Clinical Education Expectations and Evaluation

The purpose of this document is to facilitate planning clinical experiences.

During clinical experiences, the university expects students to contribute to facility goals by providing high quality clinical, educational, research, and administrative services, and to actively participate in the clinical education process. The university expects facilities to supervise students while they apply the knowledge and skills they have gained in coursework, and does not expect facility staff to teach students content that will be addressed in subsequent courses. Students should expect to earn independence commensurate with their educational preparation and abilities. They should be independent by the end of Clinical Experience IV; however, we do not expect that students will achieve independence by the end of Clinical Experiences I, II or III. Given their educational preparation to date, with supervision, they should demonstrate safe, effective, ethical and legal physical therapy practice.

During any clinical experience, facilities can expect students to contribute to daily operations, including weekends and evenings. By contributing to daily operations, students are provided with the opportunity to develop skills in the variety of roles of the physical therapist (direct patient care, education, critical inquiry, administration, and consultation). Examples of ways that students can contribute to facilities include:

Clinical Services
- Function effectively on healthcare teams.
- Provide effective and efficient administrative, clinical, research, and educational services.
- Work collaboratively with PT/PTA students from Northwestern or other programs.

Educational Services
- Design or teach community education or in-house patient education programs.
- Participate in study groups or journal clubs.
- Assist in supervising part-time experiences for PT/PTA students.
- Orient other students to selected facility procedures such as documentation, procuring equipment for patients, discharge planning resources, or scheduling.

Evidence Based Practice
- Access and use current evidence to support decisions or answer clinical questions.
- Develop a case study.
- Use appropriate outcome measures.
- Assist with ongoing clinical research projects.

Administrative Services
- Direct and supervise support personnel.
- Collect data to measure quality or productivity.
- Review peers’ intervention plans/documentation.
- Assist with community outreach programs.
- Review the literature or investigate resources for patients and staff.
- Assist with administrative projects/operations.

Consultation Services
- Provide patient-related consultation at the request of another practitioner, a patient, or an organization.
- Advise a referring practitioner about the indications for physical therapy intervention.
- Educate other health practitioners by providing professional advice or expert opinion.
Clinical Instructor Responsibilities

The APTA has detailed voluntary guidelines for clinical instructors. The guidelines are divided into six key areas:

- Clinical competence and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy.
- Effective communication skills.
- Effective behavior, conduct, and skill in interpersonal relationships.
- Effective instructional skills.
- Effective supervisory skills.
- Performance evaluations skills (midterm and final).

Northwestern University expects clinical instructors to:

1. Possess a desire to guide students’ professional development.
2. Manage student’s clinical internship in a collegial manner that demonstrates unconditional positive regard for the student.
3. Maintain an environment that is conducive to effective clinical learning.
5. Familiarize themselves with the student’s goals and expectations for the clinical internship.
6. Prepare for the student’s arrival and determine the starting point of the clinical internship.
7. Provide a structured learning experience by progressing the student’s learning with patients/environments from simple to complex and modifying the supervision/guidance provided to the student.
8. Provide patient care and other learning opportunities that are consistent with the student’s level of preparation.
9. Assist student with developing behavioral objectives appropriate to the setting and student’s level of preparation.
10. Utilize a variety of teaching/coaching strategies to assist the student to meet clinical performance expectations.
11. Provide student supervision that is consistent with facility, legal, and APTA guidelines.
12. Provide timely and effective, balanced formative feedback.
13. Document summative feedback on the PT CPI Web at the midpoint and completion of the clinical internship.
14. When indicated, use adjunct documentation to describe student’s performance, such as weekly/summary planning forms, anecdotal record, critical incident report, student program planning flow chart, and learning development plans.
15. Contact the CCCE and/or DCE when there are concerns with a student’s clinical performance.
16. Participate in planning/modifying the internship when student is not meeting or is exceding clinical performance expectations.
Clinical Instructor Rights and Privileges

The faculty of the Department of Physical Therapy and Human Movement Sciences highly values the service of clinical educators. To show our appreciation, the Department extends to you the following rights and privileges.

The rights of clinical faculty include:
- the right to dismiss students whose actions are unsafe for patients or themselves,
- the right to dismiss students whose actions are unprofessional, illegal, or unethical,
- the right to give input about the clinical and didactic portions of the curriculum to the Department,
- the right to participate in clinical instructor development activities sponsored by the Department,
- the right to be invited to participate on Department committees and Task Forces, and
- access to the Directors of Clinical Education through site visits, phone calls, or electronic mail.

