



## Doctor of Physical Therapy Program

# Clinical Education Handbook

Quincy University is accredited as a four-year university by The Higher Learning Commission, a Commission of the North Central Association of Colleges and Schools, 300 S. LaSalle St., Suite 7-500, Chicago, Illinois 60604 (800.621. 7440).

The hybrid Doctor of Physical Therapy Program at Quincy University is seeking accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE; 3030 Potomac Avenue, Suite 100, Alexandria, Virginia 22305-3085; phone: 703/684-APTA (2782) ;email: [accreditation@apta.org](mailto:accreditation@apta.org); website: [www.capteonline.org](http://www.capteonline.org)).

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# Welcome Statement

The Quincy University (QU) *Clinical Education Handbook* (Handbook) is intended to assist with defining the roles, responsibilities, and expectations of the clinical experiences designed in the Doctor of Physical Therapy (DPT) degree program.

Clinic education in physical therapy has its own unique language. Readers may wish to consult the glossary of terms located in **Appendix A – Glossary**.

Questions or concerns regarding the information contained herein should be directed to the Director of Clinical Education (DCE).

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# The QU Doctor of Physical Therapy Program

## DPT Program Mission

The QU Doctor of Physical Therapy program prepares students to enter professional practice as ethical and compassionate practitioners who advance individual and community health outcomes via practice excellence. Further, students advance patient centered care via a true understanding of team; students positively transform healthcare delivery by knowing when to lead and when to follow with a positive voice for themselves, their patients and the profession.

## DPT Program Vision

The vision of the QU DPT program is to prepare servant leaders with the knowledge, skills, values, and experiences necessary to lead positive change in health care with integrity, empathy, and a commitment to the common good.

## DPT Program Values

Underpinning the proposed DPT program mission are the following values statements.

- Excellence: QU students, graduates and faculty will uphold the highest standards of academic and clinical excellence in the delivery of physical therapy services toward optimal individual and community health outcomes.
- QU students, graduates and faculty engage in scholarship and lifelong learning seeking specialization and innovative physical therapy practices that support advancement of physical therapy practice.
- Compassion: Students, graduates, academic and clinical faculty display compassion by recognizing and attending to patient distress via listening and taking deliberate actions to help.
- Service: Students, graduates, staff, and faculty advance their respective and collective communities via purposeful service.
- Students, graduates, staff, and faculty participate in intercultural development by first recognizing and analyzing individual biases.
- Students, graduates, staff, and faculty seek to work in groups that represent individuals who are different from themselves.
- Students, graduates, staff, and faculty uphold the values of the Franciscan friars, the APTA Code of Ethics and the APTA standards of practice.

## Expected Graduate Outcomes

1. Demonstrate competence in the differential processes required for effective physical therapy practice across practice settings and patient experiences. (Excellence)
2. Prioritize the individual patient experience implementing best practices that are grounded in contemporary research. (Compassion; Excellence)
3. Collaborate with other practitioners toward optimal patient outcomes at the level of the patient, the profession and society. (Team; leadership)
4. Engage in ethical practice. (Ethics; accountability)

5. Serve the community with compassion, humility, and servant leadership in interactions with patients, colleagues and communities. (Compassion; service; leadership)

## DPT Curriculum Overview

The Doctor of Physical Therapy program at Quincy University employs case-based learning (CBL) as a common curricular strategy in a scaffolded manner throughout the program in both didactic and clinical teaching. Further, the curriculum is delivered using contemporary hybrid methodologies for maximum efficiencies for both the learners and faculty. Strategically, the hybrid curriculum engages faculty excellence from across the country to the resource scarce, and rural locale. Equally, the hybrid design invites students of diverse backgrounds and geography.

The DPT curriculum consists of 108 credits across seven (7) consecutive semesters. The hybrid design models excellence in on-line, active student learning with interactive on-campus sessions inserted in both integrated and culminating sequences for formative and summative teaching, learning and assessment. The QU DPT curriculum outline is presented in Appendix B. Appendix C – Helpful Links includes a link to the QU DPT program website for access to course descriptions.

## Clinical Education in the DPT Curriculum

### Clinical Education Philosophy

Physical therapy education is similar to other health practitioner disciplines in that it is experiential in nature. Didactic learning experiences in the classroom and laboratory provide students with foundational knowledge, skills, and modeled attitudes and behaviors unique to the physical therapy profession. These are further developed and integrated during clinical education experiences. Through the course of the clinical education experiences students learn and practice the knowledge, skills, and attitudes that are characteristic of an entry-level physical therapist practitioner in the clinical setting. Clinical education, therefore, is an integral part of the total curriculum.

Clinical education occurs via a triadic relationship of the student, academic faculty, and clinical faculty. Communication, preparation, planning, and collaboration are essential for successful clinical education experiences. Through fostering from clinical education faculty and DCEs, students take personal responsibility for their development of knowledge, skills, and abilities to develop into entry-level practitioners. In order for students to be educated as a generalist entry-level physical therapist, they must be competent in a variety of settings. Therefore, clinical education courses include diversity in patient populations, complexity, and setting. Student are expected to practice in both ambulatory and non-ambulatory setting. Students must participate in experiences that allow patient/client management of a diverse case mix across the life span and continuum of care. Should a student wish to pursue it, the opportunity to work in a more specialized setting or population may be available in later clinical education experiences.

The sequence of clinical education courses is integrated into the total curriculum and provides for a progression of experiences. The objectives of each clinical assignment include integrating didactic information with the appropriate clinical experience to allow competent performance of the elements of patient/client management.

## Clinical Education Overview

Clinical education is the epitome of experiential learning engaging adult learners in the practice of physical therapy. The clinical education component of the DPT curriculum is comprised of both integrated and terminal clinical experiences, specifically, three (3) courses totaling seventeen (16) credit hours. Two (2) courses are integrated; the final clinical education course is a terminal clinical experience, or capstone. The clinical education program is further detailed below. (Please see Appendix F for complete syllabi detailing the clinical education courses.)

1. DPT 830 Clinical Internship I (4.0 credit hours)
  - Semester 5 – Year Two Summer Semester
  - First full-time clinical experience
  - 40 clinic hours per week X 8 weeks; totaling 320 contact hours.
  - Clinical Internship I is the first of three fulltime clinical internships in which students engage in supervised physical therapist practice. In this experience, students are expected to make progress toward entry-level across all areas of patient client management, as measured by the CIET.
2. DPT 850 Clinical Internship II (4.0 credit hours)
  - Semester 6 - Year Two Fall Semester
  - Intermediate full-time clinical experience
  - 40 clinic hours per week X 8 weeks; totaling 320 contact hours.
  - Clinical Internship II is the second of three fulltime clinical internships in which students engage in supervised physical therapist practice. In this experience, students are expected to further progress toward entry-level across all areas of patient client management, as measured by the CIET. In some cases, students will achieve entry-level competence in lower-level repetitive skills.
3. DPT 895 Clinical Internship III (8.0 credit hours)
  - Semester 7 – Year Three Spring Semester
  - Final full-time clinical experience
  - 40 clinic hours per week X 16 weeks; totaling 640 contact hours.
  - Clinical Internship III is the third (final) fulltime clinical internships in which students engage in supervised physical therapist practice. In this experience, students are expected achieve entry-level performance across all of patient client management, as measured by the CIET.

The total number of weeks of full-time clinical education equals 32 weeks.

## Clinic Education Policies and Procedures

### Pre-Clinical Education Preparations

On entry into the program and during the orientation to the initial (first) full-time clinical education orientation, students are provided instructions pertaining to the clinical placement process.

Students are continually reminded via communications with the Director of Clinical Education (DCE) of clinic requirements, timelines and renewals. Students who do not complete site-specific requirements within the site-assigned deadlines may be denied placement by the site. There are no guarantees for reassignment when placements are canceled due to student requirements not being met.

A component of the on-campus preparation for clinical courses is meeting with the DCE to review the DPT program and site requirements. Each site and agreement describe varying student preclinical requirements; this is the purpose of meeting with the DCE.

The DCE establishes clinical agreements with clinics that provide physical therapy services.

Specific placements cannot be guaranteed, and students should expect to budget accordingly for alternate housing and travel during all clinical education experiences.

In the circumstance that a site cancels a previously confirmed placement, the DCE in collaboration with the student will select the best of the alternative options available and will be directly assigned by the DCE.

## Guidelines used for Clinic Assignments

- The DCE is responsible for all student placements.
- Placements are managed in consultation with each student
  - Clinic assignments are based on academic need, student choices, student interest, previous assignments(s), and clinic availability.
- There is no guarantee that requests will be met or that students can return to their hometown for any, or all, of their experiences, especially if they reside in a state in which QU does not have authorization to place students.
- New sites will be developed based upon the academic and geographic needs of each student
- Some sites require students to complete an application and/or interview process. The DCE will facilitate this process.
- A one-hour commute to a facility for a clinical education experience is considered reasonable.
- The DCE has final authority in assignment decisions.

Site cancellations are the prerogative of the clinical site and/or DCE may determine that a scheduled clinical site is no longer able to provide the necessary experience for a student. In these situations, the DCE will consult with the student before reassigning to a new clinical site.

## Student Requirements/Responsibilities

Students are required to have a QPA of 3.0 each semester, and to have achieved a grade of “C” or better in each course, an “80” on all lab practical exams of all preceding physical therapy courses, and to have performed at the expected level of professional behaviors before being permitted to participate in a clinical education assignment.

