: ___________ Faculty Member: ________________

Type of Rotation: ___ Acute Care ___ Outpatient ___ Sub-acute/SNF

___ Neuro ___ Pediatric ___ Other (please describe)

Rotation # ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ Site Visit ___ Phone Call

Midterm CPI discussion has already occurred? Yes ______ No, scheduled for ____________________

*CI identifies student’s strengths as: ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

*CI identifies areas that need improvement to include: ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

*Plan for improvement on area of need: ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Areas of major concern?  No____ Yes____ Notify DCE asap and develop action plan with student

Student comments: Does student agree or disagree with CI comments? ____________________

____________________________________________________________________________________

• Is student receiving adequate feedback and supervision? ________________________________

____________________________________________________________________________________

• Does student know what is expected of him/her? ________________________________

____________________________________________________________________________________

• Is internship a good learning opportunity? ________________________________

____________________________________________________________________________________

Any curriculum and/or clinical education suggestions for our program by CI: ____________________

____________________________________________________________________________________

Faculty Observations on site and experience: ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

*If midterm CPI is complete and reviewed by preceptor, only additional comments or recent changes are needed.
Dear Clinical Instructor:

Thank you so much for working with our UNF PT students! As the student begins his/her clinical practicum at your site, I would like to share with you the general expectations for this part-time clinical experience.

At this point, the student has completed Gross Anatomy, Professional Issues, Clinical Skills, Clinical Education Prep, and Human Physiology. During this practicum experience, the student is completing Kinesiology, Examination and Intervention, Neuroscience I, and Clinical Inquiry I.

Based on the academic experience of the student thus far, the student should be able to fully participate in activities such as taking and monitoring vital signs, assisting patients with therapeutic exercise, transfer training, gait training, assistive device fitting and use, and identifying ethical and legal issues that may arise during a patient’s care. Although this is the student’s first clinical experience as a DPT student, we hope this experience is not for observation only.

The student is expected to ask appropriate and relevant questions in order to build on what he/she has already learned, and be able to demonstrate increased knowledge in these areas as the clinical practicum experience progresses from beginning to end.

The following is a link to our Clinical Education Website:

We truly appreciate your willingness to work with our students and hope this letter offers some guidance in how to work with our students and what to expect. Please do not hesitate to contact us with any questions or concerns.

Sincerely,

Donni Welch-Rawls, PT, DPT, MS Director of Clinical Education University of North Florida
Physical Therapy Program
elch-rawls@unf.edu 904-620-1539
Dear Clinical Instructor,

Thank you for being a part of the clinical education component of UNF’s Physical Therapy Program. As our students begin their first full-time clinical internship, I would like to inform you of the courses the students have completed and general expectations of this clinical experience.

The students have completed the following courses:

<table>
<thead>
<tr>
<th>Gross Anatomy for Physical Therapists</th>
<th>Examination and Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Issues</td>
<td>Neuroscience I: Clinical</td>
</tr>
<tr>
<td>Clinical Skills</td>
<td>Neuroanatomy/Physiology</td>
</tr>
<tr>
<td>Kin sioogy</td>
<td>Clinical Inquiry I</td>
</tr>
<tr>
<td>Human Physiology</td>
<td>Therapeutic Modalities</td>
</tr>
<tr>
<td></td>
<td>Pharmacology</td>
</tr>
</tbody>
</table>

The students have not yet had comprehensive courses in the areas of Orthopedics, Pathophysiology, Integument, Neurology, Cardiopulmonary, Differential Diagnosis, Pediatrics, Geriatrics, and Spinal Cord Injuries and Prosthetics.

At this point in their education, our students are expected to actively participate and be competent in evaluations, examinations, and developing a plan of care for patients with diagnoses already covered in the curriculum, as well as advocating appropriately for the patient, communicating with all appropriate disciplines related to a patient’s care, and using evidence based medicine. The students should be active participants in learning, seeking out information they do not know, and recognizing their areas of strength and areas in which they need to improve.

The following is a link to our Clinical Education Website:

We truly appreciate your willingness to work with our students and hope this letter offers some guidance in how to work with our students and what to expect. Please do not hesitate to contact us with any questions or concerns.

Sincerely,

Donni Welch-Rawls, PT, DPT, MS
Director of Clinical Education
University of North Florida
Physical Therapy Program
904-620-1539
d.welch-rawls@unf.edu
Dear Clinical Instructor,

Thank you for being a part of the clinical education component of UNF’s Physical Therapy Program. As our students come to you for their second and third full-time clinical internships, they have completed 2 full years of coursework. I would like to inform you of the courses the students have completed and general expectations for this clinical experience.

The students have completed the following courses:

- Gross Anatomy for Physical Therapists
- Professional Issues
- Clinical Skills
- Kinesiology
- Human Physiology
- Examination and Intervention
- Neuroscience I: Clinical
- Neuroanatomy/Physiology
- Clinical Inquiry I & II
- Therapeutic Modalities
- Pharmacology
- Orthopedic Physical Therapy I: Extremities
- Applied Pathophysiology
- Neuroscience II: Motor Control and Learning
- Neurology I: Pathology, Examination, and Intervention
- Physical Therapy Management of the Integument
- Exercise Physiology/Cardiopulmonary
- Orthopedic Physical Therapy II: Spine & Occupational Health
- Neurology II: Advanced Examination and Intervention

Students have not yet had courses in Differential Diagnosis, Pediatrics, Geriatrics, Spinal Cord Injuries, Prosthetics, Leadership in PT, or Special Topics.

At this point in their education, our students are expected to actively participate and be competent in all aspects of physical therapy including evaluations, examinations, diagnosis, prognosis, and developing a plan of care for patients with diagnoses covered in the curriculum, as well as advocating appropriately for the patient, communicating with all appropriate disciplines related to a patient’s care, and using evidence based medicine. The students should be active participants in learning, seeking out information they do not know, and recognizing their areas of strength and areas in which they need to improve.

The following is a link to our Clinical Education Website:

We truly appreciate your willingness to work with our students. Please do not hesitate to contact us with any questions or concerns.

Sincerely,

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Director of Clinical Education
University of North Florida
Physical Therapy Program
904-620-1539
d.welch-rawls@unf.edu
Dear Clinical Instructor,

Thank you for being a part of the clinical education component of UNF’s Physical Therapy Program. As our students begin their fourth and fifth full-time clinical internship, I would like to inform you that the students have completed all of their course work.

At this point in their education, our students are expected to be practicing at entry-level, pending previous experience and facilities. The students should be active participants in learning, seeking out information they do not know, and recognizing their areas of strength and areas in which they need to improve.

The following is a link to our Clinical Education Manuel:

We truly appreciate your willingness to work with our students and hope this letter offers some guidance in how to work with our students and what to expect. Please do not hesitate to contact us with any questions or concerns.

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