Privileges and benefits provided to the clinical education faculty are as follows:
- partial support for continuing education courses,
- access to the library facilities at Northwestern University Feinberg School of Medicine,
- partial support for undergraduate/graduate courses offered by Northwestern University,
- selected textbooks or manuals for the facility library,
- partial support for membership in the American Physical Therapy Association (APTA) or the Education Section of the APTA.
- partial support to attend clinical faculty development meetings sponsored by the Chicago Area Clinical Educators Forum (CACEF),
- faculty consultation for clinical or research questions, and
- guest speakers for inservices, based on faculty expertise and availability.

If you would like more information about rights and privileges given to clinical faculty, please contact Nora Francis at n-francis@northwestern.edu or 312-908-6796. Thank you for assisting us to prepare the next generation of physical therapists.

Clinical Experiences Evaluation

Students earn a grade of Pass/Fail for all clinical education experiences. Clinical instructors (CIs) use the Physical Therapist Clinical Performance Instrument for Students (PT CPI Web) to record their evaluation of the student’s performance and formally meet with students at midterm and completion of the experience to review and discuss students’ performance. Students self-assess their performance at midterm and final evaluations on the PT CPI Web. DCEs review the results of the documentation and may request a meeting to follow up on concerns with students’ performance. Grades are assigned by the Directors of Clinical Education (DCEs) based on CIs’ documentation of students’ clinical performance, student self-evaluations, and documentation as compiled by the DCEs during the clinical experience.

When determining the grade, emphasis is placed on the student’s demonstration of appropriate clinical practice (given educational preparation to date) related to safety, professionalism, accountability, communication, clinical reasoning, patient examinations, evaluations, and interventions. Descriptive comments provided by the CI at midterm and final evaluations and records of communication with the CIs and students are strongly considered in the grade assignment. Students are expected to demonstrate growth in all assessed behaviors and skills between midterm and final evaluations.

Students complete the Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction form to provide written feedback on the experience and the clinical instructor at midterm and completion of the experience. Students are also expected to successfully complete assigned projects and submit all required clinical education documentation by the requested deadline. When electronic submission of documentation is not feasible, students will assume the responsibility for guaranteed delivery of the required forms to the University.
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Clinical Experience I (6 weeks)
PURPOSE:

Throughout Clinical Experience I (CE I), the student will integrate coursework with clinical experience, develop a context for courses to follow, contribute to effective facility management, and focus on the clinical reasoning process. Given their academic preparation to date, students are expected to require close supervision and assistance to make effective clinical decisions.

Prior to CE I, students have been prepared to do the following:

**Examination/Evaluation:** medical record review; patient interview; observation; palpation; movement analysis; screening for the musculoskeletal and neuromuscular systems; posture; joint mobility; muscle length and force; balance and gait; activities of daily living; vital signs at rest and during activity; active spinal motion; pain assessment; use of outcome assessment measures; EKG & ABG interpretation; heart and lung auscultation; examination of the chest wall; evaluation of lab tests; cardiovascular and pulmonary medications; chest x-rays; nuclear medicine; ultrasound, & pulmonary function tests to assist with clinical decision-making; DTRs; myotomes; sensation including light touch, pinprick, and proprioception; ASIA testing; and muscle tone.

**Intervention/Planning:** bed mobility; basic balance interventions; management of life support equipment; positioning; transfers; wheelchair skills; gait training with assistive devices; pressure relief; therapeutic exercise for strength and hypomobility (stretching & PROM); heat, cold, and hydrotherapy; delegation/supervision of support personnel; documentation; quality improvement; and peer, colleague, community, and patient education.

**Evidence Based Practice:** For clinical decisions related to patient care situations, utilize best current evidence in the form of clinically valid research literature, experience of clinical personnel, and attention to cultural issues and personal biases/prejudices that might impact care.

**COURSE OBJECTIVES:**

1. Students will demonstrate appropriate professional behaviors that instill confidence and inspire others to want to work with them, including:
   a. initiative.
   b. sound judgment.
   c. appropriate emotional responses.
   d. flexibility.
   e. acceptance of responsibility.
   f. self-assessment
   g. utilization of constructive criticism
   h. interest in developing professional growth.