## Cardiopulmonary Resuscitation (CPR)

All students are required to maintain current certification in CPR during each clinical education assignment. Students are required to maintain proof of certification in the physical therapy office. Certification must be by the American Heart Association.

## Background Check

All students are required to have a comprehensive criminal background check. The program contracts with Certiphi Screening to provide national and federal clearances. The student is responsible for the costs of the screening. A full screening must be completed in the spring of the first professional year. An updated screen must be completed in the summer of the third year.



If a student is arrested for or convicted of an offense during the professional curriculum, the student must report the offense to the Program Director, DCE, and Clinical Instructor (if applicable). The student must report any offense in writing within 48 hours of the arrest, conviction, or notification of the offense. If the student fails to disclose the information required above, disciplinary action, including the possibility of dismissal, will be initiated by the Student Progress Committee.

Clinical education sites may require the screening report as a requirement for placement. A clinical education site may have more specific screening requirements and may refuse placement of a student with a criminal record. Students should consult the DCE or ADCE for additional information on such sites. A copy of the background check will be provided to the clinical site upon request.

Physical therapists are required to be licensed by the state in which they provide physical therapy services. Requirements for licensure vary from state to state. PT licensure laws in individual states may deny or restrict licenses to individuals with felony or certain misdemeanor violations.

A negative criminal background check and/or a Child Abuse History Clearance may be required for employment by some organizations. Any student with a criminal record is advised to check with the PT Licensure Board and/or an attorney in the state in which they wish to be licensed in order to determine their eligibility for licensure.

## Health Insurance

Students are required to have health insurance. Proof of insurance must be provided to the physical therapy office prior to clinical education assignments. Information on a University health insurance plan can be obtained from the University Business Office.

If a student needs emergency services during a clinical education course, the clinic protocol guides access to such services. The CI/SCCE should be notified immediately.

## Health Requirements

The following requirements must be met in order to participate in clinical education experiences:

- Physical exam within the past year,
- Hepatitis B series of vaccinations,
- 2-step PPD,
- Tdap vaccination, MMR vaccination x 2, rubella, rubeola, mumps and varicella titers, and a 10-panel drug screen.
- Influenza and COVID-19 vaccinations or exemption may be required by specific clinical sites. Students will be notified of this requirement prior to beginning their clinical rotation.
- Affiliating organizations may have more stringent requirements or time frames and may refuse placement of a student with a history of a positive drug screen.

## Clinical Education Practice Site and Requirements

The DPT clinical education curricular requirements include at minimum that full-time clinical placements meet the following criteria.

- Diverse settings, which means that all clinical placements must vary by setting type, and as possible by location and company. At a minimum, students' clinical experiences must include:

- Acute in-patient hospital, or rehabilitation experience,;
- An ambulatory, or outpatient orthopedic experience; and
- A neuro-focused experience (inpatient, SNF, pediatrics, outpatient neuro).
- Diversity in patient experiences, i.e., age, culture, socioeconomic, education and other circumstances. Consist of patient care that includes, but is not limited to, neurological and orthopedic diagnoses.
- Variations in in diagnosis and acuity;

## Clinical Site Recommendations and New Contracts

Students are encouraged to engage in the clinical placement process by providing site suggestions to the DCE. Given that the QU DPT program is in the early development and offering stages, recommendations for clinical sites may be submitted to the DCE at any time. It is noteworthy to state that site recommendations do not guarantee completed contacts and/or student placement. Students are encouraged to submit recommendations for new clinic sites by February 1 each year for the following calendar year.

The QU DPT program participates in the national call for clinical placements. Specifically, the DCE emails all clinical placement requests during the first week of March each year for the subsequent calendar year. For example, all 2027 clinical placement requests will be made the week of March 1, 2026.

For consistency and to adhere to the recommendations from the National Consortium of Clinical Educators, all contacts and arrangements in developing clinical affiliation agreements and requests for clinical placements are to be completed by the DCE, only. At no time is the student to contact the site directly to request a new contract or site placement. Students are required to seek permission of the DCE before contacting clinical sites for any reason before clinical assignments.

In no circumstance may a student complete a clinical experience under the supervision or guidance of someone with whom they have familial relations. This policy is to prevent nepotism. Nepotism is a practice that involves granting an advantage, privilege, or position to relatives or friends in an occupation or field. These fields may include but are not limited to business, politics, academia, entertainment, sports, religion, and health care.

The DCE reserves the right to place students in clinical sites based on program/site needs requirements or to meet student learning/curricular needs.

## Physical Therapy Practice Act and Licensing

Physical therapy clinical faculty (clinical instructors [CIs]) are required to practice under in accordance with the respective state practice act. For example, [Illinois State Physical Therapy Practice Act](#).

## Director of Clinic Education (DCE) Rights and Responsibilities

- Oversees the clinical education program in the professional curriculum.
- Establishes and maintains contractual agreements between QU and the clinical education facilities.
- Responsible for designing and leading teaching of the clinical education courses.
  - Establishes course objectives and outcomes expectations.
- Clinical assignments are arranged and assigned by the DCE.

- Course objectives and CI expectations are mailed to the CIs at contracted sites to assist in reinforcing content currently presented in the classroom setting and for communicating outcome expectations.
- Clinical experiences offer the opportunity for students to apply skills, knowledge, and professional attributes gained through previous curricular experiences. The goal is for the clinical aspect of the curriculum to be diverse. The development of students to perform as entry-level practitioners of physical therapy before graduation is the most important goal of these assignments.
- Develops, manages, coordinates, administers, analyzes, and adjusts the clinical education program to meet the current APTA vision and practice exceptions.
- Maintains records of all student clinical education data, e.g., clinic assignments; patient experiences; performance data, etc. (Note: QU uses Exxat program management system for tracking all clinical education data.)
- Notify the SCCE in writing of clinical education dates prior to their occurrence.
- Send specific student information and clinical assignment prior to the start date of a clinical education experience. Provide the student with clinical assignment, location and phone number and contact person prior to the beginning date of a clinical education experience.
- The DCE communicates with both the student and the clinical instructor to obtain feedback related to the performance of the student and his/her progress toward meeting the learning objectives of the clinical experience.
  - Make regular contacts with clinical facility by phone, email, video conference, or site visits during each clinical education experience.
- Consult and mediate with the student, SCCE and/or CI regarding any clinic-related concerns.
- Nominate student for clinical distinction as appropriate.
- Assist clinical education facilities in developing quality educational programs for students.
- Assist the SCCE in providing educational opportunities to develop Clinical Instructor's.
- The DCE assigns a pass or fail grade for a clinical experience in consultation with the CI and SCCE.
- Performs assessment activities to improve the clinical education program and contribute to comprehensive program assessment.
- Contributes to the development of clinical education faculty as clinical teachers, mentors, and practitioners.

(For additional information please see Appendix E – DCE Job Description)

## DCE ASSESSMENT

Multiple assessment tools are used to assess whether the DCE meets role expectations as described in the [APTA Model Position Description for the PT Program](#)

Assessments of the DCE include, but are not limited to:

- DCE Performance Assessments for CIs and SCCEs
- DCE Performance Assessments for Students
- DCE Annual Performance Evaluations by the Chair

## SCCE (Site Coordinator of Clinical Education) Rights and Responsibilities

- Manages clinical education program and resources for clinical education at the clinic site.
- Oversees training of staff members to serve in clinical instructor roles.
  - Encourages APTA credentialing of clinical instructor staff.
- Notify the DCE of probable availability or commitment to clinical education dates.
- Stays abreast of, and notifies DCE of on-site requirements, e.g., immunizations required, etc.
- Oversees and ensures that students receive appropriate and varied clinical experiences, per requirements outlined in the course syllabus.
- Maintain current contracts with QU, and update Educational Clinical Site Information Form annually.
- Communicate with the DCE concerns regarding student performance during the clinical education experience.
- Assign appropriate supervision as required by clinical education course objectives, didactic experiences, student performance, state APTA guidelines, and requisite state law, if applicable.
- Participates in the evaluation of the DCE and the clinical education program.
- Provide the student adequate orientation to the facility including, but not limited to:
  - A tour of the department and the facility;
  - Review of facility policies and procedures;
  - Introduction to department personnel;
  - Introduction to patient records, billing, documentation, scheduling, etc.;
  - Discussion of clinical scheduled hours and breaks;
  - Dress code;
  - Review of learning experiences and opportunities the facility has to offer;
  - Review of safety and emergency procedures;
  - Review of specific protocols used by the clinic site;
  - Discussion of learning styles, needs, and background of the student for setting feedback expectations.

## CI (Clinical Instructor) Responsibilities

- Maintains current license to practice in the jurisdictional location of the assignment.
- Employed in good standing at the clinic site.
- Must have a minimum of one-year clinical practice experience prior to service as a clinical instructor.
- Ensures the development of student clinicians by providing students access to opportunities to practice physical therapy clinical skills.
- Leads teaching of in physical therapy examination, evaluation, diagnosis, prognosis, interventions and rational for the assigned student.
  - When a CI determines that the student should learn clinic specific skills not previously taught in the curriculum, the CI must assume the responsibility of providing instruction, practice and competency testing.
  - The CI assumes responsibility for determining when the student is safe to use a new skill with patients in the clinical setting.

- Provides direct supervision, guidance and direction of students in the clinical setting.
  - The supervising physical therapist or supervising physical therapist assistant is required to be on-site and available to immediately respond to the needs of the patient whenever the student physical therapist is performing patient intervention (See Appendix D – Clinical Internship Evaluation Tool (CIET) Instructions.)
- Coordinates for, and provides appropriate and varied clinical experiences.
- Provides constructive feedback both formative and summative regarding student performance throughout the clinic learning experience.
  - Maintains accurate and regular documentation of student performance throughout the clinical experience, including but not limited to: a discussion of objectives, goals, weekly planning form, review of the syllabus, and other clinical assignments required by the student
- Completes required training from QU and/or per request of QU, e.g., Clinical Internship Evaluation Tool (CIET).
- Completes CIET student evaluation
  - At final for all clinical rotations, and midterm when assigned
  - It is expected that the Clinical Instructor (CI) provides honest, accurate, unbiased, and complete evaluations of student performance.
  - In addition to the CIET evaluations, the clinical instructor or SCCE must provide the DCE with copies of any supplemental forms or documentation, including but not limited to Warning Notice, Critical Incident Reports, etc.
- Meets with the DCE at midterm during each clinical via phone, video conference, or site visit to discuss student progress.
- Contacts the DCE and SCCE immediately, at the first indication of a problem or concern regarding a student during the clinical education experience.
  - Provide the DCE with written documentation of critical incidents.
- May nominate students for Clinical Distinction, who go above and beyond the basic requirements throughout a clinical education experience. DCE may nominate students for consideration.
- Clinical instructors are eligible for continuing education credits per student assignment. For details, refer to the practice act and regulations governing practice in the respective jurisdiction of practice. For example, and per the Illinois State Practice Act, up to 10 hours of continuing education (CD) is awarded at a rate of one (1) CE per 120 student clock hours.

## Expectations of Student Behaviors in the Clinic Setting

- Complete all pre-clinic training, e.g., HIPAA; Universal Precautions and Safe Patient Handling; use of CIET, etc.
- Students are expected to communicate with their assigned clinic within 30 days of the clinic start date. The purpose of this communication is to establish readiness for the first clinic day and to communicate goals for learning; learning styles, etc.
- Conduct themselves in a professional manner at all times, so as not to endanger the life, welfare, health or safety of anyone associated with the clinical facility or university,

- Adhere to State Practice Act, APTA Core Values and treat all patients, faculty, students and health care practitioners with respect.
  - Students are responsible for knowing the laws governing the state where they are attending a clinical education experience. (Licensing Authority Contact Information is available from the Federation of State Boards of Physical Therapy <https://www.fsbpt.org/>).
- Maintain an effective working relationship with clinical faculty, employees, health team members and fellow students.
- Respect the rights and properties of others.
- Adhere to all policies and procedures of the clinical education facility. This includes working hours, clinic procedures, confidentiality policies, medical requirements, drug testing, civilian background checks and holiday observances.
- The student is required to verbally identify himself/herself as a student and ask and receive permission to treat the patient.
- Students may not accept gifts or money from patients or clients.
- Adhere to the dress codes of the assigned facility.
- Complete all assignments from the CI, SCCE or DCE in a timely manner, by all announced deadlines.
- Demonstrate commitment to learning in every clinical experience.
- Students are expected to attend clinic on all assigned days. Students should be ready to begin clinic work at the assigned start time. Student absences from clinic are not excused. All missed clinic time, i.e., planned or unplanned must be made up. In the case of extreme circumstances, e.g., contagious illness, death in the family, student must alert the CI and the DCE of the planned absence prior to the scheduled clinic start time.
- Students attending clinical education experiences are expected to comply with the clinic site expectations for attendance and/or closing, regardless of whether the campus is closed or not, unless notified by the DCE.
- Inclement Weather. The first concern is always safety, therefore whether classes are officially cancelled or not, the student is the only person who can decide if it is safe to travel to class or clinicals. Students attending clinical education experiences are expected to comply with the clinic site expectations for attendance and/or closing, regardless of whether the campus is closed.
- Cell Phone Usage. In the clinical setting, cell phones may be used for patient management purposes.
- The use of alcohol or drugs is strictly prohibited.
- Clinic site and patient confidentiality must be maintained at all times.
- Maintain Certifications and Health Requirements.
- Students are responsible for payment of any expenses associated with any emergency medical care.
- Maintain Confidentiality
  1. Understand the regulations and implications of the Health Information Protection and Portability Act (HIPPA).
    - HIPAA violations will result in disciplinary action up to and including program dismissal.
  2. Abide by all facility policies and procedures regarding confidentiality and access to computer information.
  3. Protect all personally identifiable medical information from being observed by unauthorized personnel.
  4. Refrain from discussing a patient's medical, social, financial, emotional condition outside the context of providing appropriate physical therapy interventions.

5. Use good judgment and discretion to maintain patients right to privacy when discussing specific patients with clinical staff.
6. Refrain from discussing confidential information relating to clinical facilities, employees, volunteers, or other students.
7. Never remove original patient records or identifiable copies from the clinic site. 8. Be certain that personal notes, journals, case studies, etc. do not contain personally identifiable information.

## Clinical Internship Evaluation Tool (CIET)

CIET is completed by both the student and the clinical instructor in summative processes at the midterm point and at final evaluation. Both evaluations are used to report student progress toward fulfillment of the clinic course objectives.

The CIET does not stand alone. Supportive documentation is required to objectify and support the clinical instructor's evaluation of the student. Supportive documentation may include, but is not limited to: email correspondence between the DCE and the CI; the DCE and the student, etc.; and structured reporting using the Weekly Planning Form; Learning Contracts; Warning Notices, etc. (See Appendix G – Clinic Education Forms)

## Clinic Related Policies

### Clinical Education Faculty

- Clinical faculty members have the right to program and curriculum information.
- They have the right to receive assistance/consultation from the DCE or any academic faculty, and to participate in clinical development activities. In return, the clinical faculty members have the opportunity to provide feedback on the program and curriculum, as well as the responsibility to evaluate the performance of the student under their supervision.
- All clinical faculty have the right to equal and fair treatment on the basis of gender, gender identity, age, race, color, ethnicity, religion, sexual orientation, marital status, disability, pregnancy status, veteran status, predisposing genetic characteristic, or any protected classification under applicable local, state, or federal law.
- The affiliation agreement and program policy specify that only students meeting the qualifications for participation in the academic program will be placed at the clinical facility.
- Specific information on a student's academic record is provided with student permission. If a student is required to repeat a clinical education course, student permission is necessary to provide the clinical education faculty with the information needed to modify the course objectives. A letter specifying the student's academic standing will be provided upon request.
- Prior to the arrival of a student for a clinical education experience the DCE or ADCE will provide the SCCE with information for the CI assigned to supervise the student. This includes a Student Data Form with contact information, preliminary goals for the experience and a list of prior clinical experiences.
- A copy of the student's background check done within the past year will be provided upon request.

- Information on the training module for the CIET and log in information are also provided.
- Each clinical facility has separately been provided with curriculum information, program policies and reference material via this Clinical Education Handbook.
- If the DCE believes that a student requires supervision, feedback and/or learning experiences that are different from the typical student at that level, there will be personal communication and discussion with the SCCE/CI. This will occur prior to the student's arrival.
- The program supports the right of patients to refuse treatment provided by a student. In such a situation, the clinical faculty, who always retain responsibility for the care of each patient, should ensure that the patient receives appropriate care by a qualified employee of the clinical site.

### Clinical Site Visits and Communication

- The DCE or ADCE or other academic faculty member will communicate with the, student and clinical instructor and/or SCCE during all clinical education experiences. This may occur through site visit, telephone call, or video-conferencing platforms. The purpose of such communication is for the DCE to obtain first-hand information on the student's learning and performance, the competence of the CI, and to understand clinic operations. If any changes in supervision, feedback and/or learning experiences were recommended to the SCCE/CI, the DCE will monitor the outcome during a clinic visit, telephone, or email communication as needed. The final purpose of communication is to facilitate the exchange of information about the program and the facility and to ensure the quality of the clinical education experience for the student.
- Additional communication and/or visits may be made at the discretion of the DCE, or at the request of the CI, SCCE, or the student. All visits will be scheduled with the student or SCCE/CI.

### Student Evaluation

- Evaluation of a student's performance in the clinical setting is a necessary part of the program. In addition to providing ongoing verbal feedback, the clinical instructor will complete and review the Clinical Internship Evaluation Form (CIET) with the student. This will be done at the midpoint and the end of the clinical education assignment. The student should request additional informal or formal feedback whenever a concern arises.
- The CIET should be submitted to the DCE by the established timeframes. The established timeframes will be communicated to students via their respective course syllabus.
- The student will complete a self-evaluation at the midpoint and the end of each clinical education experience. The student and clinical instructor will review this in their discussion of the student's performance. Failure to comply with this timeframe results in the student receiving an incomplete (I) for the course until it is completed to expected standards.

### Grading

- All clinical education courses are graded on a pass/fail scale. The CIET is completed by the CI, who does not make the determination whether the student has passed the clinical experience.



- The DCE reviews the CPI for the level of performance, the congruency between the comments and the rating and considers any other communication. The expected level of achievement on the CPI Performance Criteria is specified in each course syllabus.
- Students are required to meet all professional behavior expectations for the program during their clinical education experiences as outlined in the Department of Physical Therapy Handbook. The DCE makes the judgment as to whether the student has achieved the outcomes and submits a pass/fail grade. The DCE or ADCE may submit a grade of “I” in accordance with university policy, if it is determined that additional work is necessary to complete the course requirements.