2. Students will develop broader awareness and comprehension of their professional role. Students will:
   a. demonstrate increasing comfort while functioning in a physical therapy practice.
   b. demonstrate rapport with professional and supportive personnel.
   c. establish effective relationships with clinical instructors, patients, and family members.
   d. conduct themselves according to the ethical and legal standards of the profession.
   e. demonstrate an awareness of the professional environment’s role in professional education.
   f. incorporate an understanding of individual and cultural differences into physical therapy practice.

3. Students will develop intermediate abilities in physical therapy examination, evaluation, and intervention. Students will demonstrate:
   a. ability to perform procedures safely.
b. developing ability to use a medical record.
c. developing skill in the application of learned physical therapy examination tools.
d. developing ability to complete a physical therapy evaluation, including development of long and short term goals.
e. developing ability to engage in the physical therapy diagnostic process, consistent with the policies and procedures of the practice setting.
f. developing ability to determine patient prognosis.
g. developing skills in interventions, especially functional mobility skills.
h. developing ability to adjust interventions as patient condition warrants.

4. Students will demonstrate intermediate abilities in effective written, verbal, and nonverbal communication.
   Students will demonstrate:
   a. developing abilities in effective written communication by formulating and completing documentation, following the guidelines and using the format required by the practice setting.
   b. effective verbal and nonverbal communication.
   c. developing ability to assess the effectiveness of their communication and modify appropriately.

5. Students will integrate acquired academic knowledge with clinical practice. Students will demonstrate intermediate abilities with:
   a. comprehension of the signs and symptoms associated with pathological conditions seen in the clinic.
   b. comprehension of effects of treatment on the patient.
   c. knowledge of the scientific basis and effectiveness of physical therapy examination procedures and interventions.
   d. ability to utilize professional literature when making clinical decisions.

Evaluation

Please refer to the information on page 2 regarding evaluation of clinical experiences. During Clinical Experience I, beginning abilities will be defined in the following manner based on the dimensions of performance included in the APTA Physical Therapist Clinical Performance Instrument for Students.

   Supervision/Guidance: Students require close supervision at all times and the clinical instructor provides moderate/maximal assistance with decision-making.
   Quality of Care: Students will be able to effectively select and provide appropriate examination techniques and interventions, given educational preparation to date.
   Consistency of Performance: By the completion of the experience, students will be consistently safe and effective with simple and familiar patients within the limits of examinations and interventions that have been covered in the curriculum. Students will be professional, safe, ethical, and legal at all times.
   Complexity of Tasks/Environments: Students will require minimal supervision and guidance with simple and familiar patients. Students will require close, maximal supervision and clinical instructor guidance with complex patients and in new situations.
   Efficiency of Performance: Improvement in efficiency and productivity is expected during the clinical experience. Consistency and quality of performance are emphasized over efficiency.

For Clinical Experience I, we expect students to conduct an administrative project or inservice for the facility as a thank you for guiding their professional development. The contribution is expected to be based upon the clinic or facility’s needs and be of importance to the site. CCCEs and CIs can help to identify realistic, yet meaningful, projects keeping in mind the students’ level of preparation and length of the internship. In addition, facilities can always have their own requirements separate of the University. In those situations, students are expected to effectively complete the requirements.
PURPOSE:

Throughout Clinical Experience II (CE II), the student will integrate coursework with clinical experience, develop a context for courses to follow, contribute to effective facility management, and focus on the clinical decision making process. Given their academic preparation to date, students are expected to require supervision and assistance to make effective clinical decisions.

In addition to the skills listed under CE I, students have been prepared to do the following:

**Examination/Evaluation:** aerobic capacity; cardiac and pulmonary status; musculoskeletal examination principles with specific application for thoracic spine, lumbar spine pelvis and the lower quadrant; cranial nerve function; ocular motor testing; central sensory function (light touch, pinprick, proprioception, stereognosis), active movement; balance and gait for patients with neuromuscular conditions

**Intervention/Planning:** therapeutic exercise for cardiovascular endurance; alignment; breathing, coughing, percussion and vibration, and postural drainage; electrical stimulation for muscle contraction/relaxation, pain, and inflammation; biofeedback for increasing/decreasing muscle activity; selecting and evaluating orthotics for spine problems; interventions for thoracic spine, lumbar spine, pelvis, and lower quadrant; selected soft tissue & joint mobilization/manipulation techniques; use of clinical prediction rules for specific treatment application; program development including needs and resource assessment, marketing, fiscal planning, and evaluation; gaze stabilization exercises and particle repositioning maneuvers; exercise/activities for active motion (selective motion); perception; coordination; muscle tone, balance, gait, and higher order cognitive skills for patients with neurological conditions

**Evidence Based Practice:** For clinical decisions related to patient care situations, utilize best current evidence in the form of clinically valid research literature, experience of clinical personnel, and attention to cultural issues and personal biases/prejudices that might impact care.