### Clinical Education Problem Resolution

If a problem is identified, it should be addressed by the people involved. This should be done in a professional and confidential manner, with the goal of open communication. Frequently the people involved will be the student and CI. If either party does not feel able to discuss the issue with the other person, the SCCE and/or DCE should be consulted. If the issue cannot be resolved with the SCCE’s assistance, the SCCE should consult with the DCE. Students who bring problems directly to the DCE may be advised to further communicate with the CI or SCCE depending on the nature of the concern.

If the CI feels that the student may not meet the objectives or expectations of the clinical education assignment, the DCE or ADCE should be notified as soon as the problem has identified.

### Clinical Education Experience Evaluation

The student must complete the required evaluations of the clinical experience at the end of their assignment to each facility. The DCE and/or ADCE will review the results of the PTSE after each clinical rotation. The results will be used as part of the evaluation and development of the clinical site. Clinical sites have the right to access the results of evaluations upon request.

### Failure or Termination of a Clinical Education Course

- The student must pass all clinical education courses to meet the requirements for graduation. If a student fails a clinical education course, the course may be repeated. Successful completion of remedial work may be required prior to a repeat clinical assignment being granted. A repeat clinical assignment must be passed in order to continue in the program. For any repeated assignment, the type of site, exact dates, and objectives may be modified according to the problems experienced during the failed experience.
- The DCE reserves the right to withdraw a student from a clinical experience if the clinical site is not able to provide an appropriate learning situation. If this occurs, the student will be reassigned to a different clinical site. There may be modifications of the type of site, length of experience, and objectives depending on the individual circumstances.

- A student can be dismissed from a clinical education experience for reasons of unprofessional, unethical, unsafe behavior, or reporting to clinic while impaired. Impaired performance is being under the influence of alcohol, illegal drugs, mind-altering substances, or prescribed medications that adversely impact the performance of professional responsibilities. In this event, the student will receive a grade of fail for the course and may be dismissed from the program .

## Clinical Education Program Course Requirements, Objectives and Outcomes Expectations

### DPT 775 Experiential Learning: Basic Skills

- 3–4 hours per week in outpatient orthopedic clinical site
- Year 1 Semester 3

#### Course Objectives

At the completion of the clinic education course, students will:

1. Demonstrate professionalism, communication, safety, clinical reasoning, examination skills, procedural interventions, patient education, documentation (1,4)
2. Take a patient a history, describe treatment strategies, plan of care, and discharge (1,2)
3. Clinically and reason the differential process reasoning-identify contraindication/indications to multiple systems while describing appropriate rationale for examination and interventions (1,6)
4. Examination skills: Assist in performing appropriate examination of patients. (1,2)
5. Patient education: Provide clear education as needed to patients and or the patient's family members and to the needs of the patient. (1,2)

Documentation: complete simple documentation with minimal cues from instructor (1,2)

1. Create a literature review of at least 4 articles reviewing diagnosis, treatments strategies, and or past medical history that would impact treatment. (1,3)

### DPT 830 Clinical Experience I

- First full-time clinical experience (8 weeks)
- Second Year Semester 5

#### Course Objectives

At the completion of the clinic education course, students will:

1. practice safely that minimizes risk to patient, self, and others. (Program Goals 1, 6) [CAPTE 7D criteria 1,16,27,28]
2. demonstrate professional behavior and responsibility, with no need for correction, in the following areas (1, 6) [1-5, 7,8]
  - a. interactions with others
  - b. adherence to ethical and legal standards

- c. sensitivity for individual and cultural differences
3. perform patient management skills with direction:
  - a. seeking and administering quality service delivery
  - b. managing resources in the practice setting (i.e., times, space, equipment)
  - c. considering economic/fiscal factors
  - d. utilizing supportive personnel
  - e. participating in self-assessment
  - f. pursuing personal/professional growth and development
  - g. consulting with others to address prevention and promotion of health and wellness.
4. demonstrate appropriate verbal, nonverbal and written communication skills with others. (1,2,4) [7,8]
5. demonstrate the ability to appropriately screen and examine clients for physical therapy services. (1,2)[16]
6. perform physical therapy interventions in a competent manner, with successful independent management of up to 25% of a caseload at the clinical site. (1,2,4) [28-36]
7. educate others using relevant and effective teaching strategies. (2) [12]
8. utilize clinical decision-making skills to:
  - a. apply scientific principles and evidence in the literature to physical therapy practice. (1,2,3)[9,10]
  - b. determine client diagnosis for PT, plan of care and anticipated outcomes. (1,2)[17-27]
  - c. recognize/address client needs for other services (1) [16]

## DPT 850 Clinical Experience II

- Intermediate full-time clinical experience (8 weeks)
- Second Year Semester 6

### Course Objectives

At the completion of the clinic education course, students will:

1. Demonstrate safe practices in patient care by anticipating potential risks and managing resources effectively, including time, space, and equipment.
2. Apply clinical screening and examination techniques to appropriately identify patient needs for physical therapy services.
3. Perform physical therapy interventions competently, managing up to 50% of the caseload independently at the clinical site.
4. Utilize evidence-based scientific principles and relevant research to guide physical therapy interventions.
5. Differentiate between patient needs that can be met within physical therapy and those requiring referral to other health services.
6. Display professional behavior throughout the internship consistent with adherence to ethical, legal, and professional standards, including sensitivity to cultural and individual differences.
7. Evaluate the effectiveness of teaching strategies used to educate patients, adjusting approaches based on feedback and observed outcomes.
8. Judge the appropriateness of various interventions and resources, ensuring efficient resource use within the practice setting.
9. Assess the quality of communication with patients, families, and the healthcare team to ensure clarity, respect, and professionalism (ex. reduced medical vernacular with patients/families to ensure understanding).

10. Construct individualized plans of care by integrating patient needs, clinical examination findings, and evidence-based practices, setting appropriate goals and expected outcomes for therapy.
11. Assess self-performance through self-reflection and consultation with mentors that displays good self-awareness of strengths and weaknesses in clinical performance.

## DPT 895 Clinical Experience III

- Terminal Full-time Clinical Experience (16 weeks)
- Third Year Semester 7

At the completion of the clinic education course, students will:

1. Recall advanced evidence-based practices, clinical guidelines, and relevant legislation to ensure safe and effective patient care.
2. Explain complex clinical findings to patients and families, using language that is easily understandable and culturally sensitive to promote patient comprehension and engagement.
3. Independently perform comprehensive clinical screenings and examinations, adapting techniques to meet diverse patient required in complex cases.
4. Execute physical therapy interventions with entry-level skill and clinical judgment, managing the majority (85-100%) of a caseload independently within the clinical site.
5. Apply advanced scientific principles and current research findings to modify interventions and address unique patient presentations.
6. Analyze complex patient presentations to accurately distinguish between conditions that fall within the physical therapy scope and those requiring referral to other healthcare providers.
7. Critically assess resource allocation within the clinical setting (e.g., time, space, equipment) to ensure efficiency, minimize waste, and maintain high standards of patient care.
8. Differentiate between varying educational strategies (written, explanation, demonstration, etc.), selecting and implementing the most effective approach for individual patient learning needs and preferences.
9. Evaluate patient progress and outcomes using objective measures, adjusting interventions, to align with patient-centered goals.
10. Regularly reflect on self-performance and professional behavior, identifying areas for growth and proactively seeking feedback from mentors to enhance clinical effectiveness.
11. Design and implement comprehensive, individualized plans of care that integrate patient-specific values, examination findings, and evidence-based practices, optimizing therapeutic outcomes.

# Clinical Education Handbook Student Acknowledgement

I have read and have been provided an opportunity to ask questions about the materials within this *Handbook*.

I understand and acknowledge the materials presented in this *Clinical Education Handbook*.

I acknowledge that this *Handbook* is subject to change. Changes will be communicated via the DCE.

_____	_____	_____
Name (Student)	Signature	Date

## Appendix A – Glossary<sup>1</sup>

Excerpts specific to physical therapist education per the recommendations of the American Council of Academic Physical Therapy.

### Clinical Education

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

### Director of Clinical Education (DCE)

Academic faculty member who is responsible for planning, directing, and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development.

### Clinical Education Curriculum

The portion of the physical therapist professional education program that includes all part-time and full-time clinical education experiences as well as the supportive preparatory and administrative components.

### Clinical Education Experience

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

### Clinical Education Faculty

Clinical education or clinical faculty refers to physical therapists, also known as Clinical Instructors (CI) or Site Coordinator of Clinical Education (SCCE), who provide clinical supervision and teaching to students enrolled in clinical education courses.

### Clinical Education Site

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

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<sup>1</sup> Mia Erickson, Marisa Birkmeier, Melissa Booth, Laurita M Hack, Julie Hartmann, Debbie A Ingram, Janet M Jackson-Coty, Vicki L LaFay, Emma Wheeler, Shawne Soper, Recommendations From the Common Terminology Panel of the American Council of Academic Physical Therapy, *Physical Therapy*, Volume 98, Issue 9, September 2018, Pages 754–762, <https://doi.org/10.1093/ptj/pty075>

## Clinical Instructor (CI)

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

## Clinical Performance Assessment

Formal and informal processes designed to appraise physical therapist student performance during clinical education experiences. Assessment may be formative or summative in nature and performed for the purposes of providing feedback, improving learning, revising learning experiences, and determining successful attainment of student performance expectations during clinical education experiences.

## Clinical Performance Evaluation Tool

A valid, reliable, and multidimensional clinical performance assessment tool utilized to determine if, and how well, a student meets established objectives during clinical education experiences.

## Entry-Level Physical Therapist Clinical Performance

Performance that demonstrates knowledge, skills, and behaviors consistent with effective, efficient, and safe patient/client management to achieve optimal outcomes.

## First Full-Time Clinical Education Experience

The first clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week.

## Full-Time Clinical Education Experience

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

## Integrated Clinical Education (Experiential Learning: Basic Skills)

The integrated clinical or experiential learning is a curriculum design model whereby clinical education experiences are purposefully organized within a curriculum. In physical therapist education, these experiences are obtained through the exploration of authentic physical therapist roles, responsibilities, and values that occur prior to the terminal full-time clinical education experiences. Integrated experiences are coordinated by the academic program and are driven by learning objectives that are aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge, and/or skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment. For integrated clinical education experiences to qualify toward the minimum number of full-time clinical education weeks required by accreditation (CAPTE) standards, they must be full time and supervised by a physical therapist within a physical therapy workplace environment or practice setting.

### Intermediate Full-Time Clinical Education Experience

A clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week and returns to the academic program for further completion of the didactic curriculum.

### Physical Therapist Student

Student enrolled in a CAPTE-accredited or CAPTE-approved developing physical therapist professional education program. Students should not be referred to as “physical therapy students”.

### Preceptor (PT)

An individual who provides short-term specialized instruction, guidance, and supervision for the physical therapist student during a clinical education experience. This individual may or may not be a physical therapist as permitted by law.

### Site Coordinator of Clinical Education (SCCE)

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

### Supervision

Guidance and direction provided to a physical therapist student by the preceptor or clinical instructor. This varies based on the complexity of the patient/client or environment, jurisdiction and payer rules and regulations, and abilities of the physical therapist student.

### Terminal Full-Time Clinical Education Experience

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



## Appendix B – Curriculum Outline

	Course Nu	Course Title	Credits
<b>Year 1 Semester 1</b>	DPT 700	Anatomy 1: Spine, Limbs, Thorax	4
	DPT 705	PT Foundations	5
	DPT 710	Kinesiology and Biomechanics	4
	DPT 715	Professional Expectations	2
	DPT 720	Human Pathophysiology	3
		<b>Total Semester</b>	<b>18</b>
<b>Year 1 Semester 2</b>	DPT 725	Upper Quarter Musculoskeletal	8
	DPT 730	Evidence-Based Practice	3
	DPT 735	Therapeutic Intervention	5
	DPT 740	Nutrition and Pharmacology	2
	DPT 745	Patient-Centered Care	1
		<b>Total Semester</b>	<b>19</b>
<b>Year 1 Semester 3</b>	DPT 750	Lower Quarter Musculoskeletal	8
	DPT 755	Neuroanatomy and Neurosciences	2
	DPT 760	Diagnostic Imaging	1
	DPT 765	Cardiopulmonary Care in PT Practice	5
	DPT 770	Aging and Adulthood	2
	DPT 775	Integrated Clinical Experience (Experiential Learning: Basic Skills)	1
		<b>Total Semester</b>	<b>19</b>
<b>Year 2 Semester 4</b>	DPT 800	Neurologic Rehabilitation 1	8
	DPT 805	Anatomy 2: Head, Neck, Abdomen, Pelvis	3
	DPT 810	Pediatric Physical Therapy	6
	DPT 815	Technologies to Manage Movement	2
		<b>Total Semester</b>	<b>19</b>
<b>Year 2 Semester 5</b>	DPT 820	Neurologic Rehabilitation II	8
	DPT 825	Journal Club	1
	DPT 830	Clinical Internship 1 (8 weeks)	4
		<b>Total Semester</b>	<b>13</b>
<b>Year 2 Semester 6</b>	DPT 835	Differential Diagnosis in PT	3
	DPT 840	Leadership and PT Business Management	1
	DPT 845	Professional Responsibilities	1
	DPT 850	Clinical Internship II (8 weeks)	4
		<b>Electives (2 credits required)</b>	2
	DPT 855	Independent Research (2credits)	
	DPT 860	Manual Therapy Interventions (2 credits)	
	DPT 865	Advanced Topics in Pelvic Health (2 credits)	
	DPT 870	Advanced Topics in Orthopedics (1 credit)	
	DPT 875	Advanced Topics in Pediatrics(1 credit)	
	DPT 880	Advanced Topics in Neurology (1 credit)	
	DPT 885	Gender health Issues (1 credit)	
		<b>Total Semester</b>	<b>11</b>
<b>Year 3 Semester 7</b>	DPT 890	Complex-patients; Problem-based learning in PT	1
	DPT 895	Clinical Internship III (16 weeks)	8
		<b>Total Semester</b>	<b>9</b>
		<b>Total Program</b>	<b>108</b>

## Appendix C – Helpful Links

Document Owner	Document Title and Link
American Physical Therapy Association	<a href="#">Code of Ethics for the Physical Therapist</a>
American Physical Therapy Association	<a href="#">Core Values for the Physical Therapist and Physical Therapist Assistant</a>
	<a href="#">DCE Performance Assessment</a>
	<a href="#">Clinical Education Special Interest Group (CESIG)</a>
Quincy University	Non-Discrimination Policy
State of Illinois – Practice Act	<a href="#">Continuing Education Credits Awarded for Serving as CI</a>
State of Missouri – Practice Act	<a href="#">Continuing Education Credits Awarded for Serving as CI</a>

# Appendix D - Clinical Internship Evaluation Tool (CIET)

## Instructions

### Clinical Internship Evaluation Tool (CIET) Instructions

#### INTRODUCTION

The Quincy University Doctor of Physical Therapy program recognizes that in the present-day health care environment, a student graduating from an entry-level physical therapy program must be ready to “hit the ground running.” The graduate should be able to skillfully manage patients in an efficient manner while achieving an effective outcome. We strive to achieve this goal through both the didactic and the clinical education portions of our curriculum. In accordance with this philosophy, we have adapted the CIET which was developed by the University of Pittsburgh. This clinical performance tool evaluates the student against a benchmark. In order for this tool to be an effective and reliable measure, students must be rated against the standard of a competent clinician who meets the above criteria. If students are rated against the standard of an entry-level practitioner, this tool will not provide a uniform method of evaluation and will set too low of a criterion.

#### USING THE FORM

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

When evaluating the student on ***Professional Behaviors***, the frequency of appropriate behavior is the construct being measured. The occurrence of the appropriate behavior is rated as: Never (0% occurrence), Rarely, Sometimes (50% occurrence), Most of the Time, or Always (100% occurrence). From the onset of the fieldwork experiences, our expectation is that the student shows safe, professional behavior and demonstrates a great deal of initiative. Note that you cannot mark “Not Observed” on these behaviors. You may mark “not observed” for Communication Skills if the student has not had the opportunity to demonstrate a particular skill. For instance, if the student has had no opportunity to communicate with other professionals this would be “not observed.” If there are any concerns, or if you have positive feedback for the student, please elaborate in the “Comments” section. We expect the student to “Always” demonstrate ***Professional Behaviors*** in the clinic, with the exception of Communication Skills, which may be developing during the initial clinical education experiences.

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

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

#### **TYPES OF PATIENTS**

**Familiar Presentation:** Could include any of the following: a patient diagnosis/problem that is seen frequently in your setting, a patient with a diagnosis that the student has evaluated and treated more than once, a diagnosis that was specifically covered in the student's didactic curriculum, a patient who does not have a complex medical history or complicated course of care for this episode of care in physical therapy.

**Complex presentation:** Could include a patient problem/diagnosis that is rarely seen, a patient problem/diagnosis that the student did not cover in their didactic curriculum, a patient diagnosis that is rarely seen in this clinic, or the patient who has had a complicated course of care for the present episode of care or a complex medical history.

#### **LEVEL OF CLINICAL INSTRUCTOR SUPPORT:**

**Guidance:** Student is dependent on the CI to direct the evaluation/patient treatment; either the CI is present throughout the patient interaction or the student needs to discuss with the CI after each step of the evaluation and treatment. If the student requires the guidance level of support for an item on the Patient Management Scale for the majority of the patients they are seeing, then they should be marked at Well Below for that item.

**Supervision:** Student is able to carry out the evaluation and treatment but needs to be monitored to correct minor errors in technique or to facilitate decision making. The student is able to make the correct clinical decisions with only a few verbal cues/suggestions from the CI. The CI is not directing their decision making. If a student requires supervision for an item for patients with both a familiar and a complex presentation, then they should be marked Below for that item. If they only require supervision for patients with a complex presentation, then they should be marked At That Level for Familiar Patients.

**Independent:** A student is considered “independent” if they are directing the evaluation and treatment and getting an effective outcome. If a student is coming to the CI for consultation about a patient’s evaluation or plan of care, or clarifying a clinical decision, this is not considered “Supervision”. When the student is at the “independent” level of CI support for an item on the Patient Management Scale, the student is demonstrating the skills of a competent clinician. If they are independent only for patients with a familiar presentation, then they would be marked At That Level for Familiar Patients. If they are independent for all patients, then they would be marked At That Level for all Patients.

Please score the student on ***Patient Management*** items as follows:

**Well Below:** Student requires Guidance from their clinical instructor to complete an item for all patients.

**Below:** Student requires supervision and/or has difficulty with time management while completing the item for all patients. The student could continue to require Guidance for the patient with a more complex presentation while only needing Supervision with the patient with a familiar presentation.