COURSE OBJECTIVES:

1. Students will demonstrate appropriate professional behaviors that instill confidence and inspire others to want to work with them, including:
   a. acceptance of responsibility.
   b. initiative.
   c. sound judgment.
   d. self-assessment and utilization of constructive criticism.
   e. flexibility.
   f. appropriate emotional responses.
   g. interest in developing professional growth.

2. Students will demonstrate a developing ability to function within their professional role. Students will:
   a. function with ease in a physical therapy practice.
   b. establish effective interpersonal communications with patients and all persons associated with patient care.
   c. conduct themselves in accordance with the ethical and legal standards of the profession.
   d. collaborate with peers and professional colleagues to maximize patient outcomes.
   e. develop an awareness of the professional responsibility expected to continue own professional development.
   f. demonstrate developing abilities to serve as consultants to individuals, physical therapy colleagues, other health professionals, and the community.
3. Students will demonstrate developing skills in the physical therapy management of patients, within the limits of knowledge acquired in the classroom and previous clinical experience. Students will:
   a. demonstrate proficiency in the use of the medical record.
   b. continue to develop skill and accuracy in physical therapy patient screening, examination, diagnosis, and prognosis, within the limits of the practice setting.
   c. demonstrate developing abilities to synthesize examination data to establish realistic, accurate physical therapy evaluations.
   d. demonstrate ability to establish appropriate physical therapy treatment plans in collaboration with patients, families and care givers, and professional personnel.
   e. continue to develop skills in direct physical therapy interventions and management of total patient care, including delegating appropriately to support personnel.
   f. demonstrate the ability to modify treatment programs based on patient response.
   g. plan for the continuation of therapeutic activities post-discharge through effective instruction of patient, families, and care givers.
   h. consistently incorporate safety measures and precautions into daily treatment activities.
   i. develop effective partnerships with patients and caregivers that facilitate achievement of the patient’s goals.

4. Students will demonstrate effective written, verbal and non-verbal communication. Students will:
   a. formulate clear, thorough, concise, accurate and legible physical therapy documentation, following the guidelines and using the format required by the practice setting.
   b. demonstrate effective verbal and non-verbal communications with varied audiences.

Evaluation

Please refer to the information on page 2 regarding evaluation of clinical experiences. During Clinical Experience II, developing abilities will be defined in the following manner based on the dimensions of performance included in the APTA Physical Therapist Clinical Performance Instrument for Students.

**Supervision/Guidance:** Students require clinical instructor (CI) supervision at all times. Assistance provided by the CI for decision-making varies, dependent upon familiarity with and complexity of the task. More assistance is expected initially and with new or complex tasks. Students require less assistance with decision-making throughout the clinical experience.

**Quality of Care:** Students will be able to effectively select and provide appropriate examination techniques and interventions, given educational preparation to date.

**Consistency of Performance:** By the completion of the experience, students will be consistently safe and effective with familiar patients within the limits of examinations and interventions that have been covered in the curriculum. Students will be professional, safe, ethical, and legal at all times.

**Complexity of Tasks/Environments:** Students will require supervision from the clinical instructor less than 25% of the time when managing patients with unfamiliar or complex conditions; with patients with familiar and simple conditions, the student is expected to be independent.

**Efficiency of Performance:** Improvement in efficiency and productivity is expected during the clinical experience. Consistency and quality of performance are emphasized over efficiency.

For Clinical Experience II, we expect students to conduct an administrative project or inservice for the facility as a thank you for guiding their professional development. The contribution is expected to be based upon the clinic or facility’s needs and be of importance to the site. CCCEs and CIs can help to identify realistic, yet meaningful, projects keeping in mind the students’ level of preparation and length of the internship. In addition, facilities can always have their own requirements separate of the University. In those situations, students are expected to effectively complete the requirements.
PURPOSE:

By the conclusion of these two full-time clinical experiences, the student will be a safe, effective, and independent physical therapist in a variety of settings across the health care continuum. The student will demonstrate entry-level competence and commitment to patients, ongoing self-development, and ability to assist with growth of the facility and development of the physical therapy profession. By the conclusion of CE IV, the student will:

COURSE OBJECTIVES:

1. Students will demonstrate entry-level performance as defined by the Physical Therapist Clinical Performance Instrument for Students.