**At That Level for Familiar Patients:** Student is independently managing patients with a familiar presentation; they are at the level of a competent clinician with these patients when performing an item. Students require Supervision to manage patients with a complex presentation and they are below the level of a competent clinician for these patients.

**At That Level for all Patients:** Student is independently managing both patients with a familiar presentation and patients with a complex presentation. Student can carry an appropriate caseload for your clinic and achieve an effective outcome with patients. The student is at the level of a competent clinician in your setting.

**Above:** Student is performing above the level of a competent clinician in your clinic. Clinical skills are highly effective and demonstrate the most current evidence in practice. The student can carry a higher-than-expected caseload. The student actively seeks out and develops independent learning opportunities. The student serves as a mentor to other students and provides resources to the clinical staff. Please use the comment page for specific areas of concern and/or positive feedback. In addition to adding comments, please check off whether the student has met the clinical benchmarks for this affiliation. The student should have provided you with clinical benchmarks specific to their affiliation.

**Global Rating Scale:** On the last page you are asked to make a global rating about how the student compares to a competent clinician on an eleven point scale from 0 to 10. The bottom of the scale indicates a student Well Below a Competent Clinician and the top of the scale represents a student

Above a Competent Clinician. Please place an X in one of the boxes indicating the level where you feel your student is performing.

On the last page please also indicate whether the student is performing at a satisfactory level for their current level of education. The clinical benchmarks for their affiliation are the minimal expectations for the affiliation so if they are not meeting them, then they are not performing at a satisfactory level. Please let the DCE know immediately if there is a problem in any area of **Professional Behaviors** or the student is not meeting their clinical benchmarks in a timely manner. In the comment section, please explain a No response and give an overall summary of the student's performance. Please complete this form and review it with the student at midterm and at the end of the affiliation. Do not hesitate to call the program at any time during the affiliation with questions or concerns regarding use of this tool or the student's performance.

#### REFERENCES:

American Physical Therapy Association. Guide to Physical Therapist Practice, ed. 2. Physical Therapy 81[1].

2001 Sackett et al. Clinical Epidemiology A Basic Science for Clinical Medicine. 1991.

World Health Organization (2001) International Classification of Impairments, Disabilities and Health. Geneva: World Health Organization.

## Appendix E – DCE Job Description

### Job Description

# Director of Clinic Education (DCE)

#### **GENERAL PURPOSE OF THE JOB:**

The DCE holds a faculty appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. The DCE primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. The DCE collaborates with the Program Director to assist with the development of the DPT program and the documentation necessary (regarding clinical education) to be accredited and works with students and clinical partners to ensure quality clinical experiences.

#### **ESSENTIAL DUTIES AND RESPONSIBILITIES:**

The DCE is responsible for:

- developing, monitoring, and refining the clinical education component of the curriculum,
- facilitating quality learning experiences for students during clinical education,
- evaluating students' performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum,
- educating students, clinical and academic faculty about clinical education,
- selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice,
- maximizing available resources for the clinical education program,
- providing documented records and assessment of the clinical education component (includes clinical education sites, clinical educators, etc), and
- actively engaging core faculty clinical education planning, implementation, and assessment.

The DCE serves as the principal liaison between the physical therapy program and the clinical education sites. The DCE, in cooperation with other academic faculty, establishes clinical education site and facility standards, selects and evaluates clinical education sites, and facilitates ongoing development of and communication with clinical education sites and clinical faculty.

#### **DCE POSITION RESPONSIBILITIES**

The DCE is responsible for coordinating and managing the efforts of the academic program and clinical education sites in the education and preparation of PT and PTA students by performing the following activities:

- a. Communicates between the academic institution and affiliated clinical education site;
- b. Clinical Education Program Planning, Implementation, and Assessment;
- c. Clinical Site Development; and
- d. Clinical Faculty Development.

## **DCE FACULTY RESPONSIBILITIES**

### Teaching:

- Create and deliver learning experiences that are consistent with the program's mission and curricular guiding principles.
- Provide honest and meaningful assessment of student learning, competence and behaviors that cultivate reflective and adaptive learning.
- Demonstrate teaching effectiveness and appropriate use of educational technology
- Assess student progress toward entrustment of professional physical therapy activities through clinical education experiences.

### Scholarship:

- Contribute to clinical practice and physical therapy evidence by producing and disseminating impactful research and scholarship with an ongoing scholarly agenda.
- Promote a culture of research and prioritize evidence-based practice.

### Service:

- Role model Franciscan values through collaborative endeavors and service to the university, profession, and communities.



## Appendix F – Clinical Education Course Syllabi

DPT 830 – Clinical Internship I

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**Mission Statement:** *Quincy University is a Franciscan, Catholic, and liberal arts institution emphasizing the development of servant-leaders.*

**Vision Statement:** *Informed by the Franciscan and Catholic intellectual traditions, Quincy University's commitment to the development of the whole person will provide individuals with the knowledge, skills, values, and experiences necessary to become servant-leaders with integrity, empathy, and a commitment to the common good.*

## DPT 830 – Clinical Internship I

### Course Information

- Course Title: Clinical Internship I
- Course Number: DPT 830
- Credits: 4
  - Clock hours – 320 hours (8 – 40-hour work weeks)
  - Initial full-time clinical education placement
  - Term – Year 2 Semester 5 (Summer)
- Department Offering Course: Doctor of Physical Therapy program
- Meeting Day & Time & Location: Full-time on-site clinical internship
- Required Texts/Course Materials: Evidence of training in use of the Clinical Internship Evaluation Tool (CIET)

### Faculty Contact Information

- Christina Dehoff, PT, DPT, PCS, Director of Clinical Education
- Office Hours/Location: Per request; video conferencing via Teams
- Phone: 717-870-9148
- Quincy Email: [C.dehoff50@quincy.edu](mailto:C.dehoff50@quincy.edu) (Preferred contact)

### Course Description

Clinical Internship I is the first of three clinical internships that provide students access to, and opportunities to participate in direct patient care while supervised by a licensed physical therapist. In this initial clinical internship students practice components, students practice administering tests and measures; synthesizing data; and implementing interventions across patient types and diagnoses. Students are expected to document progress toward entry-level managing familiar patients. Students translate professional behaviors learned and practiced in the classroom into the clinic setting.

Prerequisites: successful completion of all DPT coursework through Year 2 Semester 6

**QU PT Outcomes 1- 4, 6**

## Course Objectives/Student Learning Outcomes:

At the conclusion of this initial clinical internship, the student will<sup>2</sup>:

1. practice in a safe manner that minimizes risk to patient, self, and others. (Program Goals 1, 6) [CAPTE 7D criteria 7D1, 7D16, 7D27a, 7D27b, 7D27c, 7D27d, 7D27e, 7D27f, 7D27g, 7D27h, 7D27i, 7D28]
2. demonstrate professional behavior and responsibility, with minimal need for correction, in the following areas (1, 6) [7D1, 7D2, 7D3, 7D4, 7D5, 7D7, 7D8]
  - a. interactions with others
  - b. adhering to ethical and legal standards
  - c. sensitivity toward individual and cultural differences
  - d. seeking and administering quality service delivery
  - e. managing resources in the practice setting (i.e., times, space, equipment)
  - f. considering economic/fiscal factors
  - g. utilizing supportive personnel
  - h. participating in self-assessment
  - i. pursuing personal/professional growth and development
  - j. consulting with others to address prevention and promotion of health and wellness.
3. demonstrate appropriate verbal, nonverbal and written communication skills with others. (1,2,4) [7D7, 7D8]
4. demonstrate the ability to appropriately screen and examine clients for physical therapy services. (1,2) [7D16]
5. perform physical therapy interventions in a competent manner with successful independent management of up to 25% of a caseload at the clinical site. (1,2,4) [7D28, 7D29, 7D30, 7D31, 7D32, 7D33, 7D34, 7D35, 7D36]
6. educate others using relevant and effective teaching strategies. (2) [7D12]
7. utilize clinical decision-making skills to apply scientific principles and evidence in the literature to physical therapy practice. (1,2,3) [7D9,7D10]
8. utilize clinical decision-making skills to determine client diagnosis for PT, plan of care and anticipated outcomes. (1,2) [7D17, 7D18, 7D19a, 7D19b, 7D19c, 7D19d, 7D19e, 7D19f, 7D19g, 7D19h, 7D19i, 7D19j, 7D19k, 7D19l, 7D19m, 7D19n, 7D19o, 7D19p, 7D19q, 7D19r, 7D19s, 7D19t, 7D19u, 7D19v, 7D19w, 7D20, 7D21, 7D22, 7D23, 7D24, 7D25, 7D26, , 7D27a, 7D27b, 7D27c, 7D27d, 7D27e, 7D27f, 7D27g, 7D27h, 7D27i]
9. utilize clinical decision-making skills to recognize/address client needs for other services (1) [7D16]

## Student Behavior Expectations

- A. On time attendance.
- B. Compliance with clinic dress code.
- C. Employ appropriate social courtesy. Demonstrate respect, good listening skills and sensitive verbal communications for productive working relationships.
- D. Initiate. Seek information regarding departmental policies.

---

<sup>2</sup> Parenthetical numbers refer to specific QU DPT program outcomes associated with this clinical experience.

- E. Adhere to legal and ethical standards as stated in the APTA Code of Ethics and in accordance with individual state laws of Illinois and the state of the assigned facility.
- F. Prepare in advance. Anticipate situational learning.
- G. Establish and uphold communication expectations.
- H. Seek assistance from the DCE if the situation demands, or requires.
- I. Complete all assignments in a timely manner.

## Description of teaching methods and Learning Experiences

DPT 830 is the first of three (3) fulltime clinic internships in the program. Teaching and learning are principally organized and managed in an active clinic setting and in direct patient care with supervision from a licensed physical therapist serving as clinical instructor (CI). The CI is responsible for creating and managing learning experiences for guiding student development toward entry-level competence.

In addition to in-clinic expectations, didactic learning experiences and assignments designed by the Director of Clinical Education are included for evaluation of student performance. These experiences may include, but are not limited to:

- Development and delivery of evidenced-based deliverable(s) toward progress of clinic-specific development goals.
- Written reflection responses to developmental prompts.
- Completion of patient data logs.
- Self-evaluations and evaluations of clinic personnel and experiences.

## Methods of student evaluation/grading breakdown (and scale)

The Clinical Internship Evaluation Tool (CIET) is the principal source for evaluation and feedback in this course; and the basis for determining the course grade. The CIET is an online, validated assessment tool for PT students during clinical education experiences. It is accessed via Exxat.

The CIET evaluates students in two (2) main performance areas: Professional Behaviors and Practice Management. The occurrence of the appropriate behavior in the area of Professional Behaviors must be Always(100% occurrence) from the onset of the clinical experience to earn a “pass” grade.

At the completion of this course students are awarded either a **Pass or No Pass grade**. The clinical instructor will complete the following rubric and either the Director of Clinical Education or Assistant Clinical Education will be responsible for the final grade.

## Late Work/Make up Work/Retesting

Refer to the Program and Clinical Education Handbooks for program-related policy and procedures.

## University Policies/Statements

### Academic Honesty

The educative mission of the University is defeated when community members decide to compromise their integrity for the appearance of academic achievement. Students found guilty of academic dishonesty are subject to various sanctions depending upon the extent, nature, and frequency of occurrence. Students should familiarize themselves with the procedures associated with academic dishonesty which are described in the Student Handbook.

### AI Acceptable Use Policy

Furthermore, to promote student engagement and foster learning, Quincy University's DPT program expects students to produce their own original work. Students are allowed to use advanced automated tools (artificial intelligence or machine learning tools such as ChatGPT or Dall-E 2) on assignments in this course if that use is properly documented and credited to the original sources culled by the AI generator. For example, if the AI generator produces a source that makes a claim that shoulder active range of motion is 0-180 degrees, the student is expected to mine the primary source from which this information was gathered by AI. The primary source should be reviewed by the student for reliable and accurate information. Then the primary source should be appropriately cited within the student's written work as per AMA format. No information from AI generation should be copied and pasted without proper editing and fact checking by the student. The choice to use AI assistance places the burden of accuracy on the student. Errors made by AI will be considered an error made by the student themselves.

### Special Needs and Accommodations

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### Access to Student Work

Copies of your work in this course including copies of any submitted papers and your portfolios may be kept on file for institutional research, assessment and accreditation purposes. All work used for these purposes will be submitted anonymously.

### Student Copyright Authorization

For the benefit of current and future students, work in this course may be used for educational critique, demonstrations, samples, presentations, and verification. Outside of these uses, work shall not be sold, copied, broadcast, or distributed for profit without student consent.





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## DPT 850 – Clinical Internship II

### Course Information

- Course Title: Clinical Internship III
- Course Number: DPT 850
- Credits: 4
  - Clock hours – 320 hours (8 – 40-hour work weeks)
  - Initial full-time clinical education placement
  - Term – Year 2 Semester 6 (Fall)
- Department Offering Course: Doctor of Physical Therapy program
- Meeting Day & Time & Location: Full-time on-site clinical internship
- Required Texts/Course Materials: Evidence of training in use of the Clinical Internship Evaluation Tool (CIET)

### Faculty Contact Information

- Christina Dehoff, PT, DPT, PCS, Director of Clinical Education
- Office Hours/Location: Per request; video conferencing via Teams
- Phone: 717-870-9148
- Quincy Email: [C.dehoff50@quincy.edu](mailto:C.dehoff50@quincy.edu) (Preferred contact)

### Course Description

Clinical Internship II is the second of three clinical internships that provide students access to, and opportunities to participate in direct patient care while supervised by a licensed physical therapist. In this integrated clinical internship, students practice administering tests and measures; synthesize data; and implement interventions across patient types and diagnoses. Students are expected to document progress toward entry-level managing familiar and more complex patients; and participate in varied roles in physical therapy practice management. Students translate professional behaviors learned and practiced in the classroom into the clinic setting in the process of identifying in the role of a physical therapist.

Prerequisites: successful completion of all DPT coursework through Year 2 Semester 6, including DPT 835, 840 and 845.

#### **QU PT Outcomes 1- 4, 6**

### **Course Objectives/Student Learning Outcomes:**

At the conclusion of this initial clinical internship, the student will<sup>3</sup>:

1. Determine client diagnosis for PT, plan of care and anticipated outcomes. (1,2) [7D17, 7D18, 7D19, 7D20, 7D21, 7D22, 7D23, 7D24, 7D25, 7D26, 7D28, 7D29, 7D30, 7D31, 7D32]
2. Recognize/address client needs for other services (1) [7D16]
3. Demonstrate safe practices in patient care by anticipating potential risks and managing resources effectively, including time, space, and equipment. (1,6) [7D40, 7D41, 7D42]
4. Apply clinical screening and examination techniques to appropriately identify patient needs for physical therapy services. (1,6) [7D11, 7D12, 7D13, 7D16, 7D17, 7D18, 7D19a, 7D19b, 7D19c, 7D19d, 7D19e, 7D19f, 7D19g, 7D19h, 7D19i, 7D19j, 7D19k, 7D19l, 7D19m, 7D19n, 7D19o, 7D19p, 7D19q, 7D19r, 7D19s, 7D19t, 7D19u, 7D19v, 7D19w]
5. Perform physical therapy interventions competently, managing up to 50% of the caseload independently at the clinical site. (1,2,4,6) [7D27a, 7D27b, 7D27c, 7D27d, 7D27e, 7D27f, 7D27g, 7D27h, 7D27i, 7D28]
6. Utilize evidence-based scientific principles and relevant research to guide physical therapy interventions. (1,2,3) [7D9, 7D10, 7D11]
7. Differentiate between patient needs that can be met within physical therapy and those requiring referral to other health services. (1,6) [7D16]
8. Display professional behavior throughout the internship consistent with adherence to ethical, legal, and professional standards, including sensitivity to cultural and individual differences. (1,4,6) [7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D7]
9. Evaluate the effectiveness of teaching strategies used to educate patients, adjusting approaches based on feedback and observed outcomes. (1,6) [7D24, 7D30, 7D31]
10. Judge the appropriateness of various interventions and resources ensuring efficient resource use within the practice setting. (1,2) [7D30, 7D31]
11. Assess the quality of communication with patients, families, and the healthcare team to ensure clarity, respect, and professionalism (ex. reduced medical vernacular with patients/families to ensure understanding). (1,2) [7D23, 7D24, 7D25]
12. Construct individualized plans of care by integrating patient needs, clinical examination findings, and evidence-based practices, setting appropriate goals and expected outcomes for therapy. (1,2) [7D10, 7D11, 7D12, 7D23, 7D24, 7D25]
13. Assess self-performance through self-reflection and consultation with mentors that displays good self-awareness of strengths and weaknesses in clinical performance. (1,6) [7D15]
14. Generates accurate and complete documentation consistent with facility requirements and regulatory guidelines.
15. Demonstrate effective supervision of physical therapist assistants and/or unlicensed PT personnel in accordance with legal standards and guidelines.

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<sup>3</sup> Parenthetical numbers refer to specific QU DPT program outcomes associated with this clinical experience.



## Student Behavior Expectations

- J. On time attendance.
- K. Compliance with clinic dress code.
- L. Employ appropriate social courtesy. Demonstrate respect, good listening skills and sensitive verbal communications for productive working relationships.
- M. Initiate. Seek information regarding departmental policies.
- N. Adhere to legal and ethical standards as stated in the APTA Code of Ethics and in accordance with individual state laws of Illinois and the state of the assigned facility.
- O. Prepare in advance. Anticipate situational learning.
- P. Establish and uphold communication expectations.
- Q. Seek assistance from the DCE if the situation demands, or requires.
- R. Complete all assignments in a timely manner.

## Description of teaching methods and Learning Experiences

DPT 850 is the second of three (3) fulltime clinic internships in the program. Teaching and learning are principally organized and managed in an active clinic setting and in direct patient care with supervision from a licensed physical therapist serving as clinical instructor (CI). The CI is responsible for creating and managing learning experiences for guiding student development toward entry-level competence.

In addition to in-clinic expectations, didactic learning experiences and assignments designed by the Director of Clinical Education are included for evaluation of student performance. These experiences may include, but are not limited to:

- Development and delivery of evidenced-based deliverable(s) toward progress of clinic-specific development goals.
- Written reflection responses to developmental prompts.
- Completion of patient data logs.
- Self-evaluations and evaluations of clinic personnel and experiences.

## Methods of student evaluation/grading breakdown (and scale)

The Clinical Internship Evaluation Tool (CIET) is the principal source for evaluation and feedback in this course; and the basis for determining the course grade. The CIET is an online, validated assessment tool for PT students during clinical education experiences. It is accessed via Exxat.