2. Students will demonstrate appropriate professional behaviors that instill confidence and inspire others to want to work with them, including:
   a. accountability for professional decisions.
   b. functioning effectively in various roles within the limits of their expertise, i.e., clinician, consultant, teacher, supervisor, patient advocate, etc.
   c. modifying their behavior based on the demands of a given role, practice setting, or audience.
   d. conducting themselves in accordance with the ethical and legal standards of the profession.
   e. utilizing the resources of the health care environment to assist in their professional development.
   f. serving as consultants to individuals, physical therapy colleagues, other health professionals, and the community.

3. Students will demonstrate entry-level skills in the physical therapy management of patients or clients. Students will:
   a. demonstrate proficiency with critical thinking, analysis, and problem-solving skills.
   b. demonstrate proficiency in physical therapy patient screening, examination, diagnosis, and prognosis.
   c. synthesize examination data to establish realistic, accurate physical therapy evaluations.
   d. demonstrate ability to establish and implement realistic, feasible treatment plans in collaboration with patients, families, caregivers, and other professional and support personnel.
   e. consistently incorporate safety measures and precautions into daily activities.
   f. develop effective partnerships with a variety of patients and clients, recognizing them as individuals and adjusting their approach appropriately.

4. Students will demonstrate effective written, verbal and non-verbal communication, following accepted formats, utilizing appropriate technology, and making modifications as needed based on professional role and intended audience.

Departmental/Facility Project

For both Clinical Experiences III and IV, students are expected to conduct a project that substantially contributes to the operations of the physical therapy department or clinical facility. The project is expected to reflect doctoral preparation beyond an inservice, enhance the student’s learning, and provide the student with an opportunity to experience the role of the PT in being an effective member of the PT team. Some examples from previous students are:

- developing patient satisfaction surveys
- researching assessment scales/examination procedures and comparing to others
• developing a binder with compiled research (clinical practice guidelines, review articles and randomized controlled trials) for an evidence based guide to treating patients with stroke focusing on gait training and balance treatments
• designing a PT template for documentation in the medical/surgical and critical/progressive care units
• reorganizing exercise cards based on joint and specifics, such as resistance training, isometrics, and stretches for each section; placed in labeled hanging folders, so they are more visually pleasing and easily accessible.
• developing PT treatment guidelines for patients with unfamiliar or unique medical diagnoses
• translating exercise handouts into another language
• creating references and booklet of commonly used PT phrases that are translated into Spanish
• reviewing and summarizing literature for unfamiliar diagnoses and putting together folders of the information for future students and clinicians
• starting a new day rehab program
• designing a PT template for documentation in the medical/surgical and critical/progressive care units
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• translating exercise handouts into another language
• creating references and booklet of commonly used PT phrases that are translated into Spanish
• reviewing and summarizing literature for unfamiliar diagnoses and putting together folders of the information for future students and clinicians
• starting a new day rehab program
• developing a web site for an outpatient clinic
• putting together competency manuals describing the use of the Litegait body weight support treadmill along with the Bioness, NMES device.
• providing clinicians at the clinic with more education on vestibular disorders and putting together a binder as a future reference.
• making “initial evaluation” lists for different body parts (spine, shoulder, knee, hip, etc) and grouping the tests by positions(sitting, standing etc) as a future reference for new clinicians and students coming into the clinic
• developing and presenting a case report
• playing a leadership role in the development of a community-based equipment loaner “closet” (including identification of needs; development of partnerships with local community organizations; recruiting partners in the project)

Evaluation

Please refer to the information on page 2 regarding evaluation of clinical experiences. Entry-level performance is defined as:
• A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions.
• At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.
• Consults with others and resolves unfamiliar or ambiguous situations.
• The student is capable of maintaining 100% of a full-time physical therapist’s caseload in a cost effective manner.1

At the completion of Clinical Experience III, ratings on the PT CPI Web are expected to be in between Advanced Intermediate and Entry-Level performance. For Clinical Experience IV, Entry-Level ratings are expected on all of the red flag performance criteria (safe practice, professional behavior, accountability, communication, and clinical reasoning) and the PT process items (screening, examination, evaluation, diagnosis/prognosis, interventions, and documentation). For all other items, Entry-Level or near Entry-Level ratings are expected. The CI’s written comments, the student’s entire academic/clinical education record, the complexity of the patient cases, the volume of patients available, and discussions/meetings held with the student and CI during the experience are also considered when determining Entry-Level practice.