The CIET evaluates students in two (2) main performance areas: Professional Behaviors and Practice Management. The occurrence of the appropriate behavior in the area of Professional Behaviors must be Always(100% occurrence) from the onset of the clinical experience to earn a “pass” grade.

At the completion of this course students are awarded either a **Pass or No Pass grade**. The clinical instructor will complete the following rubric and either the Director of Clinical Education or Assistant Clinical Education will be responsible for the final grade.

## Late Work/Make up Work/Retesting

Refer to the Program and Clinical Education Handbooks for program-related policy and procedures.

## University Policies/Statements

### Academic Honesty

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### AI Acceptable Use Policy

Furthermore, to promote student engagement and foster learning, Quincy University's DPT program expects students to produce their own original work. Students are allowed to use advanced automated tools (artificial intelligence or machine learning tools such as ChatGPT or Dall-E 2) on assignments in this course if that use is properly documented and credited to the original sources culled by the AI generator. For example, if the AI generator produces a source that makes a claim that shoulder active range of motion is 0-180 degrees, the student is expected to mine the primary source from which this information was gathered by AI. The primary source should be reviewed by the student for reliable and accurate information. Then the primary source should be appropriately cited within the student's written work as per AMA format. No information from AI generation should be copied and pasted without proper editing and fact checking by the student. The choice to use AI assistance places the burden of accuracy on the student. Errors made by AI will be considered an error made by the student themselves.

### Special Needs and Accommodations

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## DPT 895 – Clinical Internship III

### Course Information

- Course Title: Clinical Internship III
- Course Number: DPT 895
- Credits: 4
  - Clock hours – 640 hours (16 – 40-hour work weeks)
  - Initial full-time clinical education placement
  - Term – Year 3 Semester 7 (Spring)
- Department Offering Course: Doctor of Physical Therapy program
- Meeting Day & Time & Location: Full-time on-site clinical internship
- Required Texts/Course Materials: Evidence of training in use of the Clinical Internship Evaluation Tool (CIET)

### Faculty Contact Information

- Christina Dehoff, PT, DPT, PCS, Director of Clinical Education
- Office Hours/Location: Per request; video conferencing via Teams
- Phone: 717-870-9148
- Quincy Email: [C.dehoff50@quincy.edu](mailto:C.dehoff50@quincy.edu) (Preferred contact)

### Course Description

Clinical Internship III is the terminal, or final of three clinical internships that provide students access to, and opportunities to participate in direct patient care while supervised by a licensed physical therapist. In this terminal, or final clinical internship, students achieve entry-level performance administering tests and measures; synthesizing data; and implementing interventions across patient types and diagnoses and participate in interprofessional teams optimizing patient treatment outcomes. In addition, students are expected to participate in varied roles in physical therapy practice management. Students translate professional behaviors learned and practiced in the classroom into the clinic setting fully identified in the role of a physical therapist.

Prerequisites: successful completion of all DPT coursework through Year 3 Semester 7, including DPT 890.

#### **QU PT Outcomes 1- 4, 6**

### **Course Objectives/Student Learning Outcomes:**

At the conclusion of this initial clinical internship, the student will<sup>4</sup>:

1. Apply advanced evidence-based practices, clinical guidelines, and relevant legislation to ensure safe and effective patient care. (1,6) [7D1, 7D2, 7D3, 7D4, 7D5, 7D6, 7D7, 7D8, 7D9, 7D10, 7D11, 7D12, 7D13, 7D14, 7D15]
2. Explain complex clinical findings to patients and families, using language that is easily understandable and culturally sensitive to promote patient comprehension and engagement. (1,2,4) [7D24]
3. Independently perform comprehensive clinical screenings and examinations, adapting techniques to meet diverse patient needs in complex cases. (1,2,4) [7D12, 7D13, 7D14]
4. Execute physical therapy interventions with entry-level skill and clinical judgment, managing the majority (75-100%) of a caseload independently within the clinical site. (1,2,4) [7D27, 7D28, 7D29, 7D30, 7D31, 7D32]
5. Apply advanced scientific principles and current research findings to modify interventions and address unique patient presentations. (1,2,3) [7D9, 7D10, 7D11]
6. Analyze complex patient presentations to accurately distinguish between conditions that fall within the physical therapy scope and those requiring referral to other healthcare providers. (1,2) [7D16]
7. Critically assess resource allocation within the clinical setting (e.g., time, space, equipment) to ensure efficiency, minimize waste, and maintain high standards of patient care. (1,2) [7D40, 7D41, 7D42]
8. Differentiate between varying educational strategies (written, explanation, demonstration, etc.), selecting and implementing the most effective approach for individual patient learning needs and preferences. (1) [7D12]
9. Evaluate patient progress and outcomes using objective measures, adjusting interventions, to align with patient-centered goals. (1,2) [7D23, 7D24]
10. Regularly reflect on self-performance and professional behavior, identifying areas for growth and proactively seeking feedback from mentors to enhance clinical effectiveness. (1,2,4) [7D30, 7D31]
11. Design and implement comprehensive, individualized plans of care that integrate patient-specific values, examination findings, and evidence-based practices, optimizing therapeutic outcomes.(1,2,4,6) [7D9, 7D10, 7D11, 7D16, 7D17, 7D18, 7D19a, 7D19b, 7D19c, 7D19d, 7D19e, 7D19f, 7D19g, 7D19h, 7D19i, 7D19j, 7D19k, 7D19l, 7D19m, 7D19n, 7D19o, 7D19p, 7D19q, 7D19r, 7D19s, 7D19t, 7D19u, 7D19v, 7D19w, 7D20, 7D21, 7D22, 7D23, 7D24, 7D25, 7D26, , 7D27a, 7D27b, 7D27c, 7D27d, 7D27e, 7D27f, 7D27g, 7D27h, 7D27i, 7D28, 7D29, 7D30, 7D31, 7D32]
12. Generates accurate and complete documentation consistent with facility requirements and regulatory guidelines.

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<sup>4</sup> Parenthetical numbers refer to specific QU DPT program outcomes associated with this clinical experience.

13. Recognizes the need to refer patients to other providers for tests and/or interventions beyond the scope of PT practice.
14. Shares responsibility for patient-centered care with the interprofessional care team.
15. Participate in financial and practice management.
16. Advocates for patient/client access to needed PT services.

## Student Behavior Expectations

- S. On time attendance.
- T. Compliance with clinic dress code.
- U. Employ appropriate social courtesy. Demonstrate respect, good listening skills and sensitive verbal communications for productive working relationships.
- V. Initiate. Seek information regarding departmental policies.
- W. Adhere to legal and ethical standards as stated in the APTA Code of Ethics and in accordance with individual state laws of Illinois and the state of the assigned facility.
- X. Prepare in advance. Anticipate situational learning.
- Y. Establish and uphold communication expectations.
- Z. Seek assistance from the DCE if the situation demands, or requires.
- AA. Complete all assignments in a timely manner.

## Description of teaching methods and Learning Experiences

DPT 895 is the final, or third of three (3) fulltime clinic internships in the program. Teaching and learning are principally organized and managed in an active clinic setting and in direct patient care with supervision from a licensed physical therapist serving as clinical instructor (CI). The CI is responsible for creating and managing learning experiences for guiding student development to entry-level performance.

In addition to in-clinic expectations, didactic learning experiences and assignments designed by the Director of Clinical Education are included for evaluation of student performance. These experiences may include, but are not limited to:

- Development and delivery of evidenced-based deliverable(s) toward progress of clinic-specific development goals.
- Written reflection responses to developmental prompts.
- Completion of patient data logs.
- Self-evaluations and evaluations of clinic personnel and experiences.

## Methods of student evaluation/grading breakdown (and scale)

The Clinical Internship Evaluation Tool (CIET) is the principal source for evaluation and feedback in this course; and the basis for determining the course grade. The CIET is an online, validated assessment tool for PT students during clinical education experiences. It is accessed via Exxat.

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At the completion of this course students are awarded either a **Pass or No Pass grade**. The clinical instructor will complete the following rubric and either the Director of Clinical Education or Assistant Clinical Education will be responsible for the final grade.

### Late Work/Make up Work/Retesting

Refer to the Program and Clinical Education Handbooks for program-related policy and procedures.

### University Policies/Statements

#### Academic Honesty

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## Appendix G – Clinical Education Forms

1. Weekly Planning Form
2. Student Incident Report
3. Sample Learning Contract

## Weekly Planning Form<sup>5</sup>

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 OF** \_\_\_\_\_

Student's Signature \_\_\_\_\_

CI Signature \_\_\_\_\_

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<sup>5</sup> APTA Clinical Instructor Education and Credentialing Program, American Physical Therapy Association, Alexandria, Va, September 2005: Section IV-7

## Student Incident Report

Report Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Person(s) Involved

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Antecedents

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Description of Incident

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Outcomes (Injuries; actions; etc.)

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Equipment Involved (Include last known safety check, if applicable.)

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Witness(es)

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Medical Attention Delivered/Recommended

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Person Preparing Report (Print)

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Supervisor Comments

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Signatures

Date

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## Sample Learning Contract

Report Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Student Name: \_\_\_\_\_

The purpose of this Contract is to identify performance concerns that have potential to prevent the student from successful completion of the clinical education experience.

The following concerns are raised:

- Unprofessional behavior(s)
- Safety concern
- Lack of competency in a knowledge/skill area
- Concerns regarding student ability to achieve benchmarks as expected on the CPI for the given rotation

Concern	Action Plan	Timeline	Expected Outcome(s)	Progress Toward Completion Yes/No

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Signatures

Date